

FREEDOM FROM SEXUAL VIOLENCE



**COLORADO
COALITION
AGAINST
SEXUAL
ASSAULT**



Sexual Assault Advocacy & Crisis Line Training Guide

A Crisis Intervention Resource for Sexual Assault Service Providers in Colorado

Colorado Coalition Against Sexual Assault

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The Colorado Coalition Against Sexual Assault (CCASA) is a membership organization promoting safety, justice, and healing for survivors while working toward the elimination of sexual violence.

SEXUAL ASSAULT ADVOCACY & CRISIS LINE TRAINING GUIDE

A Crisis Intervention Resource for Sexual Assault
Service Providers in Colorado

4th Edition, 2011

Editor's Note: The first version of the CCASA manual was developed in 1987 by Cathy Phelps. The second version was edited by Theresa Anderson and Anne Byrne in 1991. The fourth edition of this manual was revised and updated from the 2001 revision of the CCASA Hotline Manual, edited by Nancy Wadsworth, Ph.D.

Introduction

Thanks for taking the time to read and use this manual! It was designed specifically for advocates working in the field of sexual violence response and prevention. Our aim was to produce a survivor-centered resource which can function as a practical training tool for both volunteer and staff advocates. We also worked to create a resource that was manageable in size and scope. This manual gives an overview of many complex ideas and issues; we encourage you to continue in your research on these topics. Throughout the manual, you will see various “Recommended Reading” sections and additional resources. These materials are all available to borrow from the CCASA lending library. Contact our office for more information!

As best practices emerge, sexual assault response and prevention is constantly evolving and expanding in practice and services. This manual will continue to be a working document that grows and develops with this movement. As CCASA creates and revises materials, your feedback and suggestions are always welcomed and encouraged!



It is our hope that the information contained in these pages will enhance our collective understanding of the dynamics of sexual violence and recovery. We hope that it supports the critical work on behalf of, and in partnership with, survivors of sexual assault. As you read and reflect on this manual, we recognize that some of the content may be new and challenging. We ask that you read with an open mind.

A Word About Words

“The difference between the right word and the almost right word is the difference between lightning and the lightning bug.” – Mark Twain

Survivor and Victim

Throughout the manual, the text alternates between the words “victim” and “survivor.” Some sections may refer to working with “clients.” In her groundbreaking 1984 book, *Female Sexual Slavery*, Kathleen Barry is credited for first using the term “survivor” to pay homage to the person who has lived and survived through a dangerous, life-threatening experience. Anti-violence organizations around the country have adopted the term “survivor” to emphasize respect, dignity, strength and courage. We also believe it is important to acknowledge that survivors of sexual assault have been victims of a serious crime. Its effect can be a long, painful process of recovery. Thus, this manual often uses the terms interchangeably. As you provide advocacy services, we recommend always listening to the language used by those you work with and to mirror their terminology choices.

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Gender Binary System

The United States has maintained a social system that requires that everyone be raised as a boy or girl, dependent on what sex individuals are assigned at birth. However, two genders (or the gender binary system) does not take into account individuals that may have a different gender identity or expression. CCASA recognizes and celebrates that many individuals do not identify with the gender binary system and instead identify as gender variant, gender diverse, gender non-conforming, transgender or genderqueer. Unfortunately, pronouns in the English language largely reflect a gender binary of simply classifying people as “she” or “he.” This manual may use “she,” “he,” “s/he,” or “they” when describing victims and survivors.

“Transgender” is a broad term describing many different people who express gender in various ways. Transgender people should be identified with the pronoun that corresponds with the gender with which they identify.

People First Language

Unfortunately, language and word choices have the power to hurt, isolate and oppress individuals and even entire segments of society. This manual strives to promote People First Language. For example, in choosing words about people with disabilities, the guiding principle is to refer to the person first, not the disability. For example, say and use “people with disabilities” instead of “the handicapped or disabled.” Other examples of people first language include, “he has an emotional disability” instead of “he’s emotionally disturbed” or “she has autism” instead of “she’s autistic.” Disability should not be the primary, defining characteristic of an individual, but merely one aspect of the whole person!

About CCASA

Mission Statement: The Colorado Coalition Against Sexual Assault (CCASA) is a membership organization promoting safety, justice, and healing for survivors while working toward the elimination of sexual violence.

Vision Statement: CCASA envisions Colorado communities that believe and support survivors, hold perpetrators accountable, and take action to end sexual violence.

CCASA’s Core Values:

Anti-oppression, social justice, and social change – CCASA recognizes that sexual violence and oppression are intricately linked and is committed to grappling with the complexities of societal power and privilege in order to create inclusive policy and practices.

Survivor focus – CCASA is devoted to listening to survivor experiences and keeping their needs paramount in all aspects of our organizational work.

Collaboration and community engagement – CCASA is committed to creating a culture of collaboration with members, communities, and stakeholders across Colorado. We believe that our mission is best

accomplished through a process that prioritizes diverse community input, participation, and partnership.

Advocacy and education – CCASA believes that in order to create a society free from sexual violence, we must advocate for survivors and educate our communities on the detrimental effects of sexual assault and the most effective ways to prevent violence.

Safety and freedom – CCASA is dedicated to providing leadership and resources for member programs and other sexual assault service providers in order to ensure that victims and survivors are safe, empowered, and able to move through the healing process.

Offender accountability – CCASA believes that in order to protect community and victim safety, as well as prevent future victimization, we must place responsibility for this crime solely on offenders. CCASA recognizes that sexual violence is never the fault of a survivor. Offender accountability includes the commitment to manage offenders in our communities according to policies that reflect current, comprehensive research regarding effectiveness.

Ethical practices – CCASA strives to ensure that all organizational policies and practices reflect transparency, responsibility, and integrity. We also believe that ethical communication is critical to achieving our mission.

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Sexual Assault in the United States

- 1 in 6 women and 1 in 33 men reported experiencing an attempted or completed rape at some time in their lives (National Violence Against Women Survey, 2006).
- Sexual assault is one of the most under reported crimes, with 60% still being left unreported (U.S. Department of Justice National Crime Victimization Survey, 2007).
- Persons with disabilities have an age-adjusted rate of rape or sexual assault that is more than twice the rate for persons without a disability (Bureau of Justice Statistics, 2009).
- 20% to 25% of women in college reported experiencing an attempted or a completed rape in college (National Institute of Justice, 2000).
- 93% of juvenile sexual assault victims know their attacker (U.S. Bureau of Justice Statistics, 2000).

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Chapter 1 – Overview of Sexual Assault

Definitions

Sexual Assault

The term sexual assault is often used as a “catch-all” term which may have a variety of meanings. The broadest explanation is that sexual assault is any non-consensual sexual act. Sexual assault may refer to rape, attempted rape, incest, molestation or other acts of sexual intrusion, including non-physical or verbal acts of violence. The term can also refer to an act of sexual violence perpetrated against an adult or a child by a loved one, acquaintance, helping professional, or stranger.

Each state statute outlines its own legal definitions of different forms of sexual assault, as do different victim advocacy programs. Special sections of the law are sometimes written to cover sexual assault against a child and incest. *For Sexual Assault Statutes in Colorado see Chapter 11.*

The term sexual assault is sometimes used synonymously with sexual violence and rape.

Rape

Rape refers to sexual intrusion or penetration of the vagina, anus or mouth of the victim. The weapon of intrusion used by the perpetrator may be a penis, tongue, finger or object. However, this definition is not the statutory definition.

The term rape is sometimes used synonymously with sexual violence and sexual assault.

Incest

Incest is often defined as sexual contact, intrusion or penetration by a father, mother, brother or sister of whole or half blood, uncle, aunt, nephew, niece, grandmother or grandfather. To see the statutory definition of incest, refer to Chapter 11 of this manual for Selection of Statutes.

Most providers of services to sexual violence victims use a more global definition of incest, which includes the sexual contact, intrusion or penetration perpetrated by anyone who holds a position of trust in the child’s life. Retrospective incest refers to the experience of adults who were sexually abused as children.

Sexual Abuse

Sexual abuse is generally used to describe the sexual assault of children or other instances of ongoing sexual assault perpetrated by a person in a position of trust or intimacy. Sexual abuse can also occur in teen and adult relationships where there is intimate partner violence, with caretakers or personal care attendants for people who are disabled or aging, or in the setting of prisons or corrections. Some examples of these types of sexual abuse may include:

- Forcing the partner to have unprotected sex
- Demanding or forcing sex acts that the partner finds painful or humiliating
- Using pornography to belittle her/his performance in bed
- Having sex with the partner while s/he’s sleeping
- Withholding medicine or services in exchange for sexual acts

It can be helpful to explore various actions that can be considered instances of sexual violence. The following table outlines a range of behaviors that you may be discussing with survivors, some of which are not necessarily considered illegal under Colorado statute. Still, it is important to validate the seriousness of all of these actions and understand the ways in which they may affect survivors.

Sexual Violence Behavior	
Action	Description
Attitudes & Beliefs	Beliefs that some people are less valuable than others; that violence is normal; that victims are to blame; that certain behaviors are acceptable.
Grabbing	Unwanted physical contact designed to touch a person's body without his/her consent.
Obscene Phone Calls, Emails and Text Messages	Aggressive and/or sexual calls, texts, emails, and social networking messages which provoke feelings of fear and loss of power and control.
Voyeurism	Violating a person's privacy by attempting to view intimate situations or individuals that may be nude, undressing, etc.
Hate Crimes Transphobia	Verbal and physical acts designed to hurt or offend a person based on their (perceived or actual) sexual orientation, gender expression or gender identity.
Medical Violence	Performance of unnecessary medical or surgical procedures (e.g., hysterectomies and mastectomies) when more conservative interventions are available.
Sexual Harassment	Actions, often committed in a campus or work setting, that subject a person to sexual coercion, comments, and advances often times from individuals in positions of power.
Stalking	Following and unexpectedly showing up; damaging home, car or other property; giving unwanted gifts and notes; monitoring phone calls and computer use; using technology (like hidden cameras or global positioning systems) to track an individual, using public records or online search services to find out information.
Rape	Sexual intrusion or penetration of the vagina, anus or mouth of the victim through threats and/or force.
Battering	Physical and psychological abuse, often (but not always) of a female partner by a male partner, that is designed to intimidate, control or coerce. Battering can also occur in same sex relationships.
Incest	Coercive sexual acts on a victim instigated by a family member or other person in a position of trust.

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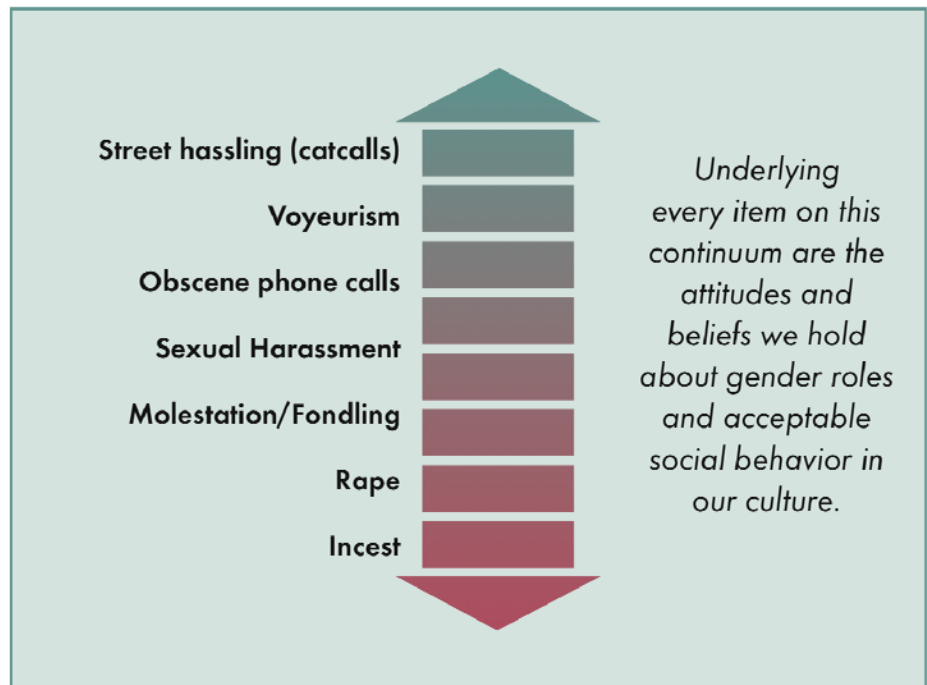
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The Sexual Assault Continuum

Sexual assault is not one specific behavior but a range of behaviors which are unwanted and violating to the victim. Sexual assault is always a method of domination and control. As we attempt to identify and recognize sexual violence, we must think beyond the specific instance of rape, because there are a variety of sexual behaviors that constitute forms of sexual assault.

The sexual assault continuum was created to represent a set of behaviors, some of which our society accepts or endorses more than others. Though rape and incest are almost universally regarded as unacceptable in our society, some of the behaviors at the other end of the spectrum tend to be “overlooked” or tolerated, which makes it easier for perpetrators to advance from one behavior to another.

Traditional Sexual Assault Continuum



Note: Many sexual assault perpetrators engage in a variety of behaviors along the sexual assault continuum. *See Chapter 3: Perpetrators of Sexual Violence.*

★ DISCUSSION QUESTION ★

1. Is there a definitive “less severe” end of the traditional sexual assault continuum? Does the concept of a “less severe” component of the continuum affect a victim’s identification of what happened to them as sexual assault? Why or why not?

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*"It has been my
belief that it is
impossible to
end a single
oppression; to
work to end one
oppression
requires us to
work to
end them all."*

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Re-visioning the Sexual Violence Continuum

By Lydia Guy Ortiz, 2006

The continuum was designed as a visual aid to illustrate the concept of rape culture. The objective was to provide a simple way to describe a complex phenomenon. The interesting thing about portraying something as a picture is that even though we draw the picture to represent how we see the issue, how we see the issue is affected by our experience of looking at the picture. In most visual conceptualizations the image not only reflects our belief system but also shapes our belief system. This is one of the things that make them so profound, and the main reason I choose to re-envision the sexual violence continuum.

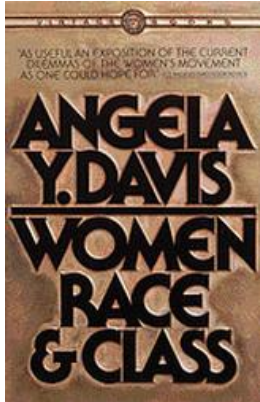
There are many depictions of the sexual violence continuum. The most common shapes have been straight lines, spirals and circles. They all have a key factor in common: they depict sexual violence as a range or succession of related behaviors. Some sexual violence continua list individual acts of sexually violating behaviors, while others tend toward less tangible items such as norms or attitudes. Some depictions are very careful not to present sexual violence as a progression from "minor" to "extreme," this is usually done to respect the fact that we cannot quantify the experiences of survivors. As I reviewed different sexual violence continua, I noticed another thing they all had in common: they all had strong linkages between sexism and sexual violence, the base underlying assumption that sexual violence is the inevitable result of sexism.

The assumption that sexism and sexual violence are inextricably linked together seemed reasonable at first glance. The current depictions seem to imply that we can end sexual violence by ending sexism alone. It has been my belief that it is impossible to end a single oppression; to work to end one oppression requires us to work to end them all. It was then I realized my critique wasn't just about the continuum but about rape culture and feminist theory as a whole. I decided to try to create a more holistic depiction. My hope is that by providing a visual conception of the continuum that is more inclusive, of class, race, disability status, sexual orientation and anti-Semitism in addition to gender that it will remind and inspire us to develop a vision of comprehensive sexual violence prevention work, which routinely encompasses all forms of oppression.

This version of the sexual violence continuum depicts a range of sexually violating behaviors in overlapping circles as grey circles on a grey background [see next page]. The background is meant to represent society. The outer ring of the society circle includes the word "Norms": representing the reinforcing nature of norms. In the center is the word "Oppression," and overlapping white circles listing six specific forms of oppression. This is meant to convey the idea that all forms of oppression are linked and are often experienced in conjunction with one another. In the animated version the grey circles rearrange themselves into a non-ordered overlapping pattern which attempts to express the fact that sexual violence is very rarely experienced as a discreet event and one's experience of sexual violence is impacted by one's experience of oppression.

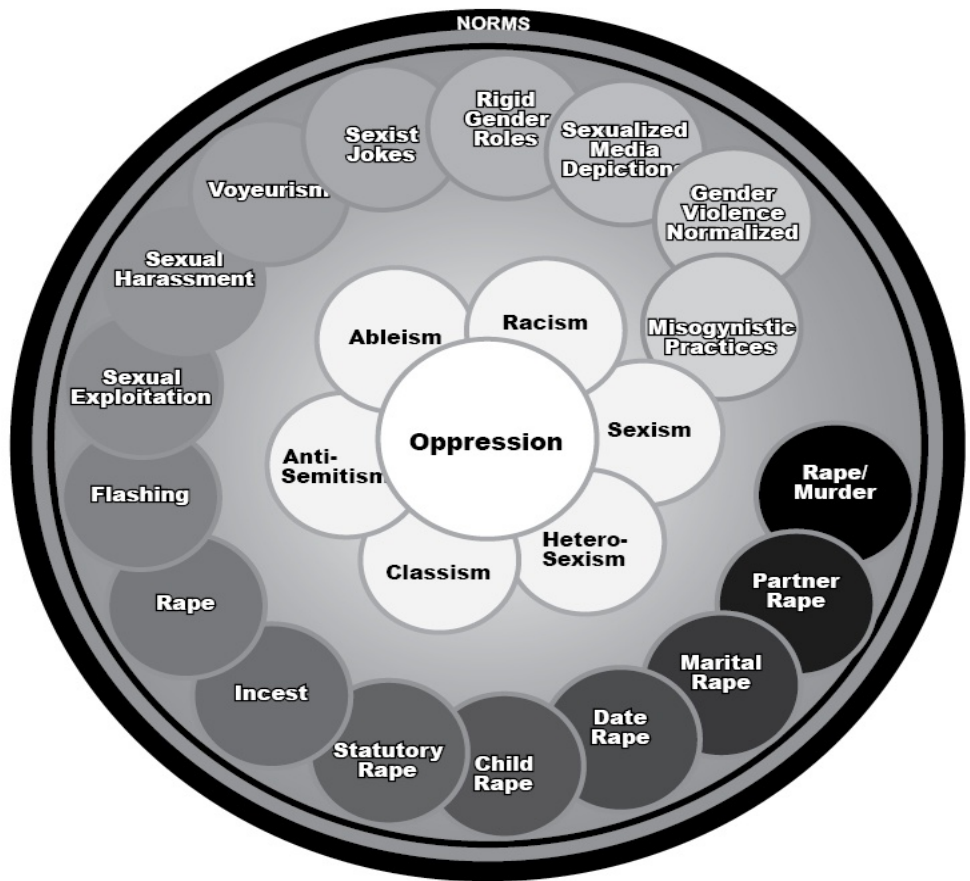
RECOMMENDED READING

* * *



Women, Race and Class

Angela Y. Davis
Vintage Books, 1981
ISBN 0394713516



The Sexual Violence Continuum

My goal was to create a continuum which clearly shows the connection between all forms of oppression and violence. One way to show a connection would be to make continua depicting different types of violence, for instance the “The Racist Violence Continuum” and “The Heterosexist/Homophobic Violence Continuum.” Each continuum would have a similar range of behaviors but would be related to the specific type of violence. However, the center of the circle would remain the same. If we were to place several of the continua on top of one another it would show all forms of violence as a result of oppression and all forms of oppression contributing to all types of violence. Given this framework, we may choose to focus on one type of anti-violence work but understand the interconnectedness of the oppressions. Creating and utilizing frameworks that incorporate our knowledge, philosophy and experience is one way to help ensure the creation of innovative and relevant programming.

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Facilitator Note: In asking discussion question #2, be sure to include research on violence against sex workers.

The Chicago Alliance Against Sexual Exploitation (http://www.caase.org/resources_research.aspx) and Colorado-based Laboratory to Combat Human Trafficking (<http://www.combathumantrafficking.org/resources/suggested-resources>) have relevant resources to facilitating this discussion question.

★ DISCUSSION QUESTIONS ★

- 1. After reflecting on Lydia Guy Ortiz's revised continuum, what are some sexual violence behaviors that may intersect with other forms of oppression?*
- 2. Some actions or behaviors are missing from the traditional sexual assault continuum. Others did not fit or their placement was debated. In your opinion, where would prostitution and/or pornography belong on either continuum?*

Historical Perspective of Violence

The History and Politics of Sexual Violence

Special thanks to the SAVA Center in Fort Collins, Colorado for their work on this section.

Traditionally, sexual violence has been viewed as an act that had little political dimension or implication. Although women's movements across the globe have been influential in helping improve the status of women in their home cultures, we still struggle against inherited societal views that sexual violence is, among other things, "a private matter." Women's movements and advocates against sexual violence work hard to convince the public that rape is a violent rather than sexual crime and that rape is but one manifestation of sexist societies.

Understanding the history of sexual violence and the social and political functions that it serves can go a long way in helping facilitate healing with individuals and inform work in public education and systems change. The historical perspective of sexual violence demonstrates that it is not an isolated event that happens to a few individuals in a random, unpredictable way. Rather, it is a logical, although completely intolerable, extension of a firmly entrenched misogynist worldview, either subscribed to or imposed upon millions of people over thousands of years. It also is important to look at how rape, an extreme form of sexism, functions to reinforce other systems of oppression such as racism, classism, and heterosexism.

People living in the United States come from a vast range of cultural backgrounds, and people still are coming to this country from many parts of the world. To make blanket statements about the cultural roots of sexual violence, therefore, becomes impossible. Most of what we know of history has been preserved by those in power. Unfortunately, even this piece will reflect that bias in many ways because of the inaccessibility of other information.

Origin of Rape

The English word "rape" is derived from the Latin "rapere," which means to stake, seize, or carry away. This was a very old means by which man "seized"

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"Skirmishing for better laws, and the right to vote, will yet be swallowed up, in the real question, has woman, as a wife, a right to herself? It is very little to me to have the right to vote and to own property, if I may not keep my body, and its uses, in my absolute right." -Lucy Stone, 1855

Rape, the crime and its attendant myths, is as old as dirt...We must not forget that it is supported by a system of language, law and custom.

- Peggy Miller and Nancy Biele, "Twenty Years Later: The Unfinished Revolution" in *Transforming a Rape Culture*

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or "stored" a wife in ancient western societies (Pomeroy, 1975). In reality, it constituted enforced marriage, since a man simply took whatever woman he wanted, raped her, and brought her into his tribe or nation. Rape was thus conducted under the guise of respectable behavior, rewarding the rapists for the misuse and abuse of women.

Women as Property

In many cultures, women were historically the property of their fathers and, later in life, of their husbands. The notion that a woman is a man's property, and that rights to this property are transferred from father to husband, dates to the biblical era. Judaism ordained that a bride can be legally acquired by contract, money or sexual intercourse. As early as the sixth century, Pope Gregory decreed that "any female taken by a man in copulation belonged to him and his kindred" (Rush, 1980). Marriage often was a monetary transaction, with the suitor or his family paying the "bride-price" to the father/owner.

When women were property, the right of ownership passed from the father to the husband in marriage. The woman literally belonged to her husband; damage to his property was a direct offense against the husband. A famed fifteenth-century British jurist, Sir Matthew Hale unilaterally declared: "The husband cannot be guilty of rape committed by himself upon his lawful wife, for by their mutual matrimonial consent and contract the wife hath given up herself in this kind unto her husband, which she cannot retract." As antiquated as these ideas may sound, it is important to note that the remnants of these traditions are still easily observed in the United States today. Father-daughter "Purity Balls" are a growing tradition in which young women may pledge their virginity to both God and their fathers. In fact, today's Purity Balls symbolize a father's protection over his daughter's virginity and sexuality. The recent documentary, "Daddy I Do," examines the Purity Ball culture. It also studies the effects of Abstinence-Only Programs versus Comprehensive Sex Education in schools, as well as the intersectional issues of poverty and sexual abuse. For more information on the film, please visit www.jaybirdproductions.com.

The practice of treating women as property to uphold the class status of white males became a part of the history of this country through slavery. An African-American woman's body belonged to her master. She had no legal protection and no right to refuse. Women were exchanged or bought in slavery, where their sexual services were part of their labor and where their children were also the property of their masters. Slave children were expected to work as soon as they were able. The forced exploitation of African-American women by white men was often sanctioned as a means by which white men gained power, as well as economic and social status (Smith, 2005).

Rape During Times of War

In most times and places, rape has been a weapon of war or the prerogative of the victorious soldiers over a conquered people. Indeed, the city of Rome was founded and created with the rape of Sabine women. During the sack of Troy, women were raped by the victors. At other times in western history the massive use of rape occurred during war. In 1453, when Constantinople fell, the women and young girls of the city were raped by Ottoman troops. During the Native American massacres by whites of this country, troops committed atrocities against Native American women. In 1864, at the Sand Creek massacre, Native

RECOMMENDED READING

* * *



*Conquest: Sexual Violence
and American Indian
Genocide*

Andrea Smith
South End Press, 2005
ISBN 0896087433

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American women were raped and sexually mutilated. In 1937, when Nanking fell to Japanese troops, the women of the city were raped. During the Vietnam War, the rape of Vietnamese women by U.S. troops was common. In a 1997 massacre in Chiapas, Mexico, indigenous women were targeted by paramilitary forces for sexual mutilation, gang rape, and torture (Smith, 2005). Today, rape is a criminal act of war under the international war laws. Despite these laws, rape continues to be an act of war.

Rape Laws in the South

White men openly and systematically raped black women during slavery. Renowned historian and activist Angela Davis (1981) wrote, “As females, slave women were inherently vulnerable to all forms of sexual coercion. Rape, in fact, was an uncamouflaged expression of the slaveholder’s economic mastery and the overseer’s control over Black women as workers. In the eyes of slaveholders, slave women were not mothers at all; they were simply instruments guaranteeing the growth of the slave force.”

These abuses continued long after slavery was ended, as the Reconstruction period attempted to reinstate slavery in all but name. Ku Klux Klansmen and other lynch mobs also systematically used the rape of black women as a tactic of spreading arbitrary terror in the newly freed black communities of the South and as retribution against freed people attempting to assert their rights (Davis, 1981). At the same time, the South became symbolically obsessed with the racist premise of perceived “danger” of black men toward white women. Thousands of black men were lynched both during slavery and during the Reconstruction Era (Smith, 2005).

Strong laws against intermarriage and rape were enacted to serve only the perceived “needs” of the ruling white strata of society. Criminal codes all over the South made rape a capital crime. Courts enforced these codes in blatantly discriminatory ways well into the 20th century, frequently assigning the death penalty to black men accused and convicted of raping white women, but rarely to assailants—white or black—who raped black women (Smith, 2005).

This type of institutionalized racism did not end with Reconstruction. For example, in 1958 James Hanover Thompson and his friend David Simpson—both African-American, both children—were accused of kissing a girl who was white. As an adult, James Hanover Thompson explained what happened: “One of the little kids suggested that one of the little white girls give us a kiss on the jaw. The little girl gave me a peck on the cheek, and then she kissed David on the cheek. So, we didn’t think nothing of it. We were just little kids.” But they were told by police that they had raped a white girl, arrested, taken to jail and beaten. The two boys—James, 9, and David, 7—were charged with molestation. Prosecutors sought a penalty of living in reform school until they were 21. After involvement from the NAACP and public figures like Eleanor Roosevelt, the boys were pardoned by the North Carolina Governor after three months in detention. James reported that each week during his detention, he was sent to a psychologist who would tell him, “They should have castrated y’all.” (information retrieved from www.npr.org/2011/04/29/135815465/the-kissing-case-and-the-lives-it-shattered).

“Whether the assault is by a soldier in Bosnia or by an acquaintance at home in the United States, it is the victims of rape who often feel that their honor has indeed been stained ... Shame is an almost universal response in women who have been raped, regardless of country, class or culture, researchers in violence find. Many victims of sexual abuse – and most victims are female – feel that they are no longer “intact.” They believe they have been “defiled,” that they are no longer lovable. In fact, it’s almost as though society expects victims to emerge from the trauma of sexual assault with a sense of shame.”

— Abigail Trafford, “An Apology that Shames the Victim,” *The Washington Post*, September 13, 1994.

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Women’s Resistance to Sexual Assault

In discussing the history of sexual violence, it is incumbent upon us to include information about women’s resistance to it. It was through the formation of the women’s movement that women began to emancipate themselves from male domination, to reclaim our histories, and to name our suffering as oppression and to name rape as a crime against women. In the past 30 years, this movement has made a lot of progress. We have seen the creation of rape crisis centers—places where individuals who have been terrorized and raped can seek support. We have organized protests, demonstrations, and speak-outs. We have lobbied for changes in the laws to make them more appropriate to victims/survivors of sexual violence. We have demanded accountability from the courts, police, and other systems. Despite all our efforts, however, rape is one of the most frequently committed crimes in this country. Notwithstanding, we have not failed. We have created a change in consciousness. We have made it clear that sexual violence is intolerable and that we will not be silenced. We have created a legacy for future generations.

Dynamics of Rape

Today, myths and conflicting statistics pervade discussions of rape, prevention strategies, the criminal justice response and help for victims. However, statistics on rape often share these findings:

- Rape is the most underreported violent crime on which national statistics are kept (National Crime Victimization Study, 2005).
- Rape victims overwhelmingly are female, and rapists overwhelmingly are male (National Crime Victimization Study, 2005).
- Most rapes are perpetrated by someone the victim knows (National Crime Victimization Study, 2005).
- Female rape victims are far more likely to develop post-traumatic stress disorder (PTSD) and depression than other victims of crime (Cod et al., 2003).

Violence Wrapped in Myth

Rape is a violent crime – an act motivated by the need to control, humiliate, or dominate another person. Rape can happen to anyone, regardless of physical appearance, dress, body language, or age. However, perpetrators of sexual assault often target marginalized and underserved populations. A rapist doesn’t usually fit the stereotype of menacing, sex-starved criminal jumping out of the bushes late at night in an unfamiliar neighborhood. Current statistics actually show us the opposite. The perpetrator can be anyone – a colleague at work, a neighbor, a physician or dentist, an aunt or uncle, an attractive stranger met at a party. Roughly one-third of all rapes take place in daylight, and close to half occur at or near the victim’s home (National Criminal Victimization Survey, 1995). Rapists frequently have sexual relationships with spouses or girlfriends; they rape to fulfill other needs.

In *Against Our Will: Men, Women, and Rape*, Susan Brownmiller cited four deadly male myths of rape: all women want to be raped; no woman can be raped against her will; she was asking for it and if you’re going to be raped,

*73% of sexual
assaults were
perpetrated by a
non-stranger.*

— U.S. Department of Justice. *National Crime Victimization Study*. 2005

you might as well relax and enjoy it. Brownmiller argues that men have convinced many women that these myths are fact.

These myths, especially the “she asked for it” variety, lay the foundation for another issue that sets rape apart from other violent crime – the heavy burden of blame society places on the victim. Following closely behind blame are shame and social stigma.

Rapists not only sexual violate their victims; they often inflict other physical injuries. HIV infection, other sexually transmitted infections, and unwanted pregnancy pose additional health threats to the rape victim. It’s not uncommon for victims to suffer fatigue, tension headaches, gastrointestinal distress, and disturbed sleeping or eating patterns. The psychological aftermath is equally devastating. Studies consistently show that fear, anxiety, depression, and sexual problems are common reactions. *See Chapter 5, Understanding the Effects of Sexual Assault.*

Rape and sexual assault represent one of the most common precipitating events for Post-Traumatic Stress Disorder in women (Kilpatrick, 1993). Intimate partner sexual assault victims often suffer long-lasting physical and psychological injuries as severe – or more severe – than stranger rape victims (Mahoney, 2000). For years following rape, many victims continue to be fearful and anxious, restricting their daily lives because they’re worried about staying alone or going out alone. The victim’s trauma also touches the lives of family members, friends, and co-workers.

The National Crime Victimization Survey clearly dispelled the common myth that most women are raped by strangers. As an advocate, in many cases, you may help the caller negotiate the complicated emotional and psychological situation faced by someone who was assaulted by a known and trusted person.

The ground-breaking 1992 *Rape in America* study identified primary concerns of survivors of sexual violence, many of which continue to be relevant for survivors today. Knowledge of these concerns can help inform your work as an advocate. The study showed rape victims were at least somewhat or extremely concerned about the following:

- Her family knowing she has been sexually assaulted (71%)
- People thinking that it was her fault or that she was responsible (69%)
- People outside her family knowing she had been sexually assaulted (68%)
- Her name being made public by the news media (50%)
- Becoming pregnant (34%)
- Contracting a sexually transmitted disease other than HIV/AIDS (19%)
- Contracting HIV/AIDS (10%)

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Age and Sexual Assault

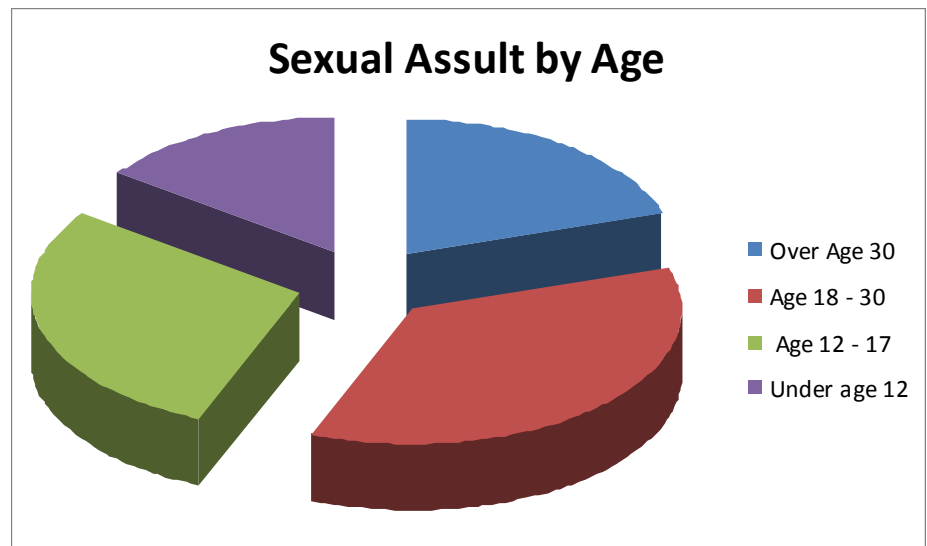
Based on a U.S. Department of Justice 2004 survey, the Rape, Abuse, and Incest National Network (RAINN) reports 15% of sexual assault and rape victims are **under age 12**.

- 29% are age 12-17.
- 44% are under age 18.
- 80% are under age 30.
- 12-34 are the highest risk years.
- Girls ages 16-19 are 4 times more likely than the general population to be victims of rape, attempted rape, or sexual assault.

► For Further Reading

*"Nursing home sexual violence:
86 Chicago cases since July
2007 — but only 1 arrest"*

[http://www.chicagotribune.com/
health/ct-met-nursing-home-
rape-20100126,0,7127371.story](http://www.chicagotribune.com/health/ct-met-nursing-home-rape-20100126,0,7127371.story)



This chart does not mean middle-aged, aging, and elderly people are not also victims of rape – they certainly are. It is important to remember that regardless of gender, age, race, ethnicity, religion, economic background, sexual orientation, gender identity/expression or physical appearance, all individuals are vulnerable to sexual assault. Because perpetrators seek out and exploit vulnerabilities, victimization unfortunately occurs to individuals who are at both ends of the age spectrum – very old and very young. “Sexiness” has nothing to do with whether a person is more likely to be assaulted and no individual ever “asks for it.” Various sections of this manual will discuss advocacy services for child sexual abuse survivors, teen survivors, as well as survivors who are aging or elderly.

★ DISCUSSION QUESTION ★

1. How do you think a person’s age might affect how they deal with a sexual assault? Can the age of the victim contribute to the victim’s decision to file a report with law enforcement? Could it potentially affect the response of law enforcement, human services or the courts?

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*Sexual assault
continues to be
the single most
underreported
crime in the
United States.*

- Rennison &
Rand, 2003

Perceptions of Rape

Many rape survivors are reluctant to talk to others about having been assaulted. They may be afraid their confidentiality will not be respected and/or fear that they will be blamed for what happened to them.

If talking to other people about a sexual assault is difficult, imagine how hard it might be to report a rape or other sexual assault to the police – especially if the perpetrator is someone the victim knows.

Refuting the Myths



As a hotline advocate, you will be viewed as a leader who can answer common questions about sexual assault in our culture. In the course of your work, you will also be exposed to the many myths surrounding sexual assault. Your intervention will sometimes help dismantle widely held misconceptions people have about sexual assault – misconceptions which victims often internalize and carry with them after they have been assaulted. These myths may affect many aspects of survivors' experiences – for example, their ability to make decisions, their sense of entitlement to services, their interpretation of their own experience, and even who they choose to tell. Given the power of

myths, it is very important that you feel comfortable educating and empowering callers about the realities of sexual violence.

You will find your own way of responding to these types of questions and in the process, you may feel compelled to address individual stereotypes, fears, and misconceptions about sexual assault. This is a challenge that can be particularly frustrating when people want “cut and dry” answers to their questions.

The following discussion questions address damaging myths about sexual assault. Some of the questions are rooted in deeply held, socially-reinforced ideas. It may help to think about your own familiarity and experience with these myths and identify some of the ways that you could work to address them as an advocate. Concepts addressed in these questions will be brought up throughout this training manual. As you begin your training as an advocate, you are not expected to immediately know the “right” answers and responses. Your comfort level and familiarity with these issues will hopefully grow over your time working in this field.

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★ DISCUSSION QUESTIONS ★

1. *Make a list of instances when you have seen a survivor of sexual assault (instead of the perpetrator) blamed for the assault. Include the source (a scene in a movie, a book, from a relative or friend, etc.). Is this an unusual message or a common one? List three things that you might say to someone who feels they are partly to blame for the assault. List three things you would never say.*

2. *A father calls your hotline concerned that his teenaged daughter will be raped because she is “dressing too sexy.” He is fearful and wants advice about how to talk to her. How do you respond in a way that acknowledges his concern without reinforcing this myth?*

3. *A victim is ambivalent about reporting her rape because she partly suspects that the man “maybe just lost control.” He was the husband of a friend and she has heard that the couple had not been sexual for years. How do you think this scenario is affecting the victim’s interpretation of her experience? How would you respond? Do you think there are connections between having (or not having) sexual outlets and rape?*

4. *A “little sister” to a college fraternity calls because she was pressured into sex by a fraternity guy she thought she trusted. She is confused because, she says, “there’s no way this guy can be a rapist.” How do you address her confusion?*

5. *A man calls your hotline and says that he thinks he might have been raped while on a “blind date” with another man. He is confused and asks you if it is “rape” if it is between two men. He is also worried that coming forward will “out” him in the community. As an advocate, how do you provide support for him and what culturally-specific resources may be available in your community or in the state?*

6. *A very famous athlete was recently charged with sexual assault. A friend of yours comments that the victim must be lying about the allegations because, “this athlete is so rich and good-looking, he would never “need” to rape a woman.” What would you say in response to this friend?*

7. *A victim calls your hotline 6 months after she has been raped. She has not talked about the rape to anyone because she blames herself for not having “gotten myself out of the situation.” What do you think she might need at this moment?*

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As a sexual assault advocate, most of the time you will probably work with people who have already survived some kind of sexual assault. However, prevention programs and educational outreach initiatives have become increasingly integral in the mission of rape crisis centers and advocacy programs.

This chapter draws from sexual assault prevention education resources to offer general information that may be helpful. Obviously, given the variety of perpetrators and circumstances they exploit, there is no definitive, one way to prevent sexual assault.

Preventing sexual violence is different than taking precautions to decrease an individual's risk of sexual assault. Primary prevention does not focus on the potential victim's behavior, but addresses the behaviors and attitudes of the potential offender and seeks to change societal norms that support sexual violence. Chapter 1 briefly discussed the way in which socialization affects our attitudes towards gender and violence. In this section, we will talk about strategies to help shift social norms, thus building a culture that strives to prevent sexual violence. Chapter 3 will address Perpetrator behavior.

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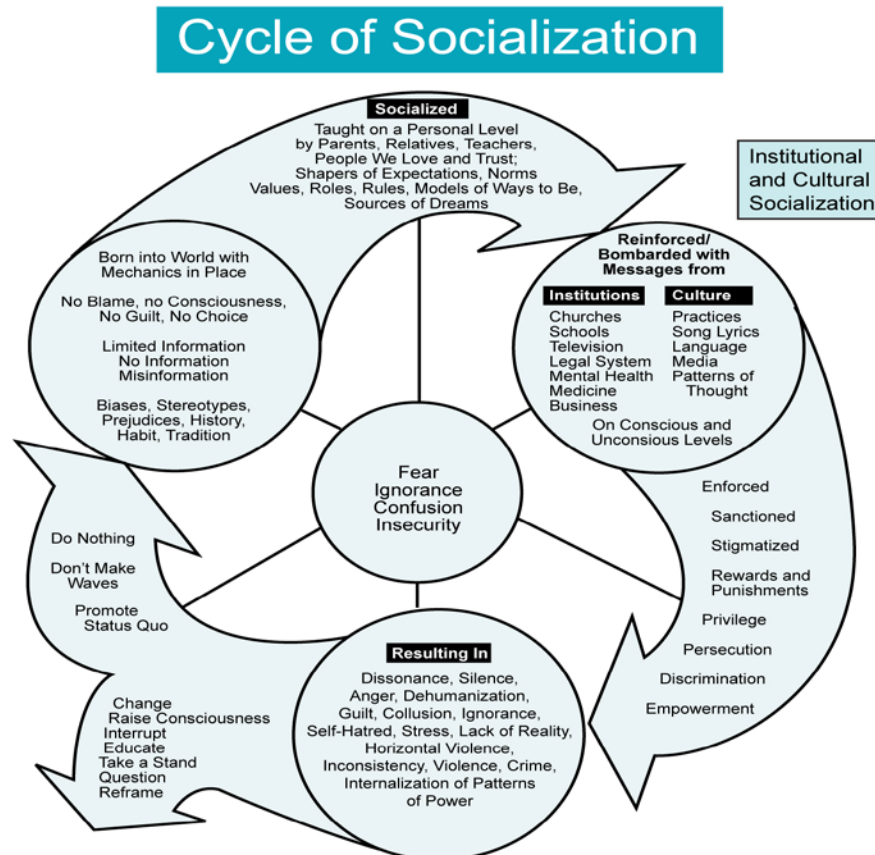
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Chapter 2 – Understanding Prevention in a Culture of Sexual Violence

Socialization

Most of our attitudes and beliefs about sex and sexual violence are informed by the way we are socialized – that is, how we are taught to behave in our society. Socialization fosters direct and indirect forms of oppression. A primary goal in working toward the elimination of sexual violence is to eliminate the sexist attitudes and other forms of oppression that have traditionally subordinated certain oppressed groups while elevating the status of dominant groups in a specific culture. Through socialization, each individual acquires character traits and learns skills, values and attitudes deemed appropriate for the role(s) they are expected to assume. The process of socialization involves many aspects of living: family, school, community, religion, politics. The socialization process is also compounded by other cultural factors including television and other media, norms of social etiquette, and so forth.

In our society, beginning in early childhood, both females and males learn gender roles and norms that often support the subordination of women and non-gender conforming individuals. Approval is often contingent on exhibiting certain gendered traits – acting in the ways men or women are expected. This chapter will explore the ways gender socialization contributes to societal norms and values around sex and sexual violence.



©Readings for Diversity and Social Justice, Routledge, 2000

Gender Roles

Gender Box Activity

The following activity was adapted from Male Advocates for Responsible Sexuality. This activity can be very effective in exploring socialized gender roles. Below is a general outline which can be adapted for your program!

Gender Roles: "Un-masking Masculinity"

There are many messages we receive from society about what it means "to be a man" or "to be a woman." What does it mean to you "to be a man" or "to be a woman?"

Take a moment to think about the different messages that, over the course of your life, have shaped your idea about what is a "real man" or "real woman." The messages we receive in life come from a variety of different sources: parents, siblings, other family members, friends, teachers, religious leaders, media (movies, magazines, tv shows, video games, websites, music, etc.), and many more.

It is important to recognize that we are influenced by everything that surrounds us – even when we don't realize it.

This is the concept of **socialization**. Socialization refers to how every one of us learns about others and ourselves in the context of our society. We gain an understanding of ourselves by our perception of everyone else. For example: When we think of the colors pink and blue for children, what do we automatically think is being marketed?

Socialization happens all around us every day, but being aware of its effects is one way we can change to what degree we are all influenced by it.

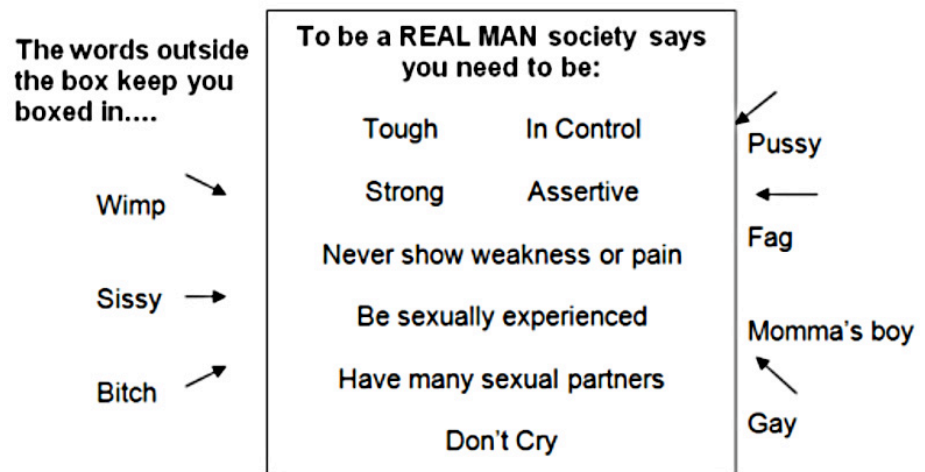
This "Gender Box" activity looks at some pressures many individuals experience daily, keeping in mind that there are people who don't identify within the dichotomy of man/woman and whose experience is further complicated by the gender roles in society.

Gender refers to a psychosocial construct that is flexible and fluid throughout one's lifetime, is not necessarily congruent with one's sex, and is often informed by contemporary social or cultural values. Gender is one component of a person's internal sense of self.

Sex is the classification of individuals based upon a biological status usually inferred from such traits as chromosomes, hormone levels, genitalia, and other physical characteristics.

Gender roles are a set of behaviors normally associated with males and females, respectively, in a given social group or system. These behaviors assume a gender binary system of man/woman and fail to recognize the individuals who do not identify or fit within this system of categorization. Therefore, these are behavior codes with which society expects males and females to behave in accordance, but often feel oppressive not just for the men and women who don't adhere to such roles/behaviors but for those who identify as transgendered or any other gender identity.

Male Gender Box



First, let's look at what it means to “act like a man.”

This box is a metaphor for what it is like to be a man. There are social “walls” and “boundaries” around us that impact how men behave. These walls make sure that men act according to the gender roles society has prescribed for them.

Inside the box represents what society says is okay for men to be like or how to behave.

Outside the box are terms men are called when they step outside the box and act differently than society's behavior code allows. These terms are used to pressure men, to keep men “boxed” in.

What comes to mind when you think of the phrase, "Act like a man"?

Name-calling is one socializing tactic individuals use to send the message to others that what they are doing or how they are acting is wrong. This is one way that people influence each other about who and how they “should” behave. Name-calling can be really damaging to people.

Many males feel limited by the person they are allowed to be. We can help stop this issue by supporting one another, especially when other men are taking a step outside the box.

For example: Support other guys when they share their feelings with you. Pave the way for other guys by sharing your feelings in a thoughtful, caring way.

A lot of males are waiting for other men to show it is okay to open up and be more than just the "Tough Guy" in the box.

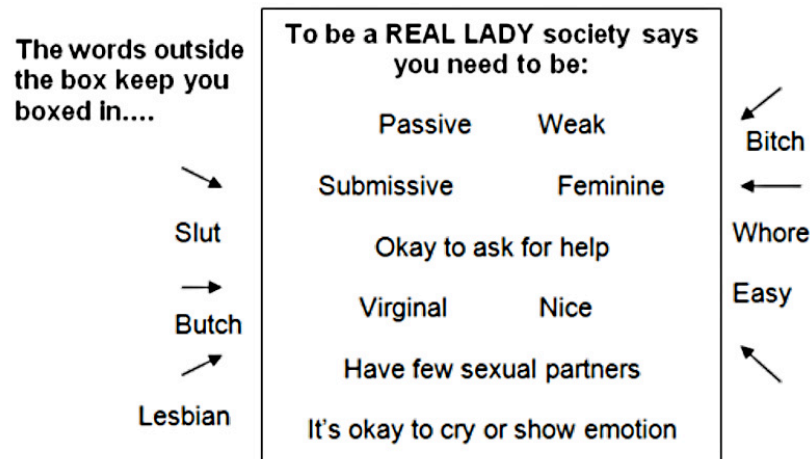
Female Gender Box

Female socialization can be just as confining as that of males. Let's see what happens when we do the same activity with females.

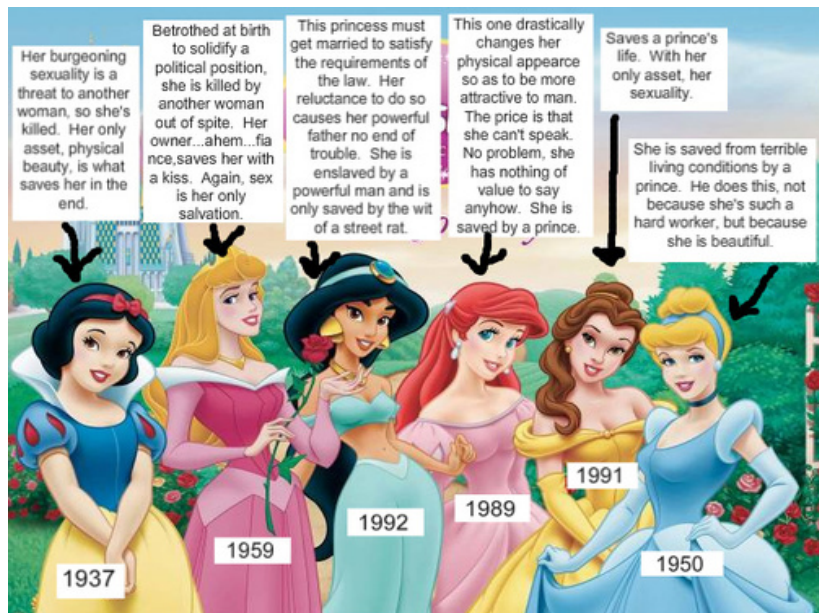
Inside the box represents what society says is okay for women to be like or how to behave.

Outside the box are terms women are called when they step outside the box and act differently than society's behavior code allows. These terms are used to pressure women, to keep women "boxed" in.

What comes to mind when you think of the phrase, "Act like lady"?



Every day we are all shaping and influencing the world around us. Let us be mindful of what messages we are sending out, to ensure that we send productive, positive messages, rather than destructive or damaging ones.



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Image from Jeff Brunner, retrieved October 25, 2009 from
<http://thesocietypages.org/socimages/2009/10/25/disney-princesses-deconstructed/>.

Gender Roles in the Media

Be a critical thinker! De-code the gender role messages bombarding people every day. Don't let the media tell you how to think or act.

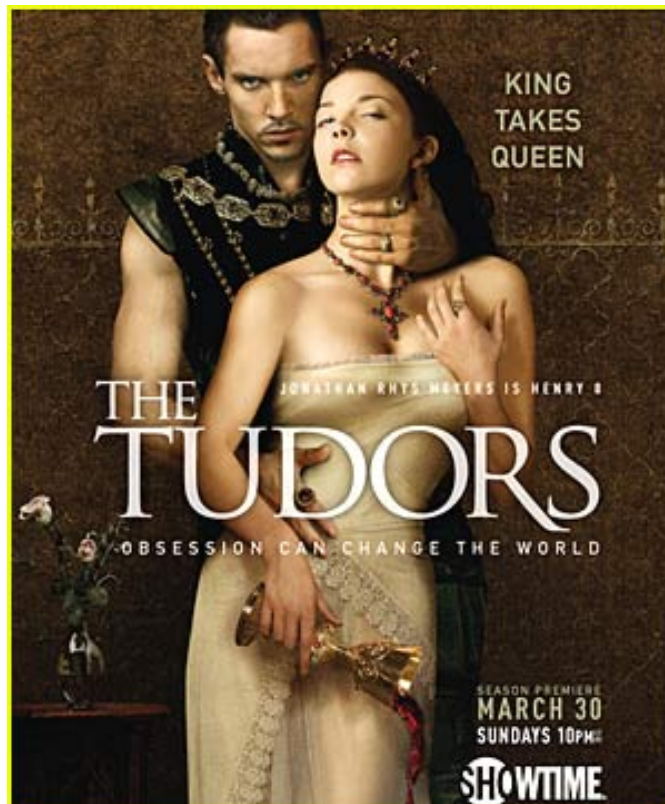
Television

Television is just one of many forms of media in our society, but it's the most pervasive and marketed form in the United States. In the U.S., most households have at least one television set, and on average, children watch four to five hours of TV a day. There is no question that television affects its viewers. Different shows can make people cry, laugh, feel good, or even feel scared. Images shown on TV can impact our attitudes about a lot of topics.

It is a good idea to take the time to think critically about some of the effects (positive and negative) it may be having on our society.

Ask questions like:

- In what ways has the media changed the world (positively or negatively)?
- What are behaviors that the media portrays as okay (or not okay)?
- What parts of life do TV shows or ads not show?
- What social norms are being challenged or reinforced, and how are people responding?



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Advertising

Models fuel marketing and are used to sell items such as swimwear, underwear, clothes, cars, hamburgers and beer. Be aware that mass media is an industry. Its purpose is to turn profits for companies, so there are reasons why the companies choose to market the way they do. When you sit down to read a magazine or watch a show, keep an eye out for the models and messages companies use to promote their products. Think about why they choose to cast those particular individuals in their advertisements.

Ask questions like:

- Do most people look like these models?
- What does this ad say about sex and/or sexual violence?
- Does this ad imply that the models will be having sex or be victimized by sexual violence in the near future?
- What does it imply for the user of the product it is trying to sell?



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*"Sex work is a job,
and violence isn't in
the job description
... There's a video
game out there where
you can run down
prostitutes and kill
them and beat them
up and take their
money. It feeds into
the whole subculture
of allowing the
violence to continue.
Violence against sex
workers should not be
normalized, but it is."*

Anastasia Kuzyk of the Sex
Workers' Alliance of Toronto
December 17, 2007, accessed at
[http://kotaku.com/335020/sex-
worker-advocate-points-to-gta-
violence-as-normalizing](http://kotaku.com/335020/sex-worker-advocate-points-to-gta-violence-as-normalizing).

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Music

Have you ever listened closely to the lyrics of current popular songs? Many artists, both male and female, send messages about gender roles. Some lyrics and music videos portray an image of men that implies that "real men" have multiple sexual partners that "can't get enough of them." Images of women in music may often suggest that they are submissive or powerless.

It's important to analyze the lyrics and videos of both female and male artists. How do females express their personal power in their lyrics? Frequently, the only way a female artist seems empowered is when she is rejecting or getting over a man who has treated her wrong. Perception of female artists focuses often on their physical attributes, rather than their lyrics or musical abilities.

Ask questions:

- How do the lyrics of the song portray men and women? Are they realistic?
- How do the images in music videos portray men and women?
- What messages about sex are imbedded in the lyrics or videos?
- What messages about power are apparent in the lyrics or videos?
- Does the song express equal power between men and women in a healthy relationship?
- Would the album still sell if the artist was not seen as attractive in a way that our culture defines what is/isn't visually pleasing?

Video Games

There are video games that normalize violence against women. Grand Theft Auto IV is one example of a video game that is criticized for simulating this type of gender-based violence. In 2008, a marketing company of the video game took down an advertisement that exclusively featured clips of the game's lead character having sex and then shooting the women after sex.

★ DISCUSSION QUESTIONS ★

1. *How are women and men who do not adopt the characteristics of their gender perceived in our society?*
2. *How are transgendered individuals perceived in our society? How might this perception affect a transgendered person's ability to seek and obtain quality services from advocates and other responders?*
3. *Can you identify ways that sex roles have changed and been challenged in your lifetime?*
4. *Think of cultural icons who are popular right now (e.g., actors, musicians, sports figures). Who fits the common gender stereotypes and who breaks them? What happens when someone breaks out of his/her gender role?*

*"Gender is
found between
your ears,
not between
your legs."*

– Chaz Bono



Image accessed on October 30, 2009 from
<http://thesocietypages.org/socimages/2009/10/30/gendering-halloween-costumes/>. Special thanks to Andy Marlette/Pensacola News Journal, (www.andymarlette.com) for granting permission to re-print.

Institutional Effects of Sexism

The gender roles determined by the socialization process delineate position in the economic, political, and social realms. In a male-determined world, women are not simply discriminated against, but they are also exploited and oppressed. Who maintains power and control in our society may be institutionalized to such an extent that it is often not even identified or perceived.

Though the last few decades have brought important social changes for women, sexism has yet to be eradicated. For example, women still experience discrimination:

- **Economically** - often receive lower wages than male counterparts
- **Politically** - in fewer leadership positions
- **Socially** - social status and public worthiness may be defined by the men in their lives
- **Physically** - may not have access or control of reproductive health

Public policy has often failed to successfully address the specific needs of women. Women are still under-represented in many public activities and in particular those that involve high-level decision-making. Women are often isolated in the community with little or no access to policy or decision-making, thereby increasing their dependence on men to consider their economic, social, psychological and safety needs.

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*When carried to
the extreme,
socialized sex
roles make sexual
assault an act of
conforming to sex
role stereotypes,
rather than one
of exception.*

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Sometimes women are trained or taught to look to men for protection, and yet these are sometimes the very same men who are perpetrators of sexual violence against them – fathers, brothers, clergy, neighbors, and friends. Services designed to handle the needs of victims—police departments, hospitals, and the court system— may not always be environments in which victims feel comfortable, supported, or even have the ability to access. Thus, it is critical for victim rights advocates to understand how institutional systems work and intervene (when appropriate) to provide training on the experiences, circumstances, and special needs of victims.

Rape Culture

Rape culture is a term used to describe a culture in which rape and other sexual violence (usually against women) are common and in which prevalent attitudes, norms, practices, and media condone, normalize, excuse, or encourage sexualized violence.

Within the paradigm, acts of sexism are commonly employed to validate and rationalize misogyny (*hatred or distrust of women*). For example, sexist jokes may be told to foster disrespect for women and an accompanying disregard for their well-being. Other examples of behaviors typifying rape culture include victim blaming, trivializing prison rape, homophobic slurs, and sexual objectification.

Rape culture is not causally linked to sexual violence, but instead reflects the acceptance of violence in our culture. For example, songs do not cause violence, but they may romanticize or glorify it. The fact that we even have songs about rape and other forms of sexual violence indicates that it is widespread. The link is correlation rather than causation. Images and messages, including objectification of women and men, do not cause sexual assault, but they do make consent and sex more confusing and complicated. They also sell men short by assuming they only desire to control and dominate their partners. The media additionally promotes misperceptions about sexual assault. Rather than showing these crimes as they normally occur, it depicts them as being perpetrated by strangers in dark alleys. This does not reflect the reality of the situation or the fact that all forms of sexual violence, whether perpetrated by a stranger or someone the victim knows, are against the law.

What Does Rape Culture Sound Like?

- *No sometimes means “yes” or “try harder.”*
- *If you are “into it” and later refuse to have sex, you are a tease.*
- *Once someone is aroused, it is unfair to deny them sex.*
- *Most girls would feel lucky to get to have sex with someone like me.*
- *Sexual phrases such as “hit this” or “bang that” or “get some.”*
- *“We have forgotten that before we began calling this date rape and date fraud, we called it exciting.” – Warren Farrell, men’s rights activist and author of *The Myth of Male Power**

Given all of this information, what kinds of proactive and positive steps can we take? We inhabit and create the culture that condones sexual violence and therefore, we can all do something to change it. This violence doesn’t exist in a

*“Rapists are
perverts that
hide in the
bushes, not nice
guys like...”*

*“She was
wearing a
short skirt...”*

*“Why did she
go to his
apartment?”*

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vacuum or come out of nowhere, so there is an opportunity to stop it earlier. It is highly unlikely that we’re in a position to stop a rape while it’s happening, but we can all intervene and take a stand against jokes, thoughts, or rigid beliefs about men and women, especially in regard to sex. Think about common situations you encounter every day and how you can make changes:

- Hold our friends, co-workers, and others around us accountable for their behavior and interrupt disrespectful behavior that we witness.
- Work together as men and women to make a difference, because in reality, most men will not perpetrate a sexual assault and most women will not be victims.
- Ask for consent and communicate about sex openly and directly with your partner.
- Talk with others about these issues and examples of rape culture that you notice.
- Identify and eliminate “sanitizing language” that removes or absolves the perpetrator from the dialogue by only focusing on the victim. For example, rather than saying “Jim raped Mary,” we often hear and read it presented as “Mary was raped by Jim,” “Mary was raped,” or “Mary is a rape victim.” This is a subtle way in which the assault is sanitized and the focus of the language is on Mary as the victim rather than Jim as the perpetrator.
- Encourage the men and women in your life to get involved, volunteer, donate, attend events, and learn about the issue.

Prevention Strategies

The identification and discussion of socialization, gender roles, and the cultural context within which sexual assault occurs are part of the effort to prevent violence and create long-term positive change. Prevention efforts are often divided into three levels: primary, secondary, and tertiary. The Center for Disease Control and Prevention defines these terms as:

Primary Prevention: Approaches that take place *before* sexual violence has occurred to prevent initial perpetration or victimization.

Secondary Prevention: An immediate response *after* sexual violence has occurred to deal with the short-term consequences of violence.

Tertiary Prevention: Long-term responses *after* sexual violence have occurred to deal with the lasting consequences of violence, including sex offender treatment interventions.

There are ongoing discussions around these definitions. For example, Secondary Prevention may also refer to the early identification and amelioration of situations which could otherwise potentially lead to violence. For the purpose of this manual, we will explain Secondary Prevention in a manner that encompasses both definitions.

Primary Prevention

The two charts on the following page were developed by the Centers for Disease Control and Prevention (CDC). The CDC uses a four-level social-ecological model to better understand the factors that influence violence and the effect of potential prevention strategies (Dahlberg & Krug, 2002). This model considers the complex interplay between individual, relationship, community, and societal factors. It allows us to address the factors that put people at risk for experiencing or perpetrating violence.

Prevention strategies should include a continuum of activities that address multiple levels of the model. These activities should be developmentally appropriate and conducted across the lifespan. This approach is more likely to sustain prevention efforts over time than any single intervention.

Individual

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

Relationship

The second level examines close relationships that may increase the risk of experiencing violence as a victim or perpetrator. A person's closest social circle—peers, partners and family members—influences their behavior and contributes to their range of experience. Prevention strategies at this level may include mentoring and peer programs designed to reduce conflict, foster problem solving skills, and promote healthy relationships.

Community

The third level explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence. Prevention strategies at this level are typically designed to impact the climate, processes, and policies in a given system. Social norms and social marketing campaigns are often used to foster community climates that promote healthy relationships.

Societal

The fourth level looks at the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms. Other large societal factors include the health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society.

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Table 1. The Ecological Model

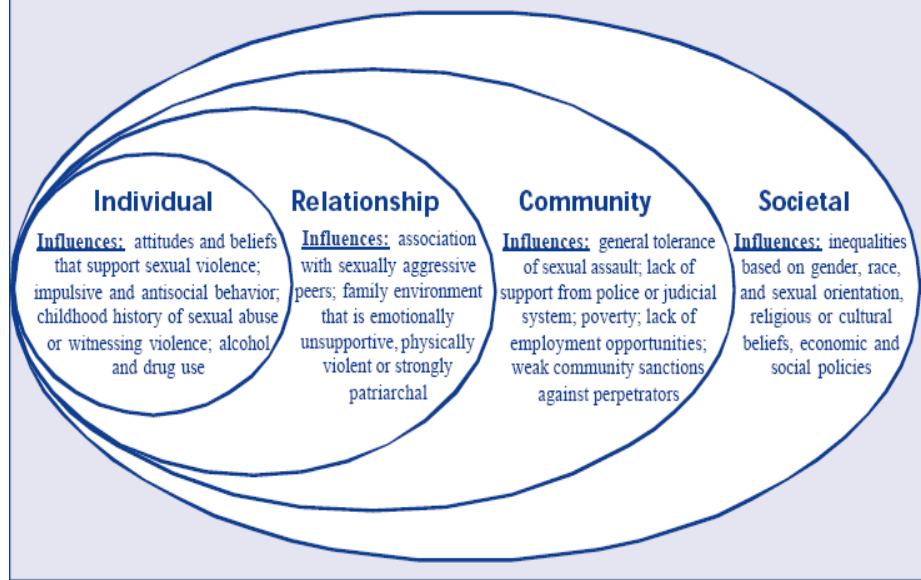


Table 2. The WHEN and WHAT Matrix

	Individual	Relationship	Community	Societal
Before	Implement and evaluate discussion groups among men that explore prevalent notions of masculinity and their relationship with sexual violence; healthy and respectful relationships; and men's role in preventing sexual violence.	Implement and evaluate a discussion group based intervention with male peer groups (e.g., fraternities, athletic teams) to change group norms that support and condone sexual harassment and violence. Men will learn to hold their peers accountable for attitudes and behaviors that support sexual violence.	Engage youth as agents of change to affect their school's climate of tolerance for sexualized bullying by leading classroom-based conversations and school-wide special events.	Assist in educating legislators about the importance of economic and educational policies that promote the economic status of women and reduce inequalities in employment.
After	Provide offender treatment services for perpetrators. Provide crisis intervention services for sexual assault survivors.	Provide services to family members of sexual assault survivors to assist them in resolving the impact of the assault and to help them be sensitive and supportive of the survivor.	Develop police protocols for responding to and investigating reports of sexual assaults. Hold "Take Back the Night" rallies to raise community awareness of the scope, nature, and impact of sexual violence.	Assist in educating legislators about the importance of mandatory legislation that ensures all survivors of sexual assault the provision of a forensic medical exam at no charge.

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Retrieved at <http://www.cdc.gov/ncipc/dvp/SVPrevention.pdf>.

Activity:

Step 1- Begin with a quick brainstorm about why people don't get involved in a given situation. If they need help getting started, here are a few reasons the facilitator could suggest:

- It is not my problem.
- I just don't want to go there.
- I don't feel safe.
- I don't want to make things worse.

Step 2- Brainstorm a list of reasons people DO get involved. Let the group develop their own ideas, but if they need help getting started, offer a few reasons.

- The person involved is someone I care about.
- I didn't think about it, I just reacted.

Discussion Points: This exercise reinforces the concept that we are all bystanders. Through the discussion, explain that there are multiple good reasons to get involved and multiple good reasons to be cautious. It is critical to know how to assess the danger of a situation, and when it is not safe to intervene.

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Bystander Intervention

Adapted from "What is Bystander Prevention?" by Claire Ninde and Adrian Sagan – Sexual Assault Services Organization, Durango, CO.

We are all affected by acts of violence in our communities. In seeking new ways to prevent sexual violence, deeply held belief systems about sexual assault and domestic violence need to be dispelled. These issues need to be reframed not as "women's issues," but as "everyone's issues." Many assume that the only victims of domestic violence and rape are those who have been assaulted. Bystander intervention is an inclusive prevention strategy aimed at reducing violence by increasing awareness of issues and empowering individuals to speak up when witnessing potentially violent situations.

Bystander intervention is the acknowledgment that most of us are not perpetrators of abuse and do not support these attitudes and behaviors. Many people witness various forms of violence but don't define it as such. For instance, if you overhear sexist comments being made by males in reference to a passing female, you are witnessing a form of sexual violence. Although it may feel uncomfortable to intervene, we have a moral responsibility for taking action.

*"Our lives begin to end the day we become
silent about things that matter."*

–Dr. Martin Luther King Jr.

People often tend to shy away from what might be considered "not our business." By not speaking up and intervening when we see abusive acts, we send the message that these forms of violence whether subtle or overt, are acceptable. Men have a previously unidentified stake in increasing awareness and prevention of sexual violence. Men know girlfriends, sisters, wives, daughters, and friends, including other men and boys, who are affected by sexual assault and domestic violence. Men are equally outraged by acts of abuse that a small minority of men perpetrate against many, and they need to know that other males who feel similarly support them. The public focus needs to shift from men as potential perpetrators to men as potential allies as well as individuals who have experienced sexual assault and been affected by violence perpetrated against friends, family members, loved ones, etc.

Engaging Bystanders in Sexual Violence Prevention

Adapted from National Sexual Violence Resource Center, Joan Tabachnick, 2008.

Bystander Intervention Tips:

- Ensure that you are in a situation where it is safe to act or intervene.
- Make sure that your actions won't result in violence against someone else.
- Attempt to draw the attention of others nearby to the situation.
- If no one else is around, attempt to distract the potential perpetrator/abuser enough to stop the violence or abuse.
- If you hear disturbing conversation that demeans others or sounds offensive, don't remain silent. Silence is complicity.

- If you are uncomfortable with verbal intervention, even walking away from a group of friends who are instigating harassing behavior or conversation sends a message.
- Bystander intervention can also mean seeking help or assistance from someone, such as law enforcement or a person in authority, when intervening on one's own is not safe or possible.
- Intervention doesn't have to result from one person's action. A united front can be a powerful force. Encourage others to act. Recruit help if necessary.

The following three scenarios are for discussion. There is typically not a right or wrong answer. It is just an opportunity for a group to process the complexities and potential affects of bystander intervention.

Scenario One: Kate is 25 years old and works in a local food store. Her 39 year old boss, Steve, often makes sexually inappropriate jokes around the staff. Most of the staff ignores him. One day he begins to flirt with a teenage customer. After she leaves, Steve turns to Kate and makes inappropriate sexual comments about the teenage customer's body. Kate looks visibly disturbed by the comments and her boss apparently notices. Steve then asks her, "What's wrong with you? Why are you so uptight? I was paying the girl a compliment." Faced with this question, Kate says, "It is not okay. I don't think it is healthy for anyone when a 39 year old man sends sexual messages to a 16 year old girl. I personally don't feel comfortable hearing about it."

- Consult Lydia Guy Ortiz's "Sexual Violence Continuum" from Chapter 1. How does Steve's behavior fit into this continuum?
- Discuss the scenario. What are the risks and the benefits for Kate to say something to her boss? How do the dynamics of power and privilege intersect with this scenario? Would Kate's economic status change your opinion of this scenario?
- Are there other people who could take some action? Make a list of the other people who could also intervene in this situation.
- How could the store's policies and procedures encourage bystander engagement?

Scenario Two: Your sister tells you a story about how her five year old daughter seemed upset after coming home from playing at a neighbor's house. She asked her what was wrong, and her daughter told her that the six year old neighbor boy wanted her to play "pants down" games, and she didn't like it. Your sister was really surprised and unsure of what to tell her daughter. She told her to say "no" and to call her whenever it happens. She asks you if there is anything else she could do.

- What went well in this scenario?
- How can she continue to monitor the children's play behavior?
- Who else can your sister involve in the discussion about appropriate touching?

Scenario Three: It's a Saturday night, and you are leaving a bar with an all-male group of your friends. There is a woman walking alone a few feet in front of you all. One of the guys in your group starts making loud comments about her body. The more your friend hassles her, the faster she walks. You immediately feel as if you should intervene, but you are unsure of the best way to proceed.

- What are the advantages/disadvantages of intervening immediately, later in the evening, or even the next day?
- Is there a way to acknowledge the impact on the woman?
- What are some key points to include in the conversation with your friend, when/if you intervene?
 - Who is the best person in the group to talk with the friend?
 - Emphasize that you care about your friend and that is why you are talking with him about the impact of his behaviors.
- Describe his specific behaviors and how those made you feel.
- Point out how it might feel if they were directed at someone he loves.

*"In the end we will remember not the words of
our enemies but the silence of our friends."*

– Dr. Martin Luther King Jr.

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10 THINGS MEN CAN DO TO PREVENT GENDER VIOLENCE

- 1** Approach gender violence as a MEN'S issue involving men of all ages and socioeconomic, racial and ethnic backgrounds. View men not only as perpetrators or possible offenders, but as empowered bystanders who can confront abusive peers.
- 2** If a brother, friend, classmate, or teammate is abusing his female partner -- or is disrespectful or abusive to girls and women in general -- don't look the other way. If you feel comfortable doing so, try to talk to him about it. Urge him to seek help. Or if you don't know what to do, consult a friend, a parent, a professor, or a counselor. **DON'T REMAIN SILENT.**
- 3** Have the courage to look inward. Question your own attitudes. Don't be defensive when something you do or say ends up hurting someone else. Try hard to understand how your own attitudes and actions might inadvertently perpetuate sexism and violence, and work toward changing them.
- 4** If you suspect that a woman close to you is being abused or has been sexually assaulted, gently ask if you can help.
- 5** If you are emotionally, psychologically, physically, or sexually abusive to women, or have been in the past, seek professional help **NOW.**
- 6** Be an ally to women who are working to end all forms of gender violence. Support the work of campus-based women's centers. Attend "Take Back the Night" rallies and other public events. Raise money for community-based rape crisis centers and battered women's shelters. If you belong to a team or fraternity, or another student group, organize a fundraiser.
- 7** Recognize and speak out against homophobia and gay-bashing. Discrimination and violence against lesbians and gays are wrong in and of themselves. This abuse also has direct links to sexism (e.g. the sexual orientation of men who speak out against sexism is often questioned, a conscious or unconscious strategy intended to silence them. This is a key reason few men do speak out).
- 8** Attend programs, take courses, watch films, and read articles and books about multicultural masculinities, gender inequality, and the root causes of gender violence. Educate yourself and others about how larger social forces affect the conflicts between individual men and women.
- 9** Don't fund sexism. Refuse to purchase any magazine, rent any video, subscribe to any Web site, or buy any music that portrays girls or women in a sexually degrading or abusive manner. Protest sexism in the media.
- 10** Mentor and teach young boys about how to be men in ways that don't involve degrading or abusing girls and women. Volunteer to work with gender violence prevention programs, including anti-sexist men's programs. Lead by example.

This poster was produced by MVP Strategies, a gender violence prevention, education and training organization.
Email: MVPStrategies@aol.com

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"Why I Do This Work"

I do this for *Emily*, who in tenth grade couldn't sit through a science video because of what it made her think of. For *Erin*, who showed up at my house the night after prom looking like the life the inside her wasn't. For *Tiffany*, who left CU because it was just too much to be there anymore. For Emily, who finally was able to make the choice to talk to someone. For *Beinta*, who still felt the hurt from so long ago. For my *Mom*, who realized maybe that man who tried to kiss her and her sister when they were little, shouldn't have. For Emily, who will still have nightmares and hard days, but will not let them define her. For *Sarah*, who I think is still trying to sort it all out. For *Alayna*, who just this last week told me, because she needed to tell someone. For my wife Emily, my mom and my sister, for every one of those friends, and the others that I know I don't even know about. For the daughter I hope to have one day, for that call I know will need answering, and for that next person sitting, waiting, on a bed in a hospital gown. I do this for them.

I came to the Rape Assistance and Awareness Program (RAAP) originally, looking for a job. I found one, but I also found a passion. A passion for going where there is no hope, and finding some, because there is always some. A passion to stand up for women, who should never have to 'survive', and for men who must realize this is their fight too. You may think this is a women's issue, but those women are *your* daughters and sisters, *your* girlfriends and wives, and they are being raped by *your* brothers, sons and pals. You cannot stand by idly, and I will not. That original job of talking on strangers' doorsteps has come and gone; however it has been replaced with a life long calling. If I will not stand up for what I believe masculinity truly is, who will? If we cannot be strong enough to carry someone's undeserved burden, who can? I do not believe there will be a day when what we do here will not be necessary, but similarly I do not believe there will be a day when we will not overcome.

Fight the good fight.

Daniel O. Church, November 2009
Rape Assistance and Awareness Program (RAAP) Advocate

* * *

Below is a partial list of Primary Prevention resources and websites that may be helpful for your organization's Primary Prevention education programs.

- **Establishing a Community of Responsibility: Bystander Intervention and Sexual Violence®**
This prevention program emphasizes a bystander intervention approach and assumes that everyone has a role to play in ending violence against women. In addition to the prevention goal, the program has a research component which seeks to measure the effectiveness of the prevention program with different constituencies. (<http://www.unh.edu/preventioninnovations>)
- **The Green Dot Program**
A GREEN DOT is any behavior, choice, word, or attitude that counters or displaces a red-dot of violence – by promoting safety for everyone

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and communicating utter intolerance for sexual violence, interpersonal violence, stalking and child abuse. The Green Dot model integrates: Social Diffusion Theory, Bystander Theory, perpetrator data, persuasion/marketing, social change models, behavior change models, communication and public health.

(<http://www.kdva.org/greendot/scientificbasis.html>)

- **Men Can Stop Rape**

This program mobilizes male youth to prevent men's violence against women. They build young men's capacity to challenge harmful aspects of traditional masculinity, to value alternative visions of male strength, and to embrace their vital role as allies with women and girls in fostering healthy relationships and gender equity.

(www.mencanstoprape.org)

- **Mentors in Violence Prevention**

The Mentors in Violence Prevention (MVP) Model is a gender violence, bullying, and school violence prevention approach that encourages young men and women from all socioeconomic, racial and ethnic backgrounds to take on leadership roles in their schools and communities. (<http://www.jacksonkatz.com/aboutmvp.html>)

- **Prevention Connection**

The goal of Prevention Connection is to advance the primary prevention of violence against women by facilitating information sharing among people who are engaged in such efforts. To achieve this goal, Prevention Connection uses web conferences, a moderated email list hosted by Yahoo! Groups, and other forms of online media (such as podcasts and flash presentations).

(www.preventconnect.org)

- **The Red Flag Campaign**

The Red Flag Campaign is the first statewide public awareness campaign to address dating violence and promote the prevention of dating violence on Virginia's college campuses, and is now being offered to and launched on campuses nationally.

(<http://www.theredflagcampaign.org/>)

- **Safe Dates**

Safe Dates helps teens recognize the difference between caring, supportive relationships and controlling, manipulative, or abusive dating relationships. Designated as a Model Program by the Substance Abuse and Mental Health Services Administration.

(<http://www.hazelden.org/web/go/safedates>)

- **Sexual Violence Prevention: Beginning the Dialogue**

This Center for Disease Control and Prevention resource identifies concepts and strategies that may be used as a foundation for planning, implementing, and evaluating sexual violence prevention activities.

(<http://www.cdc.gov/violenceprevention/pub/SVPrevention.html>)

- **Shifting the Paradigm: Primary Prevention of Sexual Violence:**

The American College Health Association developed this toolkit to provide facts, ideas, strategies, conversation starters, and resources to

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everyone on campus who cares about the prevention of sexual violence. While there is a rich volume of tools, knowledge, and resources for intervention after sexual violence, the emphasis of this Toolkit is to encourage prevention activities that take place before sexual violence has occurred and which create social change and shift the norms regarding sexual violence.

(<http://www.acha.org/SexualViolence/>)

- **Social Norms Campaigns**

This site is designed to provide an introduction to Alan Berkowitz's work and teaching through articles, interviews, and examples of workshops and lectures. Topical areas covered include sexual assault prevention, the social norms approach, alcohol and other drug prevention, leadership development, anti-oppression and social justice work. (<http://www.alanberkowitz.com>)



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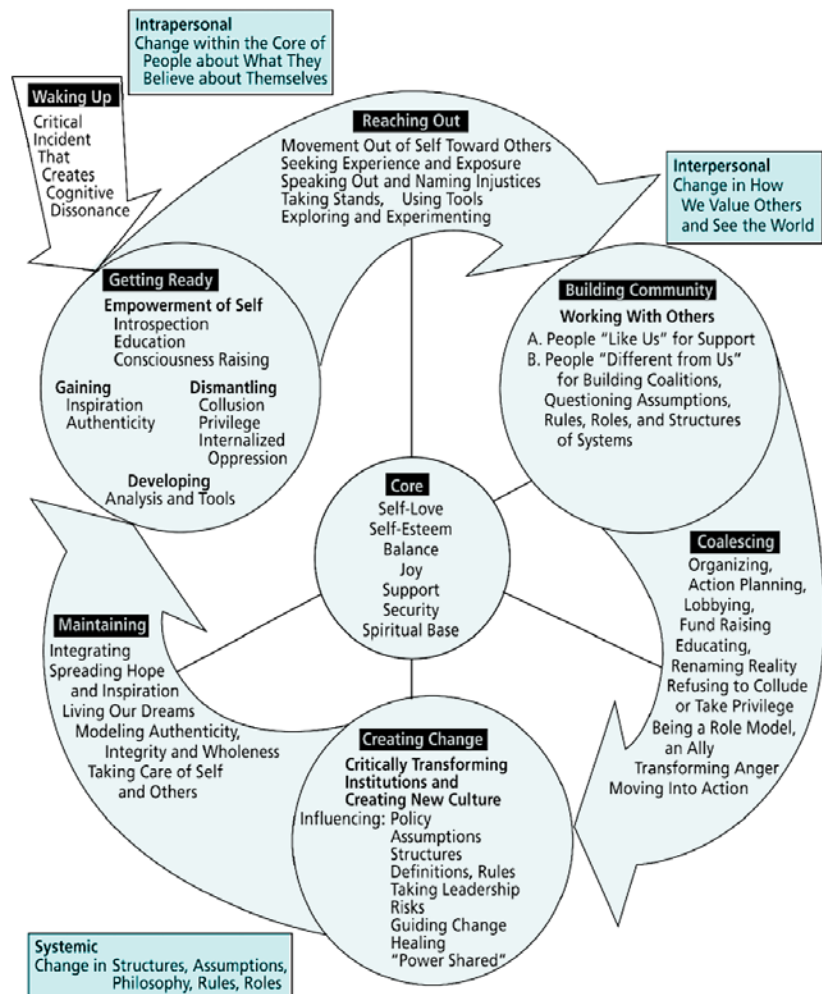
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★ DISCUSSION QUESTION ★

1. In Chapter 1, we looked at “The Cycle of Socialization.” The authors also created a corresponding “Cycle of Liberation” (see below). How does the “Cycle of Liberation” correspond with the information on Primary Prevention?

Cycle of Liberation



Source: Developed by Bobbie Harro

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Consent

Having a clear definition and understanding of consent is a vital component of both Primary and Secondary Prevention.

What Is Consent?

- To consent means to give approval and to agree by free will.
- Consent is based on choice.
- Consent is active, not passive.
- Consent is possible only when there is equal power.
- Giving in because of fear is not consent.
- In consent, both parties must be equally free to act.
- Going along with something because of wanting to fit in, feeling bad, or being deceived is not consent.
- In consent, both parties must be fully conscious and have clearly communicated their consent.
- If you can't say "NO" comfortably, then "YES" has no meaning.
- If you are unwilling to accept a "NO," then "YES" has no meaning.
- The absence of "no" is not the same as giving consent.

SILENCE ≠ CONSENT

Colorado Law- Consent and Coercion

(A complete copy of Colorado Revised Statutes is available in Chapter 11).

18-3-402 Sexual Assault

Any actor who knowingly inflicts sexual intrusion or sexual penetration on a victim commits sexual assault if:

- (a) The actor causes submission of the victim by means of sufficient consequence reasonably calculated to cause submission against the victim's will; or
- (b) **The actor knows that the victim is incapable of appraising the nature of the victim's conduct;** or
- (d) At the time of the commission of the act, the victim is less than fifteen years of age and the actor is at least four years older than the victim and is not the spouse of the victim; or
- (e) At the time of the commission of the act, the victim is at least fifteen years of age but less than seventeen years of age and the actor is at least ten years older than the victim and is not the spouse of the victim; or
- (f) The victim is in custody of law or detained in a hospital or other institution and the actor has supervisory or disciplinary authority over the victim and **uses this position of authority to coerce the victim to submit**, unless the act is incident to a lawful search; or
- (h) The victim is physically helpless and the actor knows the victim is physically helpless and the victim has not consented.

Sexual assault is a class 3 felony if:

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Seduction versus Sexual Assault?

One question that sometimes comes up in discussions about sexual assault when the victim and perpetrator know one another is the difference between seduction and sexual assault. A common perception is that while one person feels that s/he was assaulted, the other person feels that s/he merely seduced him/her. A useful distinction to keep in mind is that seduction involves no force, implied or otherwise. The next section will discuss identifying and respecting non-verbal cues, as well as respecting boundaries.

There is a difference between bad sex, or sex you regret, and sexual assault. Typically, someone will not call a rape crisis center if they simply had bad sex or regrettable sex. However, being coerced or manipulated into having sex can have very damaging psychological effects on the victim.

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- (a) The actor causes submission of the victim through the actual application of physical force or physical violence; or
- (b) The actor causes submission of the victim by threat of imminent death, serious bodily injury, extreme pain, or kidnapping, to be inflicted on anyone; or
- (c) The actor causes submission of the victim by threatening to retaliate in the future against the victim, or any other person.
- (d) The actor has substantially impaired the victim's power to appraise or control the victim's conduct by employing, without the victim's consent, any drug, intoxicant, or other means for the purpose of causing submission.

18-3-404

Any actor who knowingly subjects a victim to any sexual contact commits unlawful sexual contact if:

- (a) The actor knows that the victim does not consent; or
- (b) The actor knows that the victim is incapable of appraising the nature of the victim's conduct; or
- (c) The victim is physically helpless and the actor knows that the victim is physically helpless and the victim has not consented; or
- (d) The actor has substantially impaired the victim's power to appraise or control the victim's conduct by employing, without the victim's consent, **any drug, intoxicant, or other means for the purpose of causing submission**; or
- (f) The victim is in custody of law or detained in a hospital or other institution and the actor has **supervisory or disciplinary authority over the victim and uses this position of authority**, unless incident to a lawful search, to coerce the victim to submit; or
- (g) The actor engages in treatment or examination of a victim for other than bona fide medical purposes or in a manner substantially inconsistent with reasonable medical practices.

Legal definition of consent (18-1-505)

Unless otherwise provided by this code or by the law defining the offense, assent does not constitute consent if:

- (a) It is given by a person who is legally incompetent to authorize the conduct; or
- (b) It is given by a person who, by reason of immaturity, mental disease or mental defect, or intoxication, is manifestly unable and is known or reasonably **should be known by the defendant** to be unable to make a reasonable judgment; or
- (d) It is induced by force, duress, or deception.

Identifying Coercion

A victim may experience coercion in ways that may not be considered criminal coercion. Some examples may include extreme peer pressure, threats to “out” the victim’s sexual orientation, threats to start rumors and/or tarnish a person’s

reputation, badgering and bribing, etc. Although the circumstances may not result in a criminal charge, the victim's sense of violation can still be acute.

Discussion Scenario:

John and Julie have been going out for a month. They are at a party and find an empty bedroom. Julie has already explained to John that she wants to wait to have sex. They start kissing and John initiates sex. When she refuses, he gets visibly annoyed and starts making statements like, "What is wrong with you? Why are you such a prude? There are plenty of girls who would love to do it with me. What's your problem?" Julie feels really uncomfortable and finally stops resisting. The next day she is really upset and feels confused about what happened.

- Did John obtain consent for sex?
- If any, what types of coercion did John use?



Image from A Long Walk Home (www.alongwalkhome.org)

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I said I was tired.
You ignored me.

I moved away from you.
You moved closer.

I stopped responding.
You didn't notice.

I tried to push you away.
You kept going.

I didn't say no.
But it didn't mean yes.

Image from the Montana State University VOICE Center (2007)

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★ TEST YOUR KNOWLEDGE ★

True/False – If your partner is too drunk to drive, they are too drunk to legally give consent to have sex.

True/False – If someone is passed out and doesn't verbally say "no," s/he has given consent.

True/False – A fifteen year old can legally consent to have a sexual relationship with his/her teacher.

True/False – Cooperation is the same as consent.

True/False – If you consent to kissing or making out, then that permission counts as consent to sex.

True/False – A person with a disability consents to sexual activity because his/her caregiver threatens to not disperse medication unless there is sexual activity. Because s/he said yes, it counts as consent.

Secondary Prevention

There is no way to *guarantee* that you won't be sexually assaulted, but there are some ways to possibly *reduce your risk*. The Centers for Disease Control and Prevention (CDC) does not define risk reduction techniques as *Secondary Prevention*, but as *Primary Victimization Prevention*. It is important to note that while risk reduction techniques have often been considered secondary prevention and are still referenced that way by some programs, the CDC and public health advocates define secondary prevention as, "Immediate responses *after* sexual violence has occurred to deal with the short-term consequences of violence." Because many individuals and programs are still interested in learning more about risk reduction techniques, we have provided the following guidelines (listed below). It is important to remember that no one is ever to blame or at fault for being a victim of sexual violence. The offender is always responsible for that behavior.

The Victim Is Never at Fault

Doing everything on the list (see below) all the time does not guarantee that you won't be assaulted. Never doing anything on this list does not mean that you will be assaulted. If you are assaulted it is not your fault, even if you don't follow the suggestions on this list. If you were engaging in "risky" behavior, remember: what may be perceived by some as "poor judgment" NEVER gives anyone the right to assault you.

Know Your Rights

- You have the right to your body.
- You have the right to change your mind.
- You have the right to be listened to and respected.

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- You have the right to set limits in any relationship.

Listen Actively

- Pay attention to you partner's body language, demeanor, and non-verbal cues.
- If your partner indicates verbally or non-verbally that s/he is not okay with what is happening, STOP what you are doing.
- Know your partner's boundaries before engaging in sexual activity.
- Don't be shy to ask how your partner is feeling.

Communicate Assertively

- Be clear in communicating what you want.
- If someone is violating your boundaries or personal space let them know.
- If possible, say "no" when you mean no.
- Say "yes" when you mean yes.
- Be aware that perpetrators often use alcohol and/or drugs to "wear down" potential victims.

Trust Your Instincts

- If your gut feeling tells you something isn't right, get out of the situation.
- Don't be afraid to be rude or make a scene, you're worth protecting.

A lot has been said about how to prevent sexual assault and rape: Women should learn self defense; Women should not go out alone after dark; Women shouldn't wear short skirts; Women shouldn't leave drinks unattended – or dare to get drunk at all! Instead of those myths and illogical solutions, it is important that we all emphasize the fact that sexual assault and rape prevention is everyone's responsibility.

Sexual assault and rape are NEVER okay!

Not if someone is:

- Drunk
- Walking alone at night
- Drugged and unconscious
- Wearing a short skirt
- Jogging at a park (at any time)
- Reminding you of someone you're still hung up on
- Asleep in bed
- Doing laundry
- In a coma
- Changing their mind in the middle of or about a particular activity
- Repeatedly refusing a certain sexual activity or sexual activity at all
- Not yet an adult
- Not in the mood
- Home alone

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Don't perpetuate a culture that tells you that you have no control over or responsibility for your actions.

You CAN:

- Tell your friends, family, neighbors, co-workers, acquaintances, sorority & fraternity sisters and brothers...that it is never okay to sexually assault or rape someone.
- Pass it on that it is NEVER the victim's fault.

You CAN:

- Notify the police, with permission from the victim, if you have information that someone has perpetrated or has been victimized.

DON'T LET SILENCE IMPLY AGREEMENT!

Building Healthy Relationships

The basis of a healthy relationship is shared power. Shared power includes:

- equal power in decision-making;
- individual freedom to disagree, change or leave the relationship;
- equal rights to independence and to express one's feelings, needs, thoughts and desires;
- equal access to support (friends & family), resources and personal space.

When power is shared between intimate partners, they protect themselves and each other from abuse in the relationship.

Characteristics of Healthy vs. Unhealthy Relationships

Healthy	Unhealthy
Respect	Disrespect
Independent	Overly dependent
Open Communication	Secretiveness
Room to disagree, change, or leave the relationship	One person has power and control
Sharing desires and feelings	Deceitfulness
Allows personal change	Promotes stagnancy
Based on choice	Based on need
Encourage self-care	Take care of each other
Accepts limitations/flaws	Perfectionist
Accepts what comes up	Uses denial and avoidance
Partners retain sense of self	Partners lose identity
Enhances personal qualities	Brings out the "worst"
Appreciation	Selfishness
Risks vulnerability	Fears intimacy
Trust	Jealousy



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Essential Tools for Having Healthy Relationships

- ◆ Communication skills
- ◆ Good personal boundaries
- ◆ Conflict resolution skills
- ◆ Self-awareness

Personal Boundaries

Personal boundaries are psychological and physical separations between ourselves and others which make clear what is ours, such as our bodies, emotions, thoughts, beliefs, etc. Our boundaries protect us, help us to see clearly what is our responsibility and what is not, and establish our right to exclude others from interfering with or controlling our bodies, decisions, feelings and identity.

Boundary Strength:

- **Healthy boundaries** give good protection, giving us information about when it feels safe to allow someone else to be physically and/or emotionally close to us. They allow us to act appropriately and to keep us from offending others.
- **Weak boundaries** give little or no protection from the abuse of others. If we have poor boundaries, we are more vulnerable to being controlled and manipulated by others, and have our self-esteem damaged.
- **Walled boundaries** give the ultimate in protection. However, we feel cut off and emotionally isolated from others. This is usually a result of being deeply hurt and having our trust destroyed.

Signs of Unhealthy Boundaries	Signs of Healthy Boundaries
Trusting no one or anyone	Developing trust based on interaction
Immediate intimacy	Getting to know someone before sharing intimacy
Falling in love immediately Preoccupation with a relationship Acting on first sexual impulse	Maintaining friendships & activities that you enjoy
Overwhelming need to please	Voicing what pleases you
Going against personal values or rights in order to please someone	Not compromising personal values Standing up for/voicing your rights
Not noticing when others display unhealthy boundaries	Noticing and confronting when others' unhealthy boundaries interfere
Not noticing when someone invades your boundaries	Noticing and confronting when your boundaries feel violated
Touching a person without asking	Asking before touching someone else
Letting others direct your life	Making your own decisions
Letting others describe your reality	Your reality is based on your own experience, thoughts, feelings
Letting others define who you are	Knowing who you are/want to be and communicating your needs to others
Believing others can figure out what you need	Having realistic expectations of what others can do for you
Expecting others to fill all of your needs Falling apart so someone will take care of you	Knowing how to take care of yourself and doing it

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*"You can't rape proof
yourself in this world.
It's a community
problem – the larger
culture has to change
attitudes about
women, sex, power,
and abusers' power.
Harsher penalties are
not the answer.
Rape happens
because people are
allowed to get away
with it in their beliefs
and attitudes."*

- Heidi Kon, Former
Director, Quetzal
Center, Chicago

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Dating Bill of Rights

I HAVE THE RIGHT:

- To ask for a date
- To feel okay if the answer is "no"
- To refuse a date without feeling guilty
- To choose to go somewhere with a friend, rather than a date
- To suggest what we'll do on a date
- To refuse any activities, even if my date is excited about them
- To have my own feelings and be able to express them
- To tell someone not to interrupt me
- To be heard and have my feelings and thoughts acknowledged
- To refuse to lend money
- To set limits, to say "no" or "yes"
- To change my mind at any time
- To refuse to be physically intimate
- To stop doing something, even once it has started
- To refuse sex with anyone just because they took me out on an expensive date, or for any other reason, at any time
- To have friends of either gender
- To have space away from my partner
- To break up with my partner when I want to
- To tell my partner when I want affection
- To have the right to say "I love you" without having sex
- To have the right to have sex without saying "I love you"
- To talk to others about my relationships
- To be myself without changing to suit others, even if I'm different from the "norm"
- To not act seductive, macho or sexually interested
- To dress how I choose, even if others don't approve or like it

I HAVE THE RESPONSIBILITY:

- To respect and not violate the boundaries of others
- To determine and communicate my own boundaries and values
- To look and listen to both verbal and non-verbal communication
- To communicate as clearly and honestly as I can
- To ask for help and support when I need it
- To be considerate and respect the values of others
- To check my actions/decisions to determine if they are in my best interest
- To take care of myself

Self-Defense Courses

Special thanks to Nicole Sundine of Realistic Safety Solutions for her help with this section.

Self-defense as a prevention technique tends to be a controversial subject. There are varying opinions about the subject. While advocates and allies certainly support women's empowerment training and programs, there are valid reasons as to why a victim or potential victim cannot or chooses not to use methods that are traditionally recognized as self-defense. For example, it may not be possible for a victim to use traditional "fighting back" self-defense tactics if the perpetrator is an intimate partner who is also physically and/or financially abusive. Physically "fighting back" may not always be an option if the victim has a physical disability or if the victim is in a "prison rape" situation where the assault is perpetrated by another inmate or prison staff in a position of power.

Comments like "Why didn't you kick him?" or "Why didn't you scream for help?" have unfortunately been used as a form of "victim blaming." Solely placing the onus of stopping sexual assault on the victim is an incredibly detrimental mentality that will not prevent sexual assault or help the victim heal.

There are psychological and neurobiological impacts of trauma that may affect the victim's ability to physically "fight back." Janine D' Anniballe, Ph.D., has extensively studied the psychological and neurobiological impact of trauma on sexual assault survivors. She explains, "There are two parts of the autonomic nervous system: sympathetic and parasympathetic. Both systems are heightened simultaneously under extreme stress. Tonic immobility is an adaptive survival response when those systems are heightened." She further explains, "The basal ganglia are large structures deep within the brain that control the body's anxiety level. They allow for smooth integration of emotions, thoughts, and physical movement. When there is too much input, they tend to 'lock up,' resulting in a freezing response."

Whatever the victim did to stay alive is enough — "freezing" or going limp can be the body's instinctual self-defense mechanism.

Many sexual assault survivors and others are interested in learning self-defense skills. Attending a class given by an instructor who is sensitive to the needs of people who have experienced sexual assault can be an empowering experience that helps to restore a sense of real and perceived safety and play a part in the healing process in the aftermath of a sexual assault. If a survivor asks about self-defense, direct them to the best resources in the area. The best self-defense classes respect the philosophy that, regardless of whether a person chooses to use force to fight back, s/he is never to blame for being assaulted.

Suggestions for Choosing a Self-Defense Course

Sometimes a person you speak with will have a self-defense program already in mind. Encourage them to consider doing the following:

- Before choosing a self-defense course, **research the program carefully.** Programs vary in their approach, duration and cost. To research a course you may be able to observe a class, ask for written materials on the course

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content and philosophy, and possibly interview former students if it does not impede with confidentiality considerations.

- **Find out a program's philosophy.** Questions might include: How does the program address violence against women? What is its perspective on non-stranger sexual assault? What is the program's history? What are the standards for instructor training and background? How are emotions handled in the course – do instructors have training or background in working with assault survivors? What procedures are in place for student safety? What precautionary measures are taken to reduce chance of injury? Does the instructor allow participation and contribution at the level to which students are comfortable?
- **Understand the program's method.** Many sexual assault perpetrators work by disrespecting non-physical boundaries first. Therefore, a strong self-defense program will focus on defining and protecting personal boundaries on multiple levels – not just physical. It will also help build mental and verbal skills in addition to physical techniques for averting assault. These subtleties are very important in the context of sexual assault.
- Look for an instructor who **respects your right to choose.** It's important to remember that decisions about personal safety are just that...personal. Only that individual can decide what strategies will work best in any given situation. It is best-practice for an instructor to provide a viable set of options to choose from, not instruct what should be done in any particular situation.

Resources:

Gavin DeBecker, *The Gift of Fear*, Dell Publishing, 1997.

Al Marrewa, *The Feminine Warrior: A Woman's Guide to Verbal, Psychological, and Physical Empowerment*. Kensington Publishing Corp., 1998.

Martha McCaughey, *Real Knockouts: The Physical Feminism of Women's Self-Defense*. New York: New York University Press, 1997.

Rosalind Wiseman, *Defending Ourselves*. Noonday Press, 1995.

Websites:

American Women's Self-Defense Association: www.awsda.org

Realistic Safety Solutions, LLC: www.realisticsafetysolutions.com

Colorado Resource

Tertiary Prevention

Survivor Support Services

As stated previously, the Center for Disease Control (CDC) defines tertiary prevention as the long-term responses *after* sexual violence has occurred to deal with the lasting consequences of violence and sex offender treatment interventions. Chapter five of this manual addresses understanding the possible effects of sexual assault. Chapter seven and Chapter eight address steps and strategies for advocacy services. These chapters will address therapeutic considerations that impact survivor-centered tertiary prevention.

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Sex Offenders Management Board

In 1992, the Colorado General Assembly passed legislation that created a Sex Offender Management Board (SOMB) in the Division of Criminal Justice. Information on perpetrator interventions and the Sex Offender Management Board is presented in the next chapter.

* * *

Alcohol use does not cause sexual violence

By Scott Hampton, For the Monitor, 2005

Understanding the role drinking does and does not play in sex assaults is essential to prevention efforts.

The recent Judicial Conduct Committee hearings on the Judge Franklin Jones case have focused attention on the overlap between alcohol use and sexual assault. Let us explore that link.

A recent study indicated that 30 percent of all sexual assaults occur when the perpetrator is under the influence of alcohol. In some cases, the victim is also intoxicated. Drinking makes it easy for the perpetrator to ignore sexual boundaries while the victim's intoxication makes it more difficult for her to guard against attack.

A common misunderstanding is that if people commit sexual assaults only when they are drunk, the drinking must have caused the assault and sobriety and alcohol counseling are adequate to prevent future assaults. These erroneous conclusions confuse correlation and causation.

Consider the correlation between consciousness and sexual assault. Perpetrators of sexual assault typically commit sexual assaults only when they are awake, but it would be ridiculous to suggest that being awake caused them to commit sexual assaults.

So what is the relationship between alcohol use and sexual violence?

The answer has several facets:

- *Alcohol use does not cause sexual violence.* Putting alcohol into your system does not cause you to commit a sexual assault any more than putting gasoline into your car causes you to drive to the airport. Gasoline makes it easier to do what you want to do - drive the car. Alcohol makes it easier for a perpetrator to do what s/he wants to do.

If you do not at least think about doing something when sober, you are unlikely to do it when drunk. No one worries about becoming so intoxicated that he will lose control and stab himself in the eye with a fork. Why? Because he would never consider doing that when sober.

- *Alcohol acts as a permission slip.* By reducing inhibitions, alcohol often makes it more likely that someone will choose to sexually assault another person.

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As one man in a violent offender program noted, "When I first came to your program, I told you that I hit my wife because I was drunk. Now I realize that I drank so that I could hit her." He realized that alcohol did not excuse or even explain the abuse. Instead, alcohol was the way he had tried to avoid responsibility for the abuse.

'I don't recall'

- *Sexual assault occurs despite alcohol use, not because of it.* When someone is drunk, we call that person "impaired." Impaired means you have difficulty performing tasks. Therefore, if you are going to sexually assault someone when drunk, you have to try harder, focus your attention and be more determined than if you were sober.

In effect, people who sexually assault when drunk do so not because they are intoxicated but despite their intoxication. They have to overcome the impairment to commit the sexual assault.

- *Memory loss is not the same as lack of intent.* If a perpetrator of sexual assault claims that he has no specific recollection of the assault, that does not mean he had no intention of doing it at the time. All it means is that the perpetrator is currently either unable or unwilling to report his state of mind when the assaults occurred.

For example, sometimes we hear perpetrators report on events that were acceptable ("I remember drinking and dancing") but not the events that could result in arrest and prosecution ("I don't recall fondling that person"). Or the perpetrator will not recall the offense but will be able to assert with confidence what his state of mind was at the time ("I had no desire for sexual gratification").

How can you not remember what you did but be absolutely certain what your motives were when you did it? How does alcohol know which memories to delete and which to keep intact?

- *Sexual assault and substance abuse are separate issues.* If someone violates sexual boundaries while drunk, that person has two problems that need to be addressed. Taking responsibility for alcohol consumption addresses only half the problem. The perpetrator also needs to take responsibility for the sexual violence. On the most basic level, the perpetrator needs to learn that all sexual contact without permission is sexual violence.

Principles

To address this, good sex offender programs teach the principles of sexual consent. These are:

- *Privilege.* Sex is never a right; it is always a privilege, an honor, a gift that can either be granted or taken away by the person you wish to have contact with.
- *Permission.* Since sexual contact is always a privilege, you always must seek permission before initiating contact. In addition, you need to be sober

enough to know whether you have been given permission.

Permission requires that the other person is capable, at the time, of giving you permission. That means the person is old enough, sober enough and not coerced by you to say yes. If the other person is afraid to say no because you have a position of power or authority, you cannot know whether your potential sexual partner truly wishes to have contact with you, even if he or she does not actively resist your advances.

- *Justification/intent.* There is no excuse for engaging in sexual contact without consent. Sexually respectful people adopt the philosophy of "First do no harm." Those who do not respect sexual boundaries should not be allowed to explain or minimize their aggression as the result of alcohol or other drug use, stress, deviant arousal patterns, loss of control or misunderstandings.
- *Responsibility.* The only person who ever is responsible for a sexual assault is the perpetrator. The victim never is.

As members of the community, we share responsibility for holding perpetrators accountable for their violence. How do we do this? By never blaming victims for the harm they suffered. By remembering that sexual violence is not "just a part of the disease of alcoholism." By never letting a perpetrator's sexual access and satisfaction become more important than the victim's sexual safety and autonomy.

By keeping these principles in mind, we can make great strides in achieving sexual safety in our community.

Scott Hampton of Dover is the Director of Ending The Violence, home of the Consexuality Project, a sexual violence prevention initiative. He testified at the Judicial Conduct Committee's hearing on the Judge Franklin Jones case.

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Lisa Ingarfield

Advocate Spotlight!

Lisa Ingarfield is the Associate Director of Interpersonal Violence Prevention at The Phoenix Center at Auraria. The Phoenix Center at Auraria is a tri-institutional center on the Denver Auraria campus. The center provides information, support, and awareness about sexual assault, relationship violence and stalking for survivors and their friends and families. (<http://www.thepca.org/>)

Q: Why did you become a Rape Crisis Advocate?

A: I have always felt a sense of civic responsibility around social justice issues. This commitment to social justice and seeing how friends have been impacted by interpersonal violence led me to make a commitment in a tangible way. A colleague at the Office of Women's Programs and Studies at Colorado State University was also influential in my decision to get actively involved in the field.

Q: Describe a "typical" day as a Rape Crisis Advocate.

A: It is not unusual to have back-to-back clients. Other days there will be various administrative meetings to attend. Because we work with three institutions, a portion of my position involves building collaborations and supporting the work of allies. The work can vary considerably, which probably applies to a lot of campus organizations. For example, this week I am working on our annual report, volunteer appreciation, follow-up with case management, and research.

Q: What is the process once your agency receives a crisis call?

A: Our students, staff, and faculty volunteers go through 40 hours of training. Two volunteers are on call 24 hours a day, 7 days a week. One volunteer is the first responder, and the second volunteer is the secondary responder. The first responder may not need to engage the secondary responder unless it is an on scene response at the police station or hospital. It is also Auraria Police Department protocol to contact the Phoenix Center at Auraria when they receive a call dealing with Interpersonal Violence.

Q: What are some of the pressing issues that you have become more aware of through your work as an advocate?

A: Some college administrations can be resistant to these issues because they do not want to create an impression that their campus has a "problem" with interpersonal violence. I have become aware of the importance of institutional commitment to make programs such as ours successful. It can be difficult to arrange mandatory trainings, speakers, or events for students if we don't have the support from all corners of the institution. At Auraria we have solid support from a number of departments and administrators and that does help. For instance, a

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mandatory campus orientation for new students gives a framework to inform and educate students about interpersonal violence and our resources. However, not all campuses are able to provide this opportunity for their new students because of a number of issues including funding, space, staffing and commitment to the issue. When a crime does occur on campus, there is a need for comprehensive training of judicial officers and judicial boards to ensure that the victims' rights are upheld and the institution is in compliance with Title IX and the Clery Act (see appendix). In Colorado, we also struggle with ambiguity in the state statute around confidential privilege for campus-based advocates. Each institution often has a unique policy and approach to these issues.

Q: What is your advice for anyone wanting to become an advocate?

A: Think about it first, and be sure that it is something you really want to do! I don't think that advocacy is simply about "helping people," it is actually about systemic social change and recognizing your own privilege and the intersections of identity. It is also difficult to hear trauma stories repeatedly. I find that strong boundaries and prioritizing your work load can make a huge difference in managing this.

Q: Where would you like to see Colorado's sexual assault services five or ten years from now?

A: I would like to see it greatly expanded with increased commitment and funding from all areas of government and society! Ideally, it would be fantastic if all college institutions mandated comprehensive training on interpersonal violence for all students so we could be sure to get the information to all college students since we know it is a high risk time. Let's focus on the cultural messages that permeate our lives and perpetuate the incidence of sexual violence instead of asking women to carry mace. Let's address sexism, racism, homophobia, transphobia, and ableism as interconnected oppressions that all work to maintain the existence of sexual violence. Real change will occur only when attitudes and beliefs are shifted. I would really welcome a concrete recognition by institutions that sexual assault happens on a large scale and has negative consequences for their students including impacting their academic success. Unfortunately, people often seem to need a personal experience to engage or make a deep commitment to this issue. I would like to see a shift in the culture towards an understanding that sexual assault matters and is a very real experience for thousands of people. Individuals are so quick to make excuses for the perpetrator, without recognizing that it is never the victim's fault. I feel that we are continually working to make strides with that dynamic in particular. Encouraging a cultural shift (at the level we need) can be really difficult if there is only funding for one or two staff members!

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Chapter 3 – Perpetrators of Sexual Violence

Sexual Offending Facts

Colorado Department of Public Safety, Division of Criminal Justice, Sex Offender Management Board

- There are over 13,000 registered sex offenders in Colorado
- The majority of sex offenders are not caught or ever detected
- Less than 16% of sex assaults are reported to authorities and even less are prosecuted
- In Colorado 1 in 4 women and 1 in 17 men have been sexually victimized
- There is no typical sex offender but they all tend to be secretive and manipulative and usually of male gender
- Many sex offenders are likely to commit sex offenses other than the type for which they were caught (i.e. involving victims of varying age and gender)
- Most sex offenses are committed in the residence of the offender or the victim
- 78% to 90% of victims of sexual assault know their abuser
- Stranger abductions accounted for only.00015% of all child victim cases in the year 2000
- It is a felony to have sex with someone who is under the influence of drugs or alcohol and who is physically incapable, unconscious, or unable to appraise the nature of their own actions
- 65% of convicted sex offenders in Colorado are granted community supervision
- Sex offenders use power and control to dominate their victims

CDPS, DCJ, SOMB
700 Kipling Street, Ste. 3000
Lakewood, CO 80215

<http://dcj.state.co.us>
Phone: 303-255-4199
Fax: 303-255-4491

Identifying Common Characteristics

There is no single explanation for what motivates a person to become a perpetrator of sexual assault. Most of the research done on perpetrators has been conducted in the last 25 years. The majority of that research has focused on convicted or incarcerated perpetrators. Because of low reporting rates, this research may not be a true representation of all perpetrators. More recently, studies have been conducted primarily with men who commit sexual assaults against dates or acquaintances. Some of this research reveals that they may not be so different from stranger rapists in terms of the way they manipulate their victims and plan their assault.

In this chapter, we attempt to provide a broad and basic overview of some of the existing theories about perpetrator characteristics and behavior. There is no single, overarching account of perpetrator behavior – some theories share similar arguments, others disagree. It is nevertheless helpful to become familiar with some of the research regarding perpetrator behavior. We also introduce you to some of the methods for “treating” or “managing” convicted perpetrators in Colorado. These perspectives may help give you a deeper

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understanding of some dynamics that often exist between perpetrators and victims. A basic understanding of how perpetrators typically operate may help in understanding and explaining the context of sexual assault. This knowledge may also be helpful to share with clients. Understanding perpetrator behavior can potentially help ameliorate self-blame by placing the onus of the crime solely on the offender.

Myths

There are many myths and misunderstandings about the issue of sexual assault and the motivation of the perpetrator. *See also Chapter 1, “Refuting the Myths.”* These can prevent appropriate detection, prevention and treatment of both the rapist and the victim. These myths include:

- Rape is always sexually motivated.
- Rapists are angry at their victims.
- In acquaintance rape, the rapist’s sexual desire is “triggered” by sexual stimulus.
- Rapists do not begin their sexual crime patterns until adulthood.
- Rapists are usually without adult intimate partners.
- When males rape other males, it is a sign of homosexuality.
- Only sexually attractive and sexually developed females are raped.

The Colorado Department of Corrections’ “Therapy Myths” About Perpetrators

Below are some of the misunderstandings about perpetrators as identified by the Colorado Department of Corrections. Below each misunderstanding is a summary of DOC data stating the actual facts.

Rapists are different than child molesters.

Colorado Department of Corrections (DOC) polygraph (lie detector test) research reveals that sex offenders cross over in the types of sex offenses they commit. The majority of sex offenders who have been polygraphed at DOC report having both adult and child victims. DOC research findings are similar to other research findings.

“Hands off” sex offenders are not really dangerous.

DOC polygraph research reveals that many sex offenders who commit “hands on” sex offenses also commit “hands off” sex offenses (obscene phone calls, flashing, etc.). After polygraph, offenders on average report four additional categories of sexually deviant behavior.

“Prison rape” is different than “street rape.” Institutional behavior is not that significant.

DOC on two occasions has reviewed those identified sex offenders who were most likely to reoffend when released. Both times the findings were similar. The behavior of sex offenders who commit sex offenses in a structured environment, such as prison, escalates significantly as the structure is reduced.

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Offenders who committed sex offenses in prison reoffend more rapidly and more frequently than other identified sex offenders.

All sex offenders were victims of sexual abuse as children.

Jan Hindman, of Alexandria Associates, reported that prior to the polygraph and according to sex offenders' self reported sexual histories, 67% of the offenders experienced abuse as a child. Only 21% reported committing abuse as a child. After she implemented polygraph testing of the offender's self reported sexual histories, only 29% of the offenders reported experiencing abuse a child (Hindman, 2001).

Thinking that someone who committed a sex offense is not "really" a sex offender.

Anyone who has committed a sex offense is a sex offender. Once they have engaged in the behavior, the behavior is learned and easier to repeat. In fact, DOC polygraph research on adults indicates that most sex offenders have committed many offenses before they are caught.

Most sex offenders are not high risk to reoffend.

There are only a few long-term recidivism studies on sex offenders. Those studies indicate that some sex offenders remain at risk to reoffend for up to 25 years, post release.

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Risk Factors for Sexual Violence Perpetration

What are Risk Factors for Becoming a Perpetrator?

Source: Centers for Disease Control and Prevention

Risk factors are associated with a greater likelihood of sexual violence (SV) perpetration. They are contributing factors and may or may not be direct causes. Not everyone who is identified as "at risk" becomes a perpetrator of violence.

A combination of individual, relational, community and societal factors contribute to the risk of becoming a perpetrator of sexual violence.

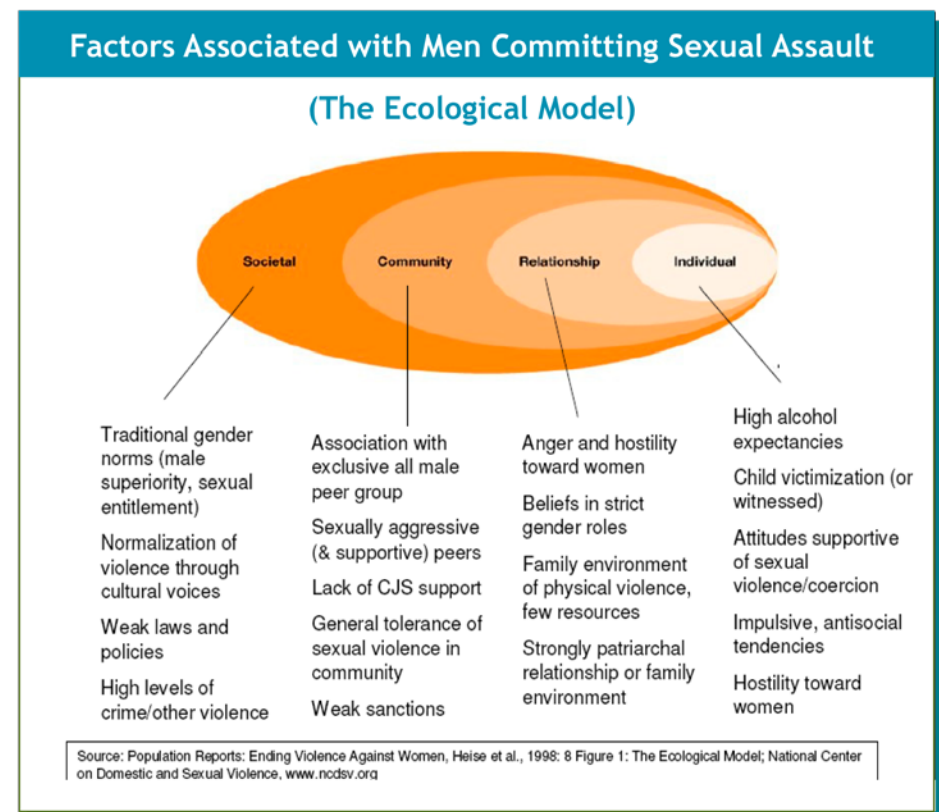
Understanding these multilevel factors can help identify various opportunities for prevention.

NOTE: The Centers for Disease Control and Prevention focuses its efforts on preventing the first-time perpetration of sexual violence.

Protective Factors

Protective factors may lessen the likelihood of sexual violence victimization or perpetration by buffering against risk. These factors can exist at individual, relational, community, and societal levels.

If he determines she is "controllable," he may then try to separate her from her friends.



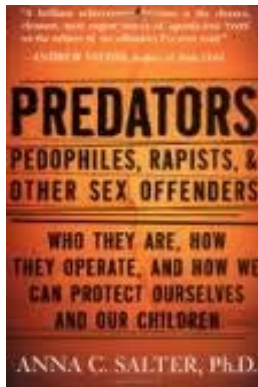
Perpetrators are able to surround themselves with socio-cultural norms that let them believe there is support for these behaviors.

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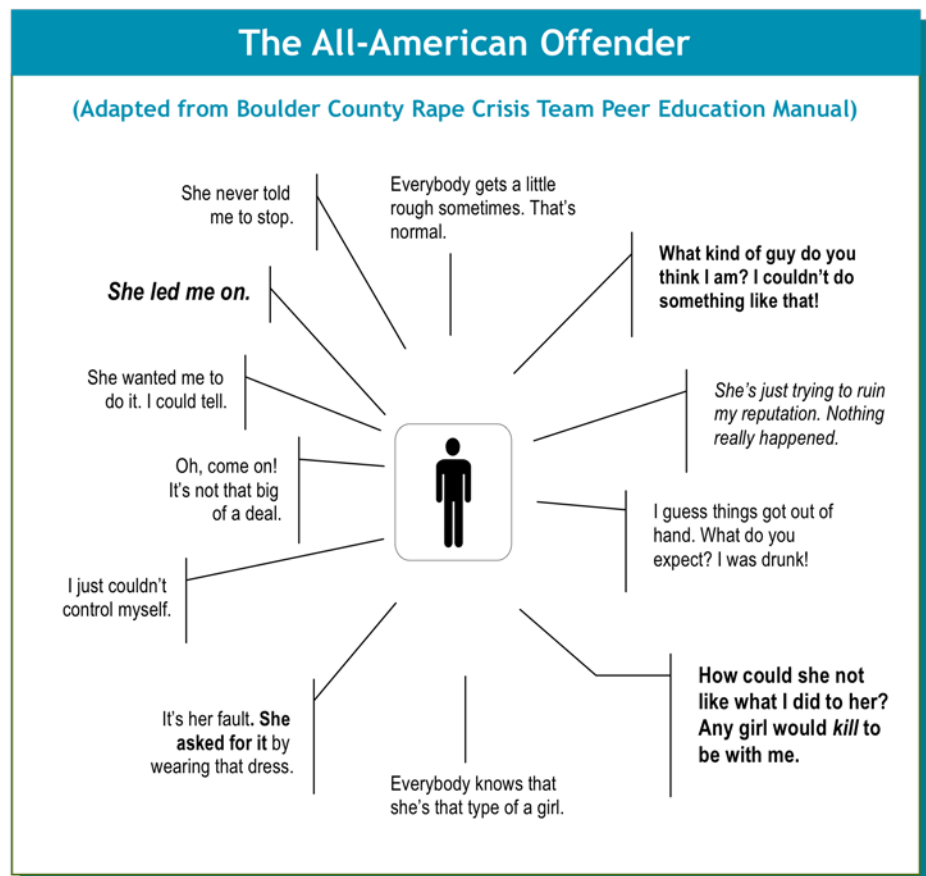
**RECOMMENDED
READING**



*Predators: Pedophiles,
Rapists, and Other Sex
Offenders*
Anna C. Salter, Ph.D.
Basic Books, 2004
ISBN 9780465071739

The All-American Offender

Originally adapted from *Moving to End Sexual Assault—MESA*—in Boulder, CO.



Dynamics of Sexual Assault Perpetration

The “Five I’s” of Sexual Assault

Sexual assaults typically have one or more of the following characteristics in common. One factor alone may be nothing for a person to be concerned about but, in combination, they can add up to a sexual assault situation.

I NVASION

Perpetrators often invade personal space visually, verbally, and physically. Such behavior often appears flirtatious in nature, but the key is whether it makes the recipient uncomfortable. There are three ways a person can invade another’s personal space:

- Visual – Staring in a sexual way; “elevator eyes” (looking up and down in a way that feels invasive); too much eye contact.
- Verbal – Making comments that are inappropriate for the relationship, such as asking personal questions, talking about sex, telling dirty jokes, or making physical comments. The perpetrator’s language tends to be more controlling and directive and may contain more statements than questions.

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- Physical – Getting too close and inappropriate touching. Perpetrators will usually invade personal space, stand or sit too close and “accidentally” touch or rub a person, particularly the breast or buttocks.

IGNORING

Perpetrators of sexual assault often ignore verbal and non-verbal communication as a way to appear distracted instead of deliberate in their actions. They often have an agenda or plan out the assault in advance. They may, for example, use the noise around them to act preoccupied to disguise their intentional behavior.

ISOULATION

Perpetrators are often creative and subtle in their attempts to get someone alone. They may use means to accomplish this that appear very normal, such as locking the door for “privacy,” getting someone alone to “just talk” or get to know them better, or separating a person from other people with whom s/he is socializing.

INTOXICATION

Perpetrators often use alcohol or drugs to make someone vulnerable or as an excuse for their own behavior. Some studies suggest that alcohol or drugs are factors in as many as 90% of cases of sexual assault. Perpetrators often encourage their target to drink more. They may be intoxicated themselves or may stay sober altogether. Being intoxicated increases people’s vulnerability, but it is important to remember that *it does not cause sexual assault*.

INSTINCTS

It is very common and natural for people to relax when they are with a person they know or trust. Perpetrators rely on this as a means to carry out an assault. In non-stranger sexual assault, perpetrators use the fact that they know someone to gain access to that person.

* * *

★ DISCUSSION QUESTIONS ★

1. *How can an understanding of perpetrator behavior assist in providing advocacy services to survivors of sexual assault?*
2. *Read the following interview with a Colorado convicted sex offender. In what ways is one or more of the “Five I’s” evident?*

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Below is a statement from a convicted sex offender, collected by the Colorado Department of Corrections. This statement may help give you an idea of the kind of thinking that is often behind perpetrator behavior.

Setting up a Sexual Assault

Question: What did you do when your crime was reported to convince people you did not commit the crime and/or make people believe the victim was lying?

I used the factual basis of what happened to make her look as though she was lying. As almost all sex offenders, I had a “pretend normal” that was almost flawless. At work I was fair, level-headed and a hard worker. I presented myself as a dedicated, loyal, kind person and never lost my temper with employees. I did not try to have sexual relations with employees or customers and was supportive with and sensitive to their needs. Underneath that was a very selfish and self-centered person who was only setting the stage for others to see what I wanted them to see.

I was honest and admitted that we had met in a bar, and in fact, she followed me back to the restaurant in her car. I had given her my business card at the bar. She had several drinks with me at the restaurant and she walked away at her will – so I said. I took all the truths and turned them on her. I used personal information that she had shared to build a story in my defense, like information about her boyfriend, girlfriends, and other statements. I “wove” a story that was not only believable, but probable. When friends and employees were questioned, I had already groomed them and manipulated them into making me out to be the nice guy and the victim of this “barfly,” that it was she who was ashamed because she had a boyfriend and was only trying to cover up the fact that she had slept with somebody. I was very willing to talk with police and investigators and to take a polygraph.

I was questioned the following day but was not arrested and charged for 8 months.

* * *

The “Undetected” Rapist

This DVD is also available through the CCASA lending library.

Dr. David Lisak conducted interviews with college men and asked them to indicate whether they had engaged in a variety of behaviors, including those that meet the definition of sexual assault (without using or defining the terms rape or sexual assault). Interviews with the students who indicated behaviors that meet the definition of sexual assault show that the sexually aggressive behaviors were intentional, that they did not think that they were doing anything wrong (did not think that they had raped anyone), and that they believed that other men support these behaviors. The women they identified as “targets” were people they thought they could control or ply with alcohol.

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Interview with a Rapist

*Transcript from a Study of Acquaintance Rapists
Conducted by Dr. David Lisak, Associate Professor
University of Massachusetts, Boston*

This transcript is a verbatim excerpt from an interview Dr. David Lisak conducted at a large university as part of a study of “undetected” rapists, men who committed rapes and sexual assaults but were never reported to authorities and never prosecuted. The details of this study have been published in several social science journals.

As the transcript reveals, the rapes committed by this interviewee and his peers were highly organized and highly premeditated acts. These rapes were not the result of misunderstandings or of sexual passion that goes too far. These rapes were committed as part of a culture of sexual conquest that was perhaps most intense in certain fraternities, but which drew its ideology from the wider culture. The men who seem to be particularly drawn to this culture of sexual violence typically have personal reasons for their attraction. They tend to be angrier men who are concerned about power and dominance, in particular dominance over women. In the transcript the interviewee is called “Frank.” This is not his real name.

Frank: We had parties almost every weekend. My fraternity was known for that. We would invite a bunch of girls and lay out the kegs or whatever we were drinking that night and everyone would get plastered.

We would all invite girls, all of us in the fraternity. We’d be on the lookout for good looking girls, especially freshmen, the real young ones. They were the easiest, it’s like we knew they wouldn’t know the ropes kind of, it’s like they were easy prey. They wouldn’t know anything about drinking, about how much alcohol they could manage, and they wouldn’t know anything about our techniques.

Dr. Lisak: What were those techniques?

Frank: We’d invite them to the party and make it seem like it was a real honor, like we didn’t invite just any girl, which I guess was true [laughs]. And we’d get them drinking right away. We’d have a bunch of kegs but we almost always had some kind of punch also, it was almost like our own home brew. We’d make it real sweet, you know, we’d use some kind of sweet juice and then we’d just throw in all kinds of alcohol. It was powerful stuff. And these girls wouldn’t know what hit them. They’d all be just guzzling the stuff because it was just juice, right, and they were so nervous being there because they were just freshmen anyway.

Dr. Lisak: When you say it was just juice, you mean the girls wouldn’t know it was spiked with alcohol?

Frank: They would always know, they knew that. At least the smart ones did. I mean, this was a party, not some kind of social tea,

so I think they must have known, or most of them did anyway. The ones that didn't had to be real naïve.

Dr. Lisak: Did you count on them being naïve?

Frank: Yeah, I guess in a way we did. The real young and naïve ones were the easiest. They'd be plastered in minutes and they'd be our real targets.

Dr. Lisak: What do you mean by "targets"?

Frank: That's what we called them. We'd all be scouting for targets during the week. We'd pick them out and work them over during the week, get them all psyched to come to one of our famous parties. And they'd be the ones we'd really work on.

Dr. Lisak: What would happen once they were drunk at the party?

Frank: That's when one of us would make a move. By then each girl would be kind of staked out, meaning one of the guys would be working on her, getting her drinks, keeping the juice flowing, so to speak. And you had to kind of pick your moment to make your move, you know, you basically had to have an instinct for it.

Dr. Lisak: Can you describe what happened on the specific situation you referred to in your questionnaire?

Frank: Yeah, sure. I had this girl staked out. I had picked her out in one of my classes and worked on her and she was all prepped. I was watching for her and as soon as she walked in the doorway I was on her. She was a good looking girl, too. We started drinking together and I could tell she was real nervous because she was drinking that stuff so fast.

Dr. Lisak: What was she drinking?

Frank: It was some kind of punch we made, the usual thing.

Dr. Lisak: Did she know it was spiked with alcohol?

Frank: I don't really know, although she must have after awhile. She had to know because she was plastered in minutes, and I started making moves on her. You know, I kind of leaned in close, got my arm around her, then at the right moment I kissed her and moved in closer. You know, the usual kind of stuff. It was no surprise to her, I'm sure she'd done it a thousand times before. After a while I asked her to come up to my room to get away from all the noise and she came up right away. Well, actually it wasn't my room. We always had several rooms designated before the party that were prepared for this.

Dr. Lisak: Designated rooms?

- Frank:** Yeah, we'd set aside a few rooms to bring these girls up to once they were ready.
- Dr. Lisak:** What happened when you got to the designated room?
- Frank:** She was real woozy by this time and I brought up another drink for her and sat her on one of the beds and I sat next to her and pretty soon I just made my move. I don't remember exactly what happened at first. I probably leaned her down onto the bed and started working on her clothes, feeling her up.
- Dr. Lisak:** How did she respond?
- Frank:** I don't remember. I started working her blouse off and I think she might have said something, but I don't remember. I didn't expect her to get into it right away.
- Dr. Lisak:** Did she say anything?
- Frank:** Yes, at some point she started saying like she didn't want to do this right away or something like that. I just kept working on her clothes. And she started squirming but that actually helped because her blouse came off easier. Then I kind of leaned over her more and kept feeling her up to get her into it more and she tried to push me off with her hands and I pushed her down.
- Dr. Lisak:** Were you angry?
- Frank:** Naw, but it did piss me off that she played along the whole way and then decided to squirm out of it like that at the end. I mean she was so plastered I don't think she knew what was going on anyway, and maybe that's why she started pushing me. I just leaned on her and kept pulling off her clothes and at some point she stopped squirming. Maybe she passed out. Her eyes were closed.
- Dr. Lisak:** What happened?
- Frank:** I fucked her.
- Dr. Lisak:** Did you have to lean on her, hold her down when you did it?
- Frank:** Yeah, I had my arm across the top of her chest like this [demonstrates] and that's how I did it. [Note, although "Frank" says he had his arm across "the top of her chest," he demonstrated having his arm across her windpipe.]
- Dr. Lisak:** Was she squirming?
- Frank:** Yeah, she was squirming, but not that much anymore.
- Dr. Lisak:** What happened afterwards?

Frank: I got dressed and went back to the party.

Dr. Lisak: What did she do?

Frank: She left.

-----End of Transcript Excerpt-----

As part of the DVD version of its *Understanding Sexual Violence* curriculum, the National Judicial Education Program (NJEP) of Legal Momentum filmed a verbatim re-enactment of this transcript with Dr. Lisak as himself and an actor as “Frank.” After the re-enactment, Dr. Lisak made these points:

1. Frank devoted considerable time and energy to planning his rape. He “targeted” first-year college women, his “prey,” (Frank’s language) because they were more likely to be naïve about his ruses and manipulations. Using these animalistic terms, Frank de-humanizes his victims and therefore distances himself from the young women and from the fact that he knows he is doing something wrong. He ensures that they will come to the fraternity party by emphasizing how much of an “honor” it is to be invited. He helps produce the high-alcohol punch used to intoxicate the victim and he helps set up the “designated” rooms where the rape was to take place.

2. As soon as Frank’s “target” arrived at the party, he focused his attention on her. He immediately began plying his victim with drinks to ensure that she quickly became intoxicated. Once the victim had been lured to the “designated” room, he began his physical/sexual advances. The “designated” room was a room which all members of the fraternity knew was set aside for this purpose. Personal belongings were removed from it, and it was usually as far away from the “action” of the party as possible, so that there would be no chance of interruption or interference. Frank’s use of violence and intimidation was graduated, which is typical of these assaults. He used just enough force – using his body weight to pin his victim down on the bed and then placing his arm across her wind pipe – to terrorize her and ensure that she would submit to the rape.

3. Frank sanitizes and minimizes his violence. He says that he put his arm “across the top of her chest” but he demonstrates that he put his arm across her windpipe.

This re-enactment is available as a 7-minute DVD, *The “Undetected” Rapist*, which can be purchased from NJEP. For more information or to place an order for the DVD, please visit NJEP’s website, at www.legalmomentum.org/our-work/njep/.

* * *

Bystander Intervention and Sexual Assault Perpetration

Steve Thompson, Sexual Aggression Services Director at Central Michigan University, often uses the chart below to explain both perpetrator behavior and

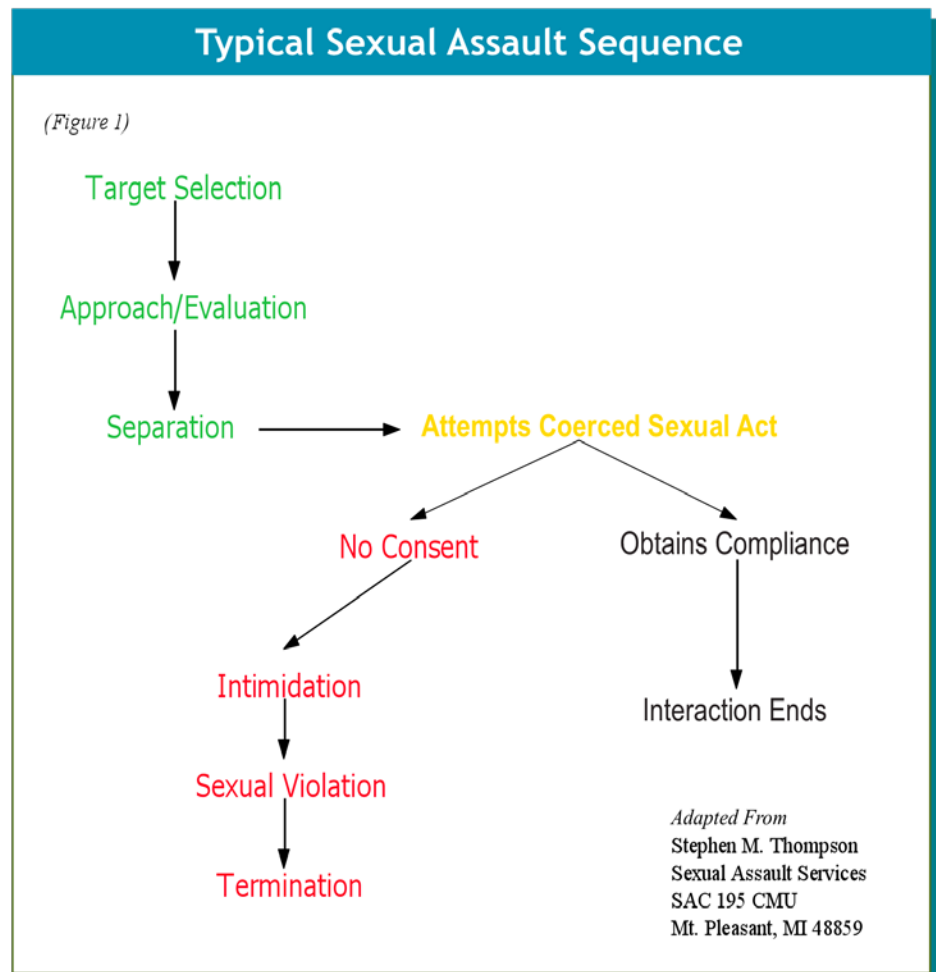
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*Over two-thirds
of offenders
who reported
committing
incest also said
they assaulted
victims outside
the family.*

how bystander intervention can successfully prevent sexual assault. In green steps, there is the opportunity for bystanders to effectively intervene and prevent the sexual assault from happening. In red steps, only two people (the perpetrator and the victim) know what is happening. The chart demonstrates the importance of understanding how to believe and support survivors, while discounting the perpetrators' manipulation.



Pedophiles, Rapists, & Sex Offenders

The following information focuses on pedophiles and child molesters, however it should be understood in the larger context of the strategies utilized by all sex offenders to target vulnerable individuals. For example, sexual offenders may target at-risk adults, communities marginalized because of their gender identity, or sex workers because of these groups' perceived isolation and vulnerability. Therefore, many of the tactics used for offending against children as discussed here may apply across categories of offending behavior. Crossover research also indicates that many offenders engage in multiple types of assaults with victims of various ages, genders, etc. (Salter, 2003).

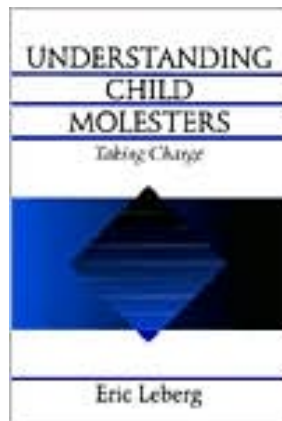
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RECOMMENDED READING



*Understanding Child
Molesters: Taking Charge*
Eric Leberg
Sage Publications, 1997
ISBN 0-7619-0187-6

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Most sex offenders (80 – 95%) assault people they know (Greenfield, 1997; Bureau of Justice Statistics, 1997 and 2000).

At least half of convicted child molesters report that they also have sexually assaulted an adult (Alhmeyer, Heil, McKee, and English, 2004).

Physical force is not usually used. Children are taught to be obedient and to do what adults say. They don't have the knowledge or skills to say no to an older person. Young children are not developmentally capable of making moral judgments about what is right or wrong and cannot legally consent.

Sexual assault of children does not always involve physical violence, but all acts of sexual assault are acts of violence. The adult has power and control over the child.

Over two-thirds of offenders who reported committing incest also said they assaulted victims outside the family (English et al, 2000).

Often there is not actual intercourse, especially with very young children. Intercourse is more likely to be discovered, as it is more painful for the child and leaves visible signs. Sexual abuse also includes fondling, oral sex, anal sex, masturbation in front of the child, manual genital contact, etc.

The offender usually makes the child promise not to tell anyone, through threats or bribes of money or presents. The child frequently feels guilty because of the secrecy, and also feels protective towards the offender, afraid of not being believed and afraid of being punished. In cases where both the victim and the offender are in the same family, the child may be concerned with maintaining family normalcy and cohesion and be afraid that disclosing the abuse will cause disruption and that s/he will be blamed.

In responding to child victims, repeated reassurance is extremely important, both from the advocate and the child's parents. The child needs to hear that it was not their fault, they were right to tell, they won't get into trouble, and that you believe them.

Grooming Families and Children

Victim Grooming: Protect Your Child from Sexual Predators

By Donna L. Stewart, Ph.D.

Boys Town Assessment Center/Behavioral Pediatrics & Family Services Clinic

What is "Grooming"?

- A process of identifying, preparing and engaging a child to participate in sexual activity.
- It involves an imbalance of power and elements of coercion and manipulation.
- It involves motivation and intent to sexually exploit the child.

Who is targeted?

Predators typically target children with obvious vulnerabilities:

- Unpopular

- Feels unloved
- Seeking attention and friendship
- Low self-esteem and lack of confidence
- Isolated from peers
- Spends time alone
- Often unsupervised
- Experiencing family problems

How are victims approached by predators?

- Typically presents self positively to child
- Exhibits interest in the child
- Is complimentary
- Learns child's habits, likes, dislikes
- Pretends to share common interest, backgrounds, experiences, etc.

What is the purpose of grooming?

- The perpetrators goal is to MAKE A VICTIM by increasing access to the victim and decreasing the likelihood of their intent being discovered by others, including the victim.
- The perpetrators goal is also to make the potential victim feel comfortable enough to be close with the offender, to be alone with the offender, and to keep the sexual behavior a secret.

Grooming is a process that typically consists of the following steps:

1. Building Trust and Breaking Down Child's Defenses
 - Pretend to share common interests, backgrounds, experiences, etc.
 - Give gifts as tokens of friendship
 - Play games
 - Give rides
 - Provide access to valuable items, privileges, or activities typically unavailable or off limits
 - Flatter and make child feel special and somehow indebted
 - Offer a sympathetic and understanding ear (i.e., "No one understands you like I do"; "I am here for you"; "I know what that's like", etc.)
2. Reassuring to the Family
 - Strike up relationships with parents (single parent families are prime targets)
 - Attempt to gain trust or take advantage of the trust of the child's parents or care-providers
 - Behave in exemplary ways to alleviate concerns or possible suspicions
3. Gradual Erosion of Boundaries
 - Inappropriate escalating physical contact, such as:
 - hugging or touching non threatening areas of body (i.e., hand holding, rubbing back, caressing hair, etc.)
 - pretending to accidentally touch or brush up against child
 - positioning self in close proximity to child (i.e., sleep in the same bed)

Are LGBTQI people more likely to perpetrate sexual violence?

The damaging myth that most perpetrators of sexual violence are LGBTQI is rooted in homophobia. In the vast majority of sexual assaults, offenders are heterosexual men. A groundbreaking study of sexual abuse offenders concluded that a heterosexual adult is more likely than a homosexual adult to be a threat to children (*Men Who Rape*, Plenum Press, NY, 1979).

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- engage child in non-sexual inappropriate behaviors (i.e., drinking alcohol)
 - touching and fondling inappropriate areas of the body
4. Construct Secrecy with Child
 - Make child fearful that he or she will be in trouble if their activities together are discovered
 - Tell child that touching between them is good; there relationship is special
 - Tell child there will be consequences if they report behavior (i.e., “We no longer can be friends”, “Your family will hate you”, etc.)
 5. Working to Secure Compliance
 - Escalate intrusiveness of sexual behaviors over time
 - Manipulate child into performing or permitting desired sex act
 - Threaten to harm child or some person important to child if they do not comply

How Sex Offenders Work

Understanding the Mindset of Sex Offenders

“An Example of Escalation and Crossover in Sex Offending Behavior”

(Sex Offender Management Board, 2000)

Below are some statements from sex offenders collected by the Sex Offender Management Board. These statements may help give you an idea of the kind of thinking that is often behind offending behavior.

Simple fact was, all my victims were kids or had the mind of a child. And it's hard for someone to believe a child or that I could do this. Because I was the type that would help out when someone needed something such as a ride, money, something fixed – car, house. I would also make sure people knew I was doing this. This way if one of my victims did say something, I would tell them, “I couldn't do something like that. Look at all I've done. No. How could I do something like that. For some reason, the kid is lying.” Then I would bring up incidents where the child was lying. I also set this up by giving a child a toy or money and when they told their parents about it, I would tell the parents, “No, it wasn't me. Hell, I can't afford to give my own kid money or toys like that,” and just simple things like that. So after a long time of making the child out to be a liar, that's when I would assault them. Then if they did tell, no one would believe them. Most of the family was dysfunctional anyway, and all my victims were either physically abused or mentally abused. So communication in the family wasn't that good and I know this from the story. And the parent didn't have time for the kids or just annoyed them.

* * *

All of my victims have been selected based on my knowledge of them. I must know their weaknesses. I need to feel as though I can exploit all those weaknesses. In the case of my current victim [the perpetrator's niece], I knew that she was having problems with drugs and alcohol. That was the reason she was sent to Colorado. Therefore, I would buy alcohol for her and basically let her do whatever she wanted. This, later on, gave me permission, in my mind, to have sex with her. It entitled me to whatever I wanted without regard for anyone else. I also thought of her as being promiscuous and, therefore, my

Obscene phone callers are not harmless. Not only do the calls put fear and mental anguish into the victims, it can also mean that the caller is leading up to something very dangerous.

distorted thoughts were telling me that she was already “damaged.” I chose to sexually assault at this time because I perceived my life as being out of my control. I wanted to gain a sense of control that I never lost in the first place. As has been the case in the past, the control I felt was short-lived.

* * *

In my case, rejection, frustration, anger (rage), loneliness, and feelings of inadequacy were the motivating factors behind my deviant behavior for almost 20 years. This behavior started around the age of 13 when I started making obscene phone calls. The phone calls were my way of instilling fear into women, whom I thought I hated so much. It was, I thought at the time, a safe way of inflicting fear, anger, and mental anguish into my victims. As in most obscene phone calls, masturbation accompanied these calls. If my victims became angry or scared or slammed the phone receiver down, I was satisfied (to a point) with their reactions and felt a great sense of power to be able to put fear into women. As far as the phone calls went, I said the filthiest things I could think of, and told the women what I was going to do to them. The action that turned me off and made me angrier was when the women pretended to enjoy what I was saying, and acted polite or turned on. This left me feeling frustrated, empty, and most of all angry. Because of my warped way of thinking I was able to justify what I was doing by telling myself that women were whores and they deserved what they got.

Obscene phone callers are not harmless. Not only do the calls put fear and mental anguish into the victims, it can also mean that the caller is leading up to something very dangerous. The obscene phone caller is perfectly capable of acting out violently, in such ways as rape, torture and/or murder.

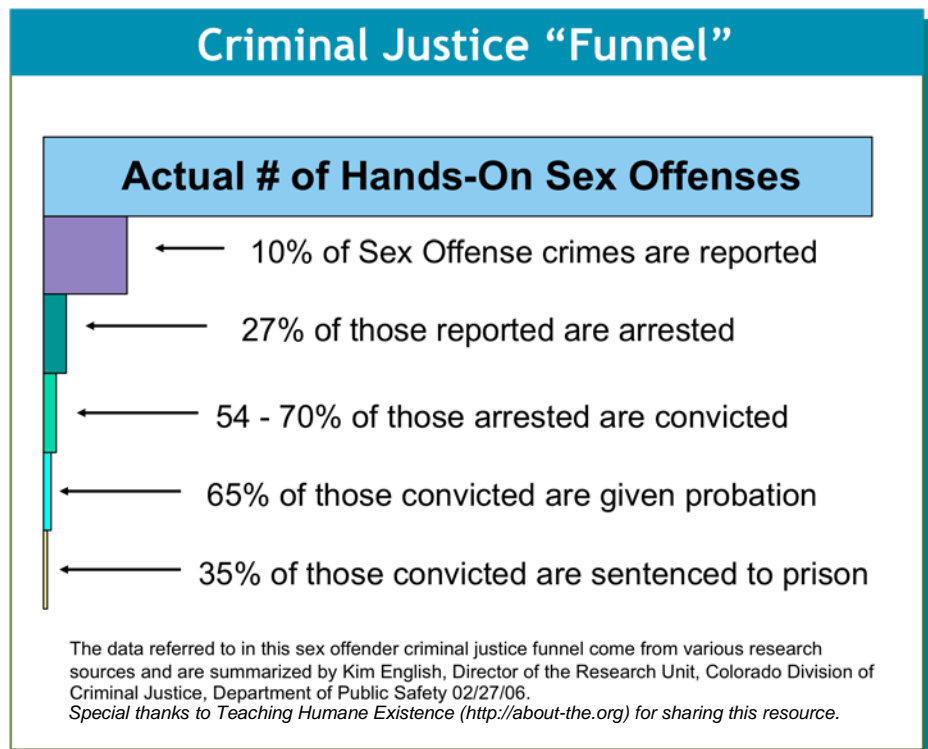
Exhibitionism was my next step. I became bolder in confronting women. The indecent exposure in my case started out in parks and outdoor rest room such as you will find in these parks. This was until I got my first car, then the exposure became an everyday ritual in which I would purposefully go looking for female hitch-hikers to expose myself to. Many times I would ask them to touch me. As many times as I did this over the years I am surprised that one of them did not turn me in...

Needing companionship and having feelings of inadequacy concerning my manhood, and wanting attention, which I felt that I was not getting at home, were the underlying factors into this kind of behavior. But on the surface, and most important of all, was the idea of again instilling fear and/or disgust into these women.

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Female Sex Offenders

The majority of research regarding adult sex offenders has focused on male perpetrators. This may be because of the historical perception that all offenders are male, and in fact, most statistics show that females represent 7-10% of sexual perpetrators. However, a 2007 study (Center for Sex Offender Management) provides some insight into female offenders and points to the need for further research and development of sex offender management practices that are specific to this population. The following information highlights results from this 2007 research.

Similarities Between Male and Female Offenders

- Poor Coping Skills
- Relationship Difficulties
- Cognitive Distortions
- Victim Empathy Deficits
- Offense Patterns
 - Victim Characteristics
 - Number of Offenses
 - Severity of Perpetration
- Use of Coercion

Differences Between Male and Female Offenders

- Females have a higher rate of sexual victimization and maltreatment is more extensive, longer, and more severe in their past.
- Offenses perpetrated by females are more likely to occur in the context of a caregiver role/situation.

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- Acts of rape [sexual intercourse without consent] are less common with female offenders, but when they do occur, the victim is usually female.
- Females are more likely to commit sex offenses with a co-offending male either as a willing partner or by coercion of the male.

Female Offender Assessment and Evaluation

There are currently no validated risk assessments for female sex offenders, although the Colorado Sex Offender Management Board is embarking on a new project to create one. Common risk factors for female perpetrators are:

- Low Self-Esteem
- Past Victimization
- Self Injury/Suicide Attempts
- Employment Difficulties
- Limited Education
- Antisocial Peers/Attitudes
- Difficulty in Intimate Relationships
- Substance Abuse
- Mental Health Difficulties

Co-offending females (those who commit sex offenses with a male perpetrator) are more likely to have:

- multiple young victims
- victimized both genders
- targeted their own family members, and
- been charged with non-sexual crimes at the same time of their sexual offense charge

Our historical understanding of female offending indicated that most assaults perpetrated by females were in the context of co-offending with a male perpetrator. However, the 2007 study showed that 60% of females committed a sex offense alone before committing an offense with a co-offender. After undergoing polygraph examination, only 13% of female offenders assaulted only with a co-offender.

★ DISCUSSION QUESTION ★

1. Given that studies show that females represent 7-10% of perpetrators, why do you think these offenses are largely underreported? How might societal views of gender factor into both reporting rates and perceptions of female sex offenders?

Sex Offender Treatment and Monitoring

The following highlights are adapted from a research summary on recidivism and re-offense rates of adult sex offenders, as well as the effectiveness of treatment, prepared by Heil, English, & Simmons (2010) on behalf of the Colorado Sex Offender Management Board. The summary reflects the

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“Sexual violence is an affront to our national conscience, one which we cannot ignore... As a Nation, we share the responsibility for protecting each other from sexual assault, supporting victims when it does occur, and bringing perpetrators to justice.”

- National Sexual Assault Awareness Month Proclamation, April 2010 Barack Obama, President of the United States of America

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following general conclusions about our current understanding of adult sex offending.

Adult Sex Offenders: Research on Recidivism and Re-Offense Rates

- Statistics about sex offender recidivism rates range from low to high.
- It is important to recognize that variance in the research often reflects a difference in the way recidivism is measured.
- Reports of low recidivism rates often define recidivism as re-conviction only. They do not take into account that actual re-offense may be higher than what is being reported.
- It is important to remember that the vast majority of sexual offenses are never reported. Even when they are reported, a smaller percentage of offenders are charged with a crime and even smaller percentages are convicted, many of whom plead to lesser crimes.
- Even when research uses more sensitive recidivism measures such as arrest or law enforcement/social services reports, we must look at how long an offender is “tracked.” Low recidivism rates may reflect a short follow-up time in the study.
- Overall, we find that the longer we track adult sex offenders and the more accurate the study in terms of actual re-offense versus re-arrest or re-conviction, the higher the rates of recidivism.

Adult Sex Offenders: Research on the Effectiveness of Treatment

- Sex offender treatment approaches must balance the needs of the offender with the responsibility to protect public safety.
- There are specific types of treatment that have been found to reduce recidivism. Cognitive behavioral treatment combined with long-term specialized supervision appears to be particularly promising.
- Offenders must be motivated to change and have adequate community supervision in order for treatment to be effective.
- Studies generally show that treatment lasting over a longer period of time, combined with monitoring and supervision (or “containment”), results in less recidivism.

The Colorado Sex Offender Management Board

Retrieved January 10, 2010 from the Colorado Sex Offender Management Board website at http://dcj.state.co.us/odvsom/sex_offender.

The Colorado Sex Offender Management Board (SOMB) was created by the General Assembly in 1992 and began meeting in 1993. It is a multidisciplinary board of experts initially designed to create public policy regarding the assessment, evaluation, treatment and behavioral monitoring of convicted adult sex offenders. The SOMB was selected by the national Center for Sex Offender Management out of the Office of Justice Programs as one of 17 sites that reflect excellence in sex offender management. The Board also represents excellence in statewide collaboration and policy development. All areas of the criminal justice system, the victim services community and the sex offender treatment community are represented on the Board.

The name of the Board was changed from Treatment to Management in 1997 in recognition of the fact that effectively containing sex offenders and their risk requires an entire system of management, which includes treatment, but also

the cooperation of the whole criminal justice system and other agencies. It was expanded from 15 to 21 members by HB00-1317 in 2000 to add juvenile expertise to assist the SOMB in its new assignments related to developing standards for juveniles who commit sexual offenses. Currently, the SOMB has 25 board members who represent the following domains: the department of corrections, the judicial department, law enforcement, the public defender's office, private criminal defense attorneys, rural and urban county commissioners, clinical polygraph examiners, the department of public safety, district attorneys, department of human services, licensed mental health professionals with expertise in treating sex offenders, the victim services community, and community corrections.

The combined efforts of the Sex Offender Management Board members are focused toward developing a basis for systematic management and treatment of adult and juvenile sex offenders. The Standards and Guidelines for the Assessment, Evaluation, Treatment, and Behavioral Monitoring of Adult Sex Offenders were created in 1996. The primary goal of these standards is to improve community safety and protect citizens. The standards were revised in 2008. The standards are based on the best practices known today for managing and treating sex offenders.

In June of 1999, the standards were revised to include Lifetime Supervision Criteria and Standards for Community Entities That Provide Supervision and Treatment for Adult Sex Offenders Who Have Developmental Disabilities.

In 2002, The Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles Who Have Committed Sexual Offenses were published. The Juvenile Standards are based on a victim centered approach and focus on the rehabilitation of the juveniles. These standards were revised in 2008.

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Treatment Provider Spotlight!



Kandy Moore

Q: Why did you become a Sex Offender Treatment Provider?

In 1986 when we formed our ChildSafe program it was a family incest treatment program, and we worked with child victims, mothers of victims and father perpetrators. We did separate group and individual treatment and then did the clarification/reunification when appropriate. As time went on and we added 3rd party cases, the SOMB was formed and

standards were created for offender management and treatment and we separated our program into 2 different agencies. I felt at that time it was important for me and for my victim clients to continue to be involved in offender management and treatment because I felt it was advantageous for my victim clients at ChildSafe for me to be able to talk from firsthand experience to them about what their offenders were being required to do as consequence for hurting them. It has worked out very well, and I currently spend about 60% of my work time with victims and 40% with offenders.

Q: Describe a “typical” day in your job.

I currently work at ChildSafe with victims on Monday and Wednesday afternoons. I work with offenders at Counseling Service Associates (CSA) on Monday nights, Tuesday nights and some Friday afternoons. My work time with offenders on Monday often begins with doing individual sessions with two or three clients, then an hour and a half group. On Tuesday, I usually see one client in an individual session and then do an hour and half couples group with offenders and their spouses/partners. On two Wednesday afternoons each month we have staffings with Probation, Community Corrections and Parole on our offender clients, and I either talk on the phone or email with supervising officers at least once a week. On Fridays, I write treatment plans, any treatment contracts, termination or court letters, group therapy planning, hold meetings with offender clients and their family members as necessary and twice each year I do an Informed Supervision class.

As a SOMB board member, I attend board meetings once each month and committee meetings twice each month.

Q: What are some of the pressing issues that you have become more aware of through your work?

I think we need to encourage more victim therapists and advocates to attend our Community Supervision Team meetings so that we can have more victim input to help us with treatment planning for the offenders. I

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also think it is important for victim therapists and advocates to better understand offender characteristics, grooming behaviors and the management and treatment required by SOMB standards.

Q: What is your advice for anyone wanting to work with offenders?

I believe one has to have a specific type of personality to be able to effectively work with offenders. This work is not typical of the type of therapy you learn at university. You have to be willing to be very directive and often confrontational and be able to do that in a way that is respectful for the individual. Also this type of therapy involves many more hours of case management than with typical therapy clients. It is also much more educational than typical therapy, because you are teaching these clients different ways of thinking and behaving than they have done in the past. It requires a lot of patience, because these clients are unlearning old patterns and then relearning new ones—it is a long, involved process for them.

Q: How can the victim perspective be a part of sex offender treatment? What are the ways for victims to share the devastating impact of this crime?

I think the victim perspective needs to be an integral part of the treatment. These clients need to come to a good understanding of the impact of their behavior on another human being. To be safe in the community they must develop victim empathy. I wish victim therapists would identify themselves to offender therapists more often and be willing to give input from the victim. It would help us to better plan the treatment of each offender.

One of the ways we coordinate between ChildSafe and CSA is the children's groups are allowed to write an anonymous letter to an offender, and we then have the CSA offender clients answer those letters (also anonymously—to safeguard confidentiality on both sides). In another assignment, we have the offender clients answer the following question and we send those answers back to ChildSafe therapists to use with their clients: "Why did you sexually abuse your victim? Please answer in a way that a grade school child would understand." We have also made videos of victims and victim's parents talking to their offender (faces blacked out and voices disguised) that we use with our offender groups during the victim empathy portion of our treatment.

Q: Where would you like to see Colorado's sex offender management in five or ten years from now?

I think that our SOMB does a good job trying to evolve and revise standards based on current research, and we must continue to do that for community protection. Sex offender management and treatment has changed enormously since I began in 1986, and we need to keep moving forward. Best practice needs to be based on solid research, and I think we are fortunate to have that in Colorado.

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The Black feminist, lesbian, poet, mother, warrior Audre Lorde (1934-1992) was a native New Yorker and daughter of immigrants. Both her activism and her published work speak to the importance of struggle for liberation among oppressed peoples and of organizing in coalition across differences of race, gender, sexual orientation, class, age and ability.

-Courtesy of "The Audre Lorde Project," <http://alp.org>

Retrieved 2/1/11

Chapter 4 – Making the Connection: Social Justice, Sexual Violence and Anti-Oppression

Systems of Oppression



There is no such thing as a single-issue struggle, because we don't live single-issue lives." — Audre Lorde

Like many parts of this manual, some of the concepts and information in this chapter may be new or difficult. We ask that you make a personal commitment to learning about and understanding how various social issues intersect with sexual violence. Be open to being challenged on your ideas or prejudices. We all have them.

As Audre Lorde describes, sexual assault is not a "single issue." In our work as advocates, it is necessary to make the connection between sexual violence and larger systems of oppression. All forms of oppression are related. In understanding how various systems of oppression are linked, it may be helpful to refer back to the "Sexual Violence Continuum" in Chapter 1 of this manual. As we discussed in Chapter 3, perpetrators of sexual violence use and exploit other forms of oppression to maintain power and control over individuals they are victimizing.

Individuals may experience different forms of oppression at various times in their lives. Individuals may also experience the effects of multiple types of oppression simultaneously. The roots of oppression are designed to ensure an unequal distribution of social, economic, personal and political power. Those individuals who benefit (knowingly or unknowingly) from these systems of oppression carry certain privileges in our society. We all hold certain privileges. Recognizing and working to understand power and privilege will help you to become a better advocate.

What can statistics tell us about the intersections of oppression?

- *34.1% of Native American/Alaskan Indian women report rape in their lifetime (US Department of Justice, 2000).*
- *For every African American/Black woman who reports her rape, at least 15 African American/Black women do not report (Bureau of Justice Special Report, 2003).*
- *The 2010 Sexual Assault Among Latinas (SALAS) Study showed that a sizeable portion of surveyed victims of sexual assault are not talking to anyone about their victimization. In fact, only 1 in 5 sought formal help-seeking avenues defined as medical care, police involvement, social service agency, restraining order, or criminal charges.*

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RECOMMENDED FILM



No! The Rape Documentary

This Portuguese, French, and Spanish subtitled, feature-length, award-winning documentary explores the international realities of rape, sexual assault and other forms of violence against women through the first person testimonies, scholarship, spirituality, activism and cultural work of African-Americans. A two-hour supplemental educational video and accompanying study guide is also available.

This documentary and supplemental tools are being used globally in grassroots and mainstream movements to end rape, sexual assault, and other forms of violence against women.

For more information, please visit <http://notherapedocumentary.org>.

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- *Of the 22 reported hate murder victims in 2009, 79% were people of color, and most were transgender women or were feminine-presenting (National Coalition of Anti-Violence Programs, 2010).*
- *In a survey of 130 sex workers in San Francisco, 68% had been raped while working (Prostitution, Violence and Post-Traumatic Stress Disorder, 1998).*
- *Persons with a disability had an age-adjusted rate of rape or sexual assault that was more than twice the rate for persons without a disability (US Bureau of Justice, 2009).*
- *In a content analysis of 31 pornographic websites which advertised scenes depicting the rape or torture of women, nearly half of the sites used depictions of Asian women as the rape victim (Gossett, 2002).*

In order to effectively serve **all** crime victims, including those groups disproportionately impacted by violent crime (who are currently under-served), we need to begin to understand what prevents individuals from seeking assistance and services. Chapter 8, “Advanced Advocacy Skills and Strategies” will provide more in-depth discussion of resources available when various issues intersect with sexual assault. This chapter will focus primarily on understanding sexual violence as a social justice issue, while connecting it to other anti-oppression movements.

“Radical simply means grasping things at the root.”

— *Angela Davis*

Understanding Important Terms

Adapted from Henry, Nita (2007). The Diversity Evolution. Evolutionary Organizations.

Cultural Responsiveness: A proficiency based on the premise of respect for individuals and cultural differences, and an implementation of a trust-promoting method of inquiry. This proficiency does not require mastery and is evolutionary in nature. It is the ability of service agencies to understand the world view of clients of different cultures and adapt practices to ensure their effectiveness.

Diversity: All of the ways in which people differ, including innate characteristics (such as age, race, gender, ethnicity, mental and physical abilities, religion, sexual orientation, gender identity/expression) and acquired characteristics (such as education, income, religion, work experience, language skills, geographic location, etc.).

Inclusiveness: Fosters respect for all individuals and points of view. Interacts appropriately with all members of staff and community partners without regard to individual characteristics. Demonstrates optimal utilization and integration of the organizations’ established diversity.

Social Justice: The belief that every individual and group is entitled to fair and equal rights and participation in social, educational, and economic opportunities. It is the large-scale agenda for increasing understanding of oppression and inequality and taking action to overcome them.

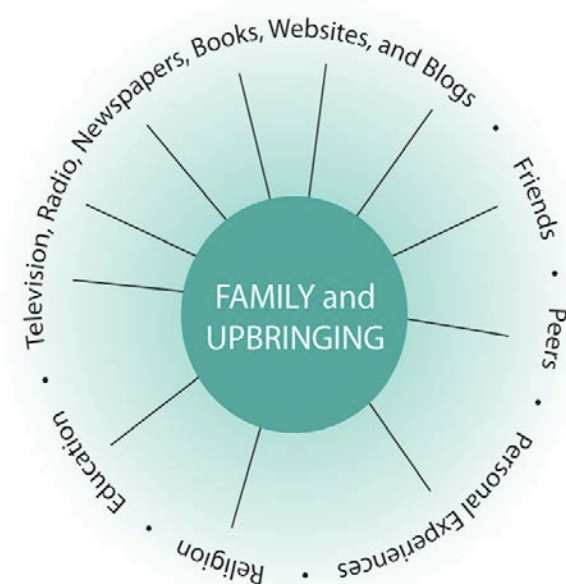
Stereotypes

Originally adapted from "The Nature of Stereotyping," National MultiCultural Institute trainer's manual, 1998, pp. 53-57.

No human being is born with racist, sexist and other oppressive attitudes. But when we learn about the world as children, we are fed both information and misinformation about people who are different from ourselves and our families by virtue of gender identity, race, religion, sexual orientation, geography, class, or other differences. Some of the misinformation comes in the form of stereotypes.

Where do we hear these messages?

Stereotypes and all other forms of information come to us from a variety of external sources. Below we've listed some. Can you think of others?



Growing up, most of us received messages from our parents, teachers, friends and others. Sometimes they were simply passing on to us whatever messages – sometimes overt, sometimes subtle – that had been handed down to them, without reconsidering the effects of those messages. Some subtle examples of conditioning that many of us share:

We may have heard parents say, "Lock the doors kids, we're driving through a bad neighborhood." The message is that there is something dangerous about "those" (different) people.

When a police patrol car drove through your neighborhood, your older brother told you to always stay inside because the police were only "looking to cause trouble."

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Stereotyping is the first barrier to providing effective services to all victims. It is also very damaging for creating and maintaining inclusive organizations. Freeing ourselves of the tendency to stereotype allows us to work more positively and effectively with victims, survivors and colleagues.

There is a talk show on gays and lesbians and the car radio gets turned off. The message you interpret is that there is something wrong and shameful about gay people.

Your mom tells you to take off your coat when you go shopping at a store in a different neighborhood, so that you don't have any pockets. She says she doesn't want the store owners to unfairly suspect you of shoplifting.

Other messages came to us from society at large through the media and our everyday surroundings. These influences helped determine who we saw as typical victims, what kind of faces we did and did not see on TV, in our textbooks, in our neighborhoods, in our schools and religious institutions, and in our own experiences.

For most of us, our early-learned stereotypes become repeated messages that affect both what we think and how we come to feel about people who are different from ourselves and our family. Those messages (both subtle and overt) also affect how we tend to respond to people who are different from us. At some point, those responses often become automatic; we begin to react without even being conscious of doing so. In other words, we go on “automatic” and respond based on the messages we internalized.

This process of being on automatic is stereotyping. As adults, most of us are still on automatic, continuing to pass on these messages and responding with “knee-jerk” type reactions to people who are different from us.

Stereotyping is a shortcut version of perception. When we stereotype, we place the person in a particular mental file, not based on information gained through knowledge about or personal experience of the particular person. Rather, we assign the person to a mental file (a category) based upon what we believe, either consciously or unconsciously, about a general group or groups to which the person belongs.

Stereotyping of people is usually not helpful and can be damaging. No laws or rules govern what characteristics people will have based upon their membership in a particular group(s). Stereotyping tends to be frozen and static and not open to exceptions for individual behavior. As such, it is very difficult to undo.

Through sustained effort, it is possible to get out of automatic stereotyping, become conscious of our reactions to difference, make choices about how we wish to behave, and begin to respond to difference in a clear-headed, rational manner without fear and apprehension.

We can get off of “automatic” stereotyping by:

- Becoming aware of our mental filters; getting to know the labels and whom we relegate to them.
- Deciding not to act on our stereotypes.
- Trying to imagine what the world might look like through the eyes of other people who are different from us in some way.
- Seeking out information, reading, talking and observing as objectively as possible. Work with a mentor!

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This chapter frames cultural awareness in the context of some of the demographic realities of Colorado. Though we do not attempt to design intervention strategies specific to every racial/cultural group in the state (or even to any one group in particular), we believe it is important to acknowledge that people are often singled out for differential treatment based on diversities.

Therefore, developing and maintaining an anti-oppression perspective—a perspective that refuses racism, homophobia, and other forms of oppression—is a critical aspect of becoming culturally aware.

- Process with colleagues to receive and give constructive feedback when we don't catch that we are on automatic.
- Honestly and continuously access our privilege and responses to that privilege.

We may not be able to undo our stereotypes completely but, with concerted effort, we can manage them.

Cultural Awareness and Advocacy

Sexual assault occurs among every segment of the human population imaginable. Clearly this does not mean that every survivor will live through the experience in the same way, have access to the same resources, grieve and heal similarly, encounter similar responses, or emerge with identical perspectives about what happened. Each of us is informed very deeply by our background and surroundings. "Culture" is a broad term that can include a number of different variables: where and how we live; what values we inherited from our family; our ethnic or racial background and sense of community; our religion; our stage of life; what labels we use to define ourselves and others use to describe us; etc.

The personal resources you bring to your role as an advocate are invaluable. You may be volunteering as a hotline advocate because you have survived a sexual assault and want to help others. You may have known someone who was sexually assaulted. You may come from a community that has not traditionally been served by the anti-rape movement or social service agencies. Whatever your background is, it is essential to always keep in mind that, no matter how similar their circumstances may seem to yours, every victim/survivor brings a unique perspective to their sexual assault experience. You cannot presume to know what this perspective is ahead of time, or infer it accurately from one phone call. Nor can you assume similarity with another person without spending the time to find out who they are, what they believe, how they feel about what has happened, and about what they are now facing.

Part of the challenge of developing an anti-oppression framework is that often we are tempted to categorize people according to the differences that seem most visible to us – a person's race, for example, or their gender. However, often the identifications that are most relevant to people exist below the surface or are overlapping with other categories of difference. For example, a survivor may seem different to you because she has a Spanish accent, but her more pressing concerns may relate to her religious background and/or her sexuality – things that aren't necessarily obvious to you. If you focus on the cultural differences that you imagine are important to her, you may be doing her a disservice. Becoming culturally aware is about becoming sensitive to the infinite kinds of difference that matter in each of our lives.

It would be impossible and presumptuous for us to try to explain the challenges and obstacles faced by every individual population affected by sexual assault. In fact, we do not attempt to explain how sexual assault impacts each specific racial or ethnic group – African Americans, Latino/a Americans, Jewish Americans, Native American, etc. To some degree, we believe this would be a failure before we start, not only because we are just beginning to understand these differences, but because we could never cover all the concerns of each group in this kind of manual.

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*“Culture:
Learned, shared
and symbolically
transmitted
design for living.”*

-Louise Damen

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In a broader way, our goal here is to help advocates learn to develop an acute sensitivity to people’s specific needs and perspectives – as victim/survivors *themselves* identify those needs and perspectives – so that we may be most helpful to survivors. Often this will be more a matter of learning to ask the right questions than providing “answers” or knowing all the different cultural concerns survivors may bring to their recovery process.

Also, in discussing cultural awareness, we believe it is important to remember that many of us who provide services to sexual assault survivors may not be members of the dominant population in the state (for example, Anglo Americans, heterosexuals, or people from middle-class backgrounds). As “minorities” even within our own agencies, we may face special challenges, frustrations and unique experiences of difference. Thus, another part of cultural awareness is learning about the experiences of the people we work with, even inside our own agencies, identifying what changes may need to happen in order for us to be truly inclusive, and facing up to the real challenges of cross-cultural communication.

★ DISCUSSION QUESTION ★

1. Does the staff at your agency reflect the demographics and diversity within your community? If not, take a moment to brainstorm why the staff may not reflect the larger community. What attitudes, policies and practices need to be revised or put in place in order to recruit, hire, and retain a diverse and inclusive staff?

Cultural Responsiveness and Awareness

What is culture?

What influence does it have on the issue of sexual assault?

What relevance does it have for sexual assault survivors?

Each of the above questions could trigger a variety of legitimate answers. There is no one “right” definition of culture. But for purposes of a working concept, it may be helpful to think of culture as a shared meaning system through which we learn to live our lives.

In modern society, there is rarely just one cultural system that influences us; we live among many overlapping cultures at once. My ethnic identity and traditions may be one aspect of my cultural background. The school system in which I was educated is another component. So are the political values and practices of my nation, the social group(s) I identify with, the religion I may practice. Within that, my family, my retirement home, my work structure, and the institutions I negotiate in my daily life may constitute their own subcultures. Some of these subcultures have compatible values; others may be in some kind of opposition or conflict.

Cultural factors have a huge influence on sexual assault survivors, as with victims of any crime. On a broad level, elements of our shared American

culture—for example, sexism combined with the prevalence of violence—contribute to the reasons why sexual assault has become a national epidemic. These factors intersect with and are often compounded by other cultural issues faced by any given individual. Physical ability, for instance, can deeply affect how a survivor experiences and processes an assault, what s/he needs from an advocate, and how s/he negotiates the criminal justice system. Ethnic or family traditions will often have huge influences on how a person views issues like sex, privacy, healing and medical issues. If we do not learn how to respond to the diversity of possible responses to sexual assault, survivors will quite easily fall through the cracks or simply decide not to seek out support services.

Becoming culturally responsive or aware means learning to gain a strong, functional awareness of how diverse cultural perspectives affect people and the choices we make. This does not mean having to be familiar with the traditions and values of every different cultural system in the world. Rather, it means learning to ask the right kinds of questions.

In an advocacy context, cultural awareness requires developing skills that allow us to be effective in interacting with and helping people who may be, and probably are, different from ourselves in any number of ways. It also means deeply learning about our own life perspectives, values, assumptions, privileges, and prejudices and bringing an awareness of them to the work we do.

Why is Cultural Awareness Important?

When a survivor summons the courage to call for help, s/he is taking a gamble that your agency will be able to respond sensitively and appropriately to her or his unique perspective and issues. Becoming culturally aware is extremely important in victim advocacy work, first and foremost because each of us is different and sees the world through a lens that is informed by a variety of cultural factors.

Diversity in Colorado

Race is not the only indicator of social diversity, nor do racial categories begin to reflect the significant cultural differences that may exist *within* any one group. However, a working knowledge of the racial makeup in Colorado can help direct our attention to some of the cultural and economic differences that do exist in our communities. These differences can seriously impact people's access to victim services and/or their perception of law enforcement and other authorities.

On the surface, Colorado looks like a fairly homogeneous state in terms of race, with 70% of the population being white non-Hispanic.

Colorado Census Bureau Race Statistics

Race	Percentage of Total In 1998	Percentage of Total In 2008	Percentage of Total In 2010
White/Non-Hispanic	78%	71%	70.0%
Hispanic	13%	20.2%	20.7%
Black	4%	4.3%	4%
Asian	2%	2.7%	2.8%
American Indian and Alaska Native	.09%	1.2%	1.1%

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However, when we take a closer look, the picture becomes more complex. In Denver County, for example, the numbers break down differently, with almost half of the population being non-white.

Denver Race Statistics Using Census Data

Race	1990 Percentage of Total	2000 Percentage of Total	2008 Percentage of Total	2010 Percentage of Total
White/Non-Hispanic	61.4%	51.9%	50.9%	52.1%
Hispanic	23%	31.7%	34.3%	31.8%
Black	12.4%	10.8%	10%	9.7%
Asian/Pacific Islander	2.2%	2.8%	3.4%	3.4%
American Indian & Alaska Native	.8 %	.7%	1.4%	0.5%

Looking even more closely, we find that in many Colorado counties more than 20% of the population is Latino/Hispanic. In fact, 35 of our 63 counties contain more than 10% Latino/Hispanic residents. The chances are that these residents have historically been “underserved” by victim service agencies, which may not have Spanish-speaking advocates and other resources that would make it more likely for people to seek help.

Hispanic/Latina/o Residents by County

County	Percentage of County Population in 2000	Percentage of County Population in 2010
Costilla	67.6	66.0
Conejos	58.9	55.9
Saguache	45.3	40.1
Las Animas	41.5	41.5
Rio Grande	41.7	42.4
Alamosa	41.4	46.0
Pueblo	38.0	41.3
Otero	37.6	40.3
Bent	30.2	30.5
Lake	36.1	39.0
Archuleta	16.8	17.7
Prowers	32.9	35.1
Crowley	22.5	28.9
Denver	31.7	31.8
Adams	28.2	38.0
Morgan	31.2	33.7

“Just as it is presumptuous to consider a Boston Irishman, an Anglo-California yuppie, a Greenwich Village Jewish artist, a Texas rodeo star, and a Santa Fe new age vegetarian all the same because they are all ‘white,’ it would be just as inappropriate to consider all ‘Latinos’ (or Asians or African-Americans) inherently alike” (National Victim Assistance Academy Manual, Ch. 7).

These figures illustrate that, though Colorado has a majority Anglo population, Latina/os are a very active and visible community in many parts of the state. But Latina/os are of course a very diverse population comprised of many different ethnic, national, regional and other identities. Diversity occurs on multiple levels.

Another kind of diversity in Colorado is reflected in whether we live in cities versus more rural areas. According to the State Demographers Office (2006), 73% of Colorado’s counties are designated as rural, which is defined as having fewer than twenty people per square mile. Of these rural counties, twenty-three are considered frontier, which is defined as having six or fewer people per square mile. Given this spread, it is important to keep in mind that each group

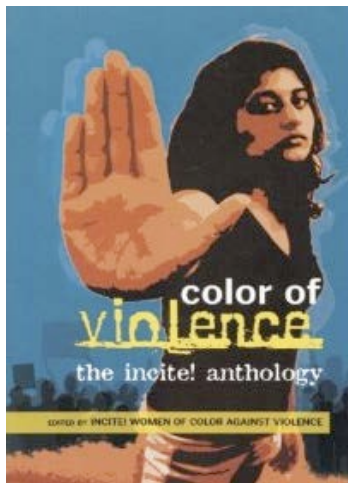
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* * *

RECOMMENDED READING



*Color of Violence: The
Incite! Anthology*
South End Press, 2006
ISBN 089608762X

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will face different challenges in securing resources related to sexual assault. These could include:

- distance to travel for counseling and advocacy services
- need for special accommodations to travel during the winter
- relationship to and attitude toward local law enforcement personnel
- relationship and proximity to neighbors
- relationship and proximity to service providers
- availability of medical services
- poverty level and quality of life
- level of anonymity
- level and availability of sexual assault education in school

The diversity of human perspectives and experiences is infinite. Becoming culturally aware is a lifelong – and never complete – process. As sensitive and culturally appropriate as each of us attempts to become, we will all make mistakes and oversights. What matters most is that we grow from those experiences and learn to hone our personal resources in ways that ultimately benefit the people with and for whom we work.

Sharpening Communication Skills

There is probably no skill more important in working with diverse populations than communication. Nearly all work involves communication or the act of sharing information. Yet, we are rarely taught how to communicate effectively, especially in a multicultural setting.

Communication is the product of culture. Our culture determines the tone of voice, topics that are considered appropriate or inappropriate, how far we stand from the person we are communicating with, appropriate eye contact, and so forth. Victims are at-risk if providers have little knowledge of and sensitivity to different communication skills.

Some things we have already mentioned can get in the way of effective cross-cultural communication. For example:

- *preconceptions and stereotypes* – prejudgments based on individual background as well as cultural and institutional influences
- *assumed similarity* – we often assume that words and gestures have a set meaning
- *tendency to evaluate* – communication styles can result in negative judgments about others. This can cause communication shut-off so that a message is not even heard.
- *verbal language* – language misunderstandings can result from any number of factors: nuances, slang, accents, pacing and timing and direct versus more subtle styles of talking
- *non-verbal communication* – non-verbal cues (e.g., eye contact, touching, etc.) mean different things in different cultures

In striving to be culturally aware, we must be conscious of our own verbal and non-verbal language as well as our comfort levels with different communication patterns. We also need to become aware of our own interpretation of others' non-

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verbal behavior and realize that wrong assumptions can lead us to misinterpretations and miscommunication.

Understanding Privilege

The following essays and activities are often used to illustrate and understand how certain members of our society benefit from both privilege and power. As you read them, we ask that you keep an open mind and consider the ways that you, your clients, and your co-workers may be affected by these dynamics. The following essay may contain personal and sensitive information for many people. If you find yourself feeling defensive, please know that nothing in this material is a “personal attack.” However, understanding and acknowledging both our own privilege and those who are excluded from it is vital in your work as an advocate.

———— ACTIVITY #1: ————

Take a few moments and read the below essay. This essay, authored by feminist scholar Peggy McIntosh, is widely used to help groups understand the concepts of privilege and how those without privilege are often marginalized and underserved in our society. When you have a few moments, take the opportunity to write in a journal and “unpack” your knapsack of privilege. What do you carry? Keep in mind that privilege is not always “invisible” and is often quite conspicuous to marginalized populations. While a knapsack can be easily and voluntarily removed, it is important to note that privilege cannot be easily removed (if removed at all) because of our society’s deeply-rooted systems of power and oppression.

White Privilege: Unpacking the Invisible Knapsack

THROUGH WORK to bring materials and perspectives from Women’s Studies into the rest of the curriculum, I have often noticed men’s unwillingness to grant that they are over-privileged in the curriculum, even though they may grant that women are disadvantaged. Denials that amount to taboos surround the subject of advantages that men gain from women’s disadvantages. These denials protect male privilege from being fully recognized, acknowledged, lessened, or ended.

Thinking through unacknowledged male privilege as a phenomenon with a life of its own, I realized that since hierarchies in our society are interlocking, there was most likely a phenomenon of white privilege that was similarly denied and protected, but alive and real in its effects. As a white person, I realized I had been taught about racism as something that puts others at a disadvantage, but had been taught not to see one of its corollary aspects, white privilege, which puts me at an advantage.

I think whites are carefully taught not to recognize white privilege, as males are taught not to recognize male privilege. So I have begun in an untutored way to ask what it is like to have white privilege. This paper is a partial record of my personal observations and not a scholarly analysis. It is based on my daily experiences within my particular circumstances.

I have come to see white privilege as an invisible package of unearned assets that I can count on cashing in each day, but about which I was “meant” to remain oblivious. White privilege is like an invisible weightless knapsack of

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special provisions, assurances, tools, maps, guides, code-books, passports, visas, clothes, compass, emergency gear, and blank checks.

Since I have had trouble facing white privilege, and describing its results in my life, I saw parallels here with men's reluctance to acknowledge male privilege. Only rarely will a man go beyond acknowledging that women are disadvantaged to acknowledging that men have unearned advantage, or that unearned privilege has not been good for men's development as human beings, or for society's development, or that privilege systems might ever be challenged and *changed*.

I will review here several types or layers of denial that I see at work protecting, and preventing awareness about, entrenched male privilege. Then I will draw parallels, from my own experience, with the denials that veil the facts of white privilege. Finally, I will list forty-six ordinary and daily ways in which I experience having white privilege, by contrast with my African American colleagues in the same building. This list is not intended to be generalizable. Others can make their own lists from within their own life circumstances.

Writing this paper has been difficult, despite warm receptions for the talks on which it is based. For describing white privilege makes one newly accountable. As we in Women's Studies work reveal male privilege and ask men to give up some of their power, so one who writes about having white privilege must ask, "Having described it, what will I do to lessen or end it?"

The denial of men's overprivileged state takes many forms in discussions of curriculum change work. Some claim that men must be central in the curriculum because they have done most of what is important or distinctive in life or in civilization. Some recognize sexism in the curriculum but deny that it makes male students seem unduly important in life. Others agree that certain *individual* thinkers are male oriented but deny that there is any *systemic* tendency in disciplinary frameworks or epistemology to overempower men as a group. Those men who do grant that male privilege takes institutionalized and embedded forms are still likely to deny that male hegemony has opened doors for them personally. Virtually all men deny that male overreward alone can explain men's centrality in all the inner sanctums of our most powerful institutions. Moreover, those few who will acknowledge that male privilege systems have overempowered them usually end up doubting that we could dismantle these privilege systems. They may say they will work to improve women's status, in the society or in the university, but they can't or won't support the idea of lessening men's. In curricular terms, this is the point at which they say that they regret they cannot use any of the interesting new scholarship on women because the syllabus is full. When the talk turns to giving men less cultural room, even the most thoughtful and fair-minded of the men I know will tend to reflect, or fall back on, conservative assumptions about the inevitability of present gender relations and distributions of power, calling on precedent or sociobiology and psychobiology to demonstrate that male domination is natural and follows inevitably from evolutionary pressures. Others resort to arguments from "experience" or religion or social responsibility or wishing and dreaming.

After I realized, through faculty development work in Women's Studies, the extent to which men work from a base of unacknowledged privilege, I understood that much of their oppressiveness was unconscious. Then I remembered the frequent charges from women of color that white women whom they encounter are oppressive. I began to understand why we are justly seen as oppressive, even when we don't see ourselves that way. At the very

least, obliviousness of one's privileged state can make a person or group irritating to be with. I began to count the ways in which I enjoy unearned skin privilege and have been conditioned into oblivion about its existence, unable to see that it put me "ahead" in any way, or put my people ahead, over-rewarding us and yet also paradoxically damaging us, or that it could or should be changed.

My schooling gave me no training in seeing myself as an oppressor, as an unfairly advantaged person, or as a participant in a damaged culture, I was taught to see myself as an individual whose moral state depended on her individual moral will. At school, we were not taught about slavery in any depth; we were not taught to see slave-holders as damaged people. Slaves were seen as the only group at risk of being dehumanized. My schooling followed the pattern which Elizabeth Minnich has pointed out: whites are taught to think of their lives as morally neutral, normative, and average, and also ideal, so that when we work to benefit others, this is seen as work that will allow "them" to be more like "us." I think many of us know how obnoxious this attitude can be in men.

After frustration with men who would not recognize male privilege, I decided to try to work on myself at least by identifying some of the daily effects of white privilege in my life. It is crude work, at this stage, but I will give here a list of special circumstances and conditions I experience that I did not earn but that I have been made to feel are mine by birth, by citizenship, and by virtue of being a conscientious law-abiding "normal" person of goodwill. I have chosen those conditions that I think in my case attach somewhat more to skin-color privilege than to class, religion, ethnic status, or geographical location, though these other privileging factors are intricately intertwined. As far as I can see, my Afro-American co-workers, friends, and acquaintances with whom I come into daily or frequent contact in this particular time, place, and line of work cannot count on most of these conditions.

1. I can, if I wish, arrange to be in the company of people of my race most of the time.
2. I can avoid spending time with people whom I was trained to mistrust and who have learned to mistrust my kind or me.
3. If I should need to move, I can be pretty sure of renting or purchasing housing in an area which I can afford and in which I would want to live.
4. I can be reasonably sure that my neighbors in such a location will be neutral or pleasant to me.
5. I can go shopping alone most of the time, fairly well assured that I will not be followed or harassed by store detectives.
6. I can turn on the television or open to the front page of the paper and see people of my race widely and positively represented.
7. When I am told about our national heritage or about "civilization," I am shown that people of my color made it what it is.
8. I can be sure that my children will be given curricular materials that testify to the existence of their race.
9. If I want to, I can be pretty sure of finding a publisher for this piece on white privilege.
10. I can be fairly sure of having my voice heard in a group in which I am the only member of my race.

11. I can be casual about whether or not to listen to another woman's voice in a group in which she is the only member of her race.

12. I can go into a book shop and count on finding the writing of my race represented, into a supermarket and find the staple foods that fit with my cultural traditions, into a hairdresser's shop and find someone who can deal with my hair.

13. Whether I use checks, credit cards, or cash, I can count on my skin color not to work against the appearance that I am financially reliable.

14. I could arrange to protect our young children most of the time from people who might not like them.

15. I did not have to educate our children to be aware of systemic racism for their own daily physical protection.



16. I can be pretty sure that my children's teachers and employers will tolerate them if they fit school and workplace norms; my chief worries about them do not concern others' attitudes toward their race.

17. I can talk with my mouth full and not have people put this down to my color.

18. I can swear, or dress in secondhand clothes, or not answer letters, without having people attribute these choices to the bad morals, the poverty, or the illiteracy of my race.

19. I can speak in public to a powerful male group without putting my race on trial.

20. I can do well in a challenging situation without being called a credit to my race.

21. I am never asked to speak for all the people of my racial group.

22. I can remain oblivious to the language and customs of persons of color who constitute the world's majority without feeling in my culture any penalty for such oblivion.

23. I can criticize our government and talk about how much I fear its policies and behavior without being seen as a cultural outsider.

24. I can be reasonably sure that if I ask to talk to "the person in charge," I will be facing a person of my race.

25. If a traffic cop pulls me over or if the IRS audits my tax return, I can be sure I haven't been singled out because of my race.

26. I can easily buy posters, postcards, picture books, greeting cards, dolls, toys, and children's magazines featuring people of my race.

27. I can go home from most meetings of organizations I belong to feeling somewhat tied in, rather than isolated, out of place, outnumbered, unheard, held at a distance, or feared.

28. I can be pretty sure that an argument with a colleague of another race is more likely to jeopardize her chances for advancement than to jeopardize mine.

29. I can be fairly sure that if I argue for the promotion of a person of another race, or a program centering on race, this is not likely to cost me heavily within my present setting, even if my colleagues disagree with me.
30. If I declare there is a racial issue at hand, or there isn't a racial issue at hand, my race will lend me more credibility for either position than a person of color will have.
31. I can choose to ignore developments in minority writing and minority activist programs, or disparage them, or learn from them, but in any case, I can find ways to be more or less protected from negative consequences of any of these choices.
32. My culture gives me little fear about ignoring the perspectives and powers of people of other races.
33. I am not made acutely aware that my shape, bearing, or body odor will be taken as a reflection on my race.
34. I can worry about racism without being seen as self-interested or self-seeking.
35. I can take a job with an affirmative action employer without having my co-workers on the job suspect that I got it because of my race.
36. If my day, week, or year is going badly, I need not ask of each negative episode or situation whether it has racial overtones.
37. I can be pretty sure of finding people who would be willing to talk with me and advise me about my next steps, professionally.
38. I can think over many options, social, political, imaginative, or professional, without asking whether a person of my race would be accepted or allowed to do what I want to do.
39. I can be late to a meeting without having the lateness reflect on my race.
40. I can choose public accommodation without fearing that people of my race cannot get in or will be mistreated in the places I have chosen.



41. I can be sure that if I need legal or medical help, my race will not work against me.
42. I can arrange my activities so that I will never have to experience feelings of rejection owing to my race.
43. If I have low credibility as a leader, I can be sure that my race is not the problem.

44. I can easily find academic courses and institutions that give attention only to people of my race.
45. I can expect figurative language and imagery in all of the arts to testify to experiences of my race.
46. I can choose blemish cover or bandages in "flesh" color and have them more or less match my skin.

I repeatedly forgot each of the realizations on this list until I wrote it down. For me, white privilege has turned out to be an elusive and fugitive subject. The

pressure to avoid it is great, for in facing it I must give up the myth of meritocracy. If these things are true, this is not such a free country; one's life is not what one makes it; many doors open for certain people through no virtues of their own. These perceptions mean also that my moral condition is not what I had been led to believe. The appearance of being a good citizen rather than a troublemaker comes in large part from having all sorts of doors open automatically because of my color.

A further paralysis of nerve comes from literary silence protecting privilege. My clearest memories of finding such analysis are in Lillian Smith's unparalleled *Killers of the Dream* and Margaret Andersen's review of Karen and Mamie Fields' *Lemon Swamp*. Smith, for example, wrote about walking toward black children on the street and knowing they would step into the gutter; Andersen contrasted the pleasure that she, as a white child, took on summer driving trips to the south with Karen Fields' memories of driving in a closed car stocked with all necessities lest, in stopping, her black family should suffer "insult, or worse." Adrienne Rich also recognizes and writes about daily experiences of privilege, but in my observation, white women's writing in this area is far more often on systemic racism than on our daily lives as light-skinned women.

In unpacking this invisible knapsack of white privilege, I have listed conditions of daily experience that I once took for granted, as neutral, normal, and universally available to everybody, just as I once thought of a male-focused curriculum as the neutral or accurate account that can speak for all. Nor did I think of any of these perquisites as bad for the holder. I now think that we need a more finely differentiated taxonomy of privilege, for some of these varieties are only what one would want for everyone in a just society, and others give license to be ignorant, oblivious, arrogant, and destructive. Before proposing some more finely tuned categorization, I will make some observations about the general effects of these conditions on my life and expectations.

In this potpourri of examples, some privileges make me feel at home in the world. Others allow me to escape penalties or dangers that others suffer. Through some, I escape fear, anxiety, insult, injury, or a sense of not being welcome, not being real. Some keep me from having to hide, to be in disguise, to feel sick or crazy, to negotiate each transaction from the position of being an outsider or, within my group, a person who is suspected of having too close links with a dominant culture. Most keep me from having to be angry.

"My life was reflected back to me frequently enough so that I felt, with regard to my race, if not to my sex, like one of the real people."

I see a pattern running through the matrix of white privilege, a pattern of assumptions that were passed on to me as a white person. There was one main piece of cultural turf; it was my own turf and I was among those who could control the turf. I could measure up to the cultural standards and take advantage of the many options I saw around me to make what the culture would call a success of my life. *My skin color was an asset for any move I was educated to want to make.* I could think of myself as "belonging" in major ways and of making social systems work for me. I could freely disparage, fear, neglect, or be oblivious to anything outside of the dominant cultural forms. Being of the

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main culture, I could also criticize it fairly freely. My life was reflected back to me frequently enough so that I felt, with regard to my race, if not to my sex, like one of the real people.

Whether through the curriculum or in the newspaper, the television, the economic system, or the general look of people in the streets, I received daily signals and indications that my people counted and that others *either didn't exist or must be trying not very successfully, to be like people of my race*. I was given cultural permission not to hear voices of people of other races or a tepid cultural tolerance for hearing or acting on such voices. I was also raised not to suffer seriously from anything that darker-skinned people might say about my group, "protected," though perhaps I should more accurately say *prohibited* through the habits of my economic class and social group, from living in racially mixed groups or being reflective about interactions between people of differing races.

In proportion as my racial group was being made confident, comfortable, and oblivious, other groups were likely being made unconfident, uncomfortable, and alienated. Whiteness protected me from many kinds of hostility, distress, and violence, which I was being subtly trained to visit in turn upon people of color.

For this reason, the word "privilege" now seems to me misleading. Its connotations are too positive to fit the conditions and behaviors which "privilege systems" produce. We usually think of privilege as being a favored state, whether earned, or conferred by birth or luck. School graduates are reminded they are privileged and urged to use their (enviable) assets well. The word "privilege" carries the connotation of being something everyone must want. Yet some of the conditions I have described here work to systemically over-empower certain groups. Such privilege simply *confers dominance*, gives permission to control, because of one's race or sex. The kind of privilege that gives license to some people to be, at best, thoughtless and, at worst, murderous should not continue to be referred to as a desirable attribute. Such "privilege" may be widely desired without being in any way beneficial to the whole society.

Moreover; though "privilege" may confer power, it does not confer moral strength. Those who do not depend on conferred dominance have traits and qualities that may never develop in those who do. Just as Women's Studies courses indicate that women survive their political circumstances to lead lives that hold the human race together, so "underprivileged" people of color who are the world's majority have survived their oppression and lived survivors' lives from which the white global minority can and must learn. In some groups, those dominated have actually become strong through *not* having all of these unearned advantages, and this gives them a great deal to teach the others. Members of so-called privileged groups can seem foolish, ridiculous, infantile, or dangerous by contrast.

I want, then, to distinguish between earned strength and unearned power conferred systemically. Power from unearned privilege can look like strength when it is, in fact, permission to escape or to dominate. But not all of the privileges on my list are inevitably damaging. Some, like the expectation that neighbors will be decent to you, or that your race will not count against you in court, should be the norm in a just society and should be considered as the entitlement of every one. Others, like the privilege not to listen to less powerful people, distort the humanity of the holders as well as the ignored groups. Still others, like finding one's staple foods everywhere, may be a function of being a

Through Women's Studies work I have met very few men who are truly distressed about systemic, unearned male advantage and conferred dominance, and so one question for me and others like me is whether we will be like them, or whether we will get truly distressed, even outraged, about unearned race advantage and conferred dominance.

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member of a numerical majority in the population. Others have to do with not having to labor under pervasive negative stereotyping and mythology.

We might at least start by distinguishing between positive advantages that we can work to spread, to the point where they are not advantages at all but simply part of the normal civic and social fabric, and negative types of advantage that unless rejected will always reinforce our present hierarchies. For example, the positive “privilege” of belonging, the feeling that one belongs within the human circle, as Native Americans say, fosters development and should not be seen as privilege for a few. It is, let us say, an entitlement that none of us should have to earn; ideally it is an *unearned entitlement*. At present, since only a few have it, it is an *unearned advantage* for them. The negative “privilege” that gave me cultural permission not to take darker-skinned Others seriously can be seen as arbitrarily conferred dominance and should not be desirable for anyone. This paper results from a process of coming to see that some of the power that I originally saw as attendant on being a human being in the United States consisted in *unearned advantage* and *conferred dominance*, as well as other kinds of special circumstance not universally taken for granted.

In writing this paper I have also realized that white identity and status (as well as class identity and status) give me considerable power to choose whether to broach this subject and its trouble. I can pretty well decide whether to disappear and avoid and not listen and escape the dislike I may engender in other people through this essay, or interrupt, answer, interpret, preach, correct, criticize, and control to some extent what goes on in reaction to it. Being white, I am given considerable power to escape many kinds of danger or penalty as well as to choose which risks I want to take.

There is an analogy here, once again, with Women’s Studies. Our male colleagues do not have a great deal to lose in supporting Women’s Studies, but they do not have a great deal to lose if they oppose it either. They simply have the power to decide whether to commit themselves to more equitable distributions of power. They will probably feel few penalties whatever choice they make; they do not seem, in any obvious short-term sense, the ones at risk, though they and we are all at risk because of the behaviors that have been rewarded in them.

Through Women’s Studies work I have met very few men who are truly distressed about systemic, unearned male advantage and conferred dominance, and so one question for me and others like me is whether we will be like them, or whether we will get truly distressed, even outraged, about unearned race advantage and conferred dominance and if so, what we will do to lessen them. In any case, we need to do more work in identifying how they actually affect our daily lives. We need more down-to-earth writing by people about these taboo subjects. We need more understanding of the ways in which white “privilege” damages white people, for these are not the same ways in which it damages the victimized. Skewed white psyches are an inseparable part of the picture, though I do not want to confuse the kinds of damage done to the holders of special assets and to those who suffer the deficits. Many, perhaps most, of our white students in the United States think that racism doesn’t affect them because they are not people of color; they do not see “whiteness” as a racial identity. Many men likewise think that Women’s Studies does not bear on their own existences because they are not female; they do not see themselves as having gendered identities. Insisting on the universal “effects” of “privilege” systems, then, becomes one of our chief tasks, and being more explicit about the particular effects in particular contexts in another. Men need to join us in this work.

In addition, since race and sex are not the only advantaging systems at work, we need to similarly examine the daily experience of having age advantage, or ethnic advantage, or physical ability, or advantage related to nationality, religion, or sexual orientation. Professor Marnie Evans suggested to me that in many ways the list I made also applies directly to heterosexual privilege. This is a still more taboo subject than race privilege: the daily ways in which heterosexual privilege makes some persons comfortable or powerful, providing supports, assets, approvals, and rewards to those who live or expect to live in heterosexual pairs. Unpacking that content is still more difficult, owing to the deeper imbeddedness of heterosexual advantage and dominance and stricter taboos surrounding these.

But to start such an analysis I would put this observation from my own experience: The fact that I live under the same roof with a man triggers all kinds of societal assumptions about my worth, politics, life, and values and triggers a host of unearned advantages and powers. After recasting many elements from the original list I would add further observations like these:

1. My children do not have to answer questions about why I live with my partner (my husband).
2. I have no difficulty finding neighborhoods where people approve of our household.



3. Our children are given texts and classes that implicitly support our kind of family unit and do not turn them against my choice of domestic partnership.
4. I can travel alone or with my husband without expecting embarrassment or hostility in those who deal with us.
5. Most people I meet will see my marital arrangements as an asset to my life or as a favorable comment on my likeability, my competence, or my mental health.
6. I can talk about the social events of a weekend without fearing most listeners' reactions.
7. I will feel welcomed and "normal" in the usual walks of public life, institutional and social.
8. In many contexts, I am seen as "all right" in daily work on women because I do not live chiefly with women.

Difficulties and dangers surrounding the task of finding parallels are many. Since racism, sexism, and heterosexism are not the same, the advantages associated with them should not be seen as the same. In addition, it is hard to isolate aspects of unearned advantage that derive chiefly from social class, economic class, race, religion, region, sex, or ethnic identity. The oppressions

are both distinct and interlocking, as the Combahee River Collective statement of 1977 continues to remind us eloquently.

One factor seems clear about all of the interlocking oppressions. They take both active forms that we can see and embedded forms that members of the dominant group are taught not to see. In my class and place, I did not see myself as racist because I was taught to recognize racism only in individual acts of meanness by members of my group, never in invisible systems conferring racial dominance on my group from birth. Likewise, we are taught to think that sexism or heterosexism is carried on only through intentional, individual acts of discrimination, meanness, or cruelty, rather than in invisible systems conferring unsought dominance on certain groups. Disapproving of the systems won't be enough to change them. I was taught to think that racism could end if white individuals changed their attitudes; many men think sexism can be ended by individual changes in daily behavior toward women. But a man's sex provides advantage for him whether or not he approves of the way in which dominance has been conferred on his group. A "white" skin in the United States opens many doors for whites whether or not we approve of the way dominance has been conferred on us. Individual acts can palliate, but cannot end, these problems. To redesign social systems, we need first to acknowledge their colossal unseen dimensions. The silences and denials surrounding privilege are the key political tool here. They keep the thinking about equality or equity incomplete, protecting unearned advantage and conferred dominance by making these taboo subjects. Most talk by whites about equal opportunity seems to me now to be about equal opportunity to try to get into a position of dominance while denying that *systems* of dominance exist.

Obliviousness about white advantage, like obliviousness about male advantage, is kept strongly inculturated in the United States so as to maintain the myth of meritocracy, the myth that democratic choice is equally available to all. Keeping most people unaware that freedom of confident action is there for just a small number of people props up those in power and serves to keep power in the hands of the same groups that have most of it already. Though systemic change takes many decades, there are pressing questions for me and I imagine for some others like me if we raise our daily consciousness on the perquisites of being light-skinned. What will we do with such knowledge? As we know from watching men, it is an open question whether we will choose to use unearned advantage to weaken invisible privilege systems and whether we will use any of our arbitrarily awarded power to try to reconstruct power systems on a broader base.

Peggy McIntosh, Ph.D., the Associate Director of the Wellesley College Center for Research on Women, is the founder and co-director of the National S.E.E.D. (Seeking Educational Equity and Diversity) Project on Inclusive Curriculum. A world-renowned lecturer, she consults with higher education institution throughout the United States and the world on creating multi-cultural and gender-fair curricula. Author of many influential articles on curriculum change, women's studies and systems of unearned privilege, she has taught at Harvard University, Trinity College (Washington, DC) and the University of Durham (England), among other institutions.

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———— ACTIVITY #2: ————

**If you identify as heterosexual, take a few minutes to answer these questions.
What does it tell you about heterosexual privilege?**

Quiz for Heterosexuals

Dr. Julie D. Moncada; Adapted from the “Heterosexual Questionnaire,” written by Martin Rochlin, 1972.

- 1) What do you think caused your heterosexuality?
- 2) When and how did you first decide you were heterosexual?
- 3) Is it possible your heterosexuality is just a phase you will grow out of?
- 4) Is it possible your heterosexuality stems from a fear of others of the same sex?
- 5) Isn't it possible that you just need is a good gay lover?
- 6) Heterosexuals have a history of failures in gay relationships? Do you think you turned to heterosexuality out of fear of rejection?
- 7) To whom have you disclosed your heterosexual tendencies? How did they react?
- 8) Your heterosexuality doesn't bother me as long as you don't try to force it on me? Why do all heterosexuals feel the need to covert people?
- 9) The majority of child molesters are heterosexual. Do you really consider it safe to expose your children to heterosexual teachers?
- 10) If you have children, would you want them to be heterosexual, knowing the problems they will face?
- 11) Why do heterosexuals insist on being so obvious? Why can't you just be who you are and be quiet about it?
- 12) How can you enjoy a satisfying relationship with a person of the opposite sex when there are so many vast differences between you? How can a man really understand how to please a woman or vice versa?
- 13) Why do heterosexuals place so much emphasis on sex?
- 14) The divorce rate is out of control. Why are there so few stable heterosexual relationships?
- 15) Many heterosexuals are unhappy. There are techniques that have been developed to make you change if you want to. Would you consider conversion therapy?

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———— ACTIVITY #3: ————

The following statement is from Aliazna Latina en contra la Agresion Sexual.

Sexual Assault Awareness Month (SAAM) 2010 was a successful one by many standards. Rape crisis centers, student groups, allied professionals, and state coalitions across the nation offered an array of awareness building campaigns and events. On April 27, H. Res.1259: “Recognizing and supporting the goals and ideals of Sexual Assault Awareness Month” was also considered on the floor of the House of Representatives. April 2010 will also go down in history as the month that SB 1070 was signed into law by Governor Brewer in Arizona. These two landmark events represent the philosophical and political chasm that Latina victim advocates and allies face each day at work.

As U.S. born, naturalized and resident Latinas, we, just like many other people of color, know what racial profiling feels like in stores, at the airport, at parent/teacher gatherings, at a conference hotel... In addition to its demeaning qualities, racial profiling also has real consequences for victims of crime and those who work so hard to provide them with compassionate services.

Victim rights are human rights!

Imagine living with the danger and mental stress of being stopped **everyday** at any possible location based on the subjective criteria of another because of the car you drive, the language of the music you listen to, how dark your skin is, how thick your accent may be, or how you are dressed.

Imagine being stopped on the way to a rape exam or to meet with someone about the overt targeting of immigrant women for sexual harassment in an office, hotel, restaurant, crop fields, or meat processing plant.

Imagine knowing that the girls just brought to the house next door are victims of human trafficking who are being raped and sexually exploited, but you have an injured family member at home with an expired work visa.

Imagine the needs of your sexually assaulted son and the fear that grabs at you as you contemplate the ramifications of reporting the crime.

Imagine that in addition to bedtime stories, you have to rehearse a plan of action with your young children in case you or your partner is deported through an ICE raid.

Imagine being a gay Latino victim of a hate crime and fearing possible repercussions of reporting it to the police.

These risks and fears, currently experienced by many immigrants throughout the United States, will now be exacerbated in Arizona as all who fit a subjective immigrant profile may now be treated as “illegals.” Because we are among the most diverse groups in the U.S. it is less likely that our güero or rubio (fair skinned and blue-eyed) brothers and sisters will be stopped.

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► For Further Reading

*"Dangerous Intersections:
Women of Color Live in the
Dangerous Intersections of
Sexism, Racism, and Other
Oppressions"*

[http://www.incite-
national.org/index.php?s=91](http://www.incite-national.org/index.php?s=91)

"Mister you don't have to wait in line." "Once returning from a border crossing by foot, my blue-eyed husband with blond hair who happened to be a citizen of South America was invited to go to the head of the line, while I, the Chicana from Texas was not extended the invitation. The assumption was that certain features = American."

–Latina victim advocate

The damage has already begun

Sexual assault victim advocates in Arizona and along the U.S./ Mexico border are already seeing the toxic impact of fear. Some survivors are not willing to report sexual assault under this threatening environment, and without this necessary step victims are trapped in silence and anonymity. The following exemplifies the fear and confusion already gripping Latina victims of violent crimes:

"The mother of a child survivor who is a U.S. citizen did not want to report and she refused linkage to a local crisis center or drafting possible plan of action. The child survivor does not understand what was happening, and harder still - his mother is unable to explain it to him or help him get services to make him feel better."

– Latina victim advocate

Police officers who are already overextended will now need to assume immigration enforcement duties in Arizona and will have less time to assist victims of violent crimes such as rape and sexual assault – regardless of their residency status. The risk of a possible increase in "fight or flight" behavior caused by sheer desperation and fear may also place many in danger.

Immigrant communities are saddened, hurting and scared. Multi-generational families with members on both sides of the border are now being forced to make inhumane decisions regarding their future. Families whose loved ones include military veterans from World War I to Iraq who have made the ultimate sacrifice in the name of justice, human rights, and safety – now live in fear in this country.

Victim advocates, allied professionals, and all who value human rights should be very concerned, if not outraged about the further marginalizing and possible re-victimizing consequences of Arizona's state sanctioned racial profiling.

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★ DISCUSSION QUESTIONS ★

1. You receive a call on a hotline from a mother who suspects that her daughter is being sexually abused by her father. The mother states that she wants to get help for her daughter, but she is afraid to report to law enforcement because both parents are undocumented and she fears they will be deported. She wants to know what confidential resources are available.

2. You are called in to the hospital by a local SANE (Sexual Assault Nurse Examiner) program. The patient/victim is a fourteen year old girl. She reported being sexually assaulted by a stranger and went to the hospital for medical and forensic services. The SANE soon discovered that several gang “tag” symbols were written on the girl’s body. An investigation began, and a week later the girl discloses to the investigator that the perpetrator was not a stranger, but that the sexual assault was part of a gang initiation where she was “forced to have sex” with multiple perpetrators. The investigation came to a halt because the circumstances of the sexual assault changed and the victim was no longer seen as credible. The investigator stated that this was a situation of “consensual” sex because she “elected” to be a part of the gang.

a. Do you think the victim’s potential gang involvement played a role in how this investigation was handled?

b. How might the investigator’s reaction impact future reporting?

c. Upon disclosing the gang rape to the investigator, what are potential safety concerns for the victim?

d. What are some ways in which you can continue to offer advocacy services for this victim?

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Food for Thought

Answer the following questions, either by yourself or with members of your training group. Do your responses (or those of your co-trainees) give you any insights into the challenges victim advocates face in providing culturally aware support to clients?

POP QUIZ

With what kind of people do you tend to gravitate to and/or identify?

What kind of people tend to make you nervous or angry?
What are some groups you feel you know hardly anything about?
How close have you been to people from other races than your own?

What is your communication style?

Are there any communication styles that make you uncomfortable?
How do you feel about long silences during a phone call?
How well do you understand people with strong foreign accents?
How do you feel when someone doesn't speak English well?
Do you feel comfortable talking to someone with a speech impediment?

Are you aware of where your opinions come from?

What were you taught about money and social status?
Who is the person who most influenced your beliefs about sex roles?
What messages did you receive about racial difference when you were growing up?

How much do you know about the community in which you live?

Are there first-generation immigrants in your neighborhood?
What home-countries are they from?
What kind of challenges do you imagine they face in your town or city?
Do a lot of senior citizens live in your area?
Is your town or city primarily working-, middle- or upper-class?

What are your stories?

Do you know a lot about your family's ethnic background?
Do you speak a language other than English?
How did your great-grandparents get to the United States (or were they born here)?
What was your first realization that you were somehow "different" from somebody else?
With what groups or identities do you strongly identify?
Have you ever felt alienated from a group, culture or social system?

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Program Spotlight!



Our Sister's Keeper Coalition (OSKC) was founded in May 2006 by a group of community members of the three populations—Native American, Latina, and Anglo—who were survivors of domestic violence and/or sexual assault. Diane Millich, the Founder and Executive Director, is a Southern Ute Indian Tribal member born and raised on the Southern Ute Indian Reservation located in Ignacio, Colorado. The Board of Directors is comprised of seven individuals from Durango, Ignacio, Towaoc and Bayfield, Colorado.

OSKC is designed to understand that Native American communities have different cultures, strengths and needs. These cultural nuances impact how individuals think and behave when involved with domestic violence, sexual assault, dating violence and stalking. Although OSKC is a Tribal Coalition and has an emphasis on working with Native American victims, the commitment is to honor all individuals and their families experiencing violence, regardless of race, gender, age, creed, or religion, by creating an environment that respects diverse traditions, experiences, and languages.

OSKC understands that people do not respond in the same way and that it is important to communicate in culturally appropriate manners. Being open to the spiritual needs, acculturation of each individual, and empathy allows victims to become survivors by reaching long term self and financial sufficiency. OSKC has extensive experience with the populations of Native American, Latino, Two-Spirited (Lesbian/Gay/Queer/Transgendered/Bisexual) female defendants, youth, seniors, individuals with disabilities, immigrants, cross cultures and all cultures as well as bilingualism.

OSKC embraces diversity and uses it to implement an inclusive program. Not only does our inclusive program have diverse advocates but, more importantly, it has a learning-centered objective that values the perspectives and contributions of all people, and strives to incorporate their needs and viewpoints into the design of OSKC.

One of the first objectives of OSKC was to provide direct services by establishing a free and confidential 24 hour hotline available every day of the year. The hotline would be staffed by trained professional advocates and immediate assistance would be available to anyone calling the hotline. OSKC, also, understood the dynamics of violence and realized that survivor's rarely took care of themselves. They took care of their children, the home, and the perpetrator and once the violence ceased, either by arrest or by leaving the relationship, the

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survivor didn't know how to focus on themselves and, most frequently became mentally, physically and spiritually sick. OSKC assists survivors on a crisis level but also provides services needed for their long term healing.

Currently, OSKC has an office located at 329 South Camino Del Rio, Suite Q, in Durango, Colorado. There are four full-time employees, which are the Executive Director, the Native American Coordinator, Outreach Education Coordinator, and the Administrative Assistant/Victims Advocate Coordinator. OSKC would not be possible if it was not for the dedication and commitment of volunteers. Volunteers are on the Executive Board, various committees and are victim advocates.

OSKC will continue to fulfill the goals, objectives and visions for the safety and sovereignty of Native American women and children. Reducing the harm and effects of domestic violence, sexual assault, dating violence, family violence and stalking against Native American victims is a very important while working toward its elimination. For more information, visit www.oursisterskeeper.org.



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“No one ever mentioned [the rape]. My family is Catholic and I guess that might have something to do with it. I went north to college to get away. But it wasn’t until two years later that all of this really began to bother me.”

— quoted in Mary Koss &
Mary Harvey,
The Rape Victim, p. 53

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Chapter 5 – Understanding the Effects of Sexual Assault

Sexual Assault Aftermath and Reactions— Overview

Common Reactions to Sexual Assault

It is impossible to overstate the profound disruption that sexual assault can have in a person’s life. The aftershocks of sexual assault usually impact survivors on multiple levels and may last years. The recovery process is often difficult and taxing. Secondary responses to a sexual assault such as substance abuse, eating disorders, self injury and dissociation are not unusual and will likely play a role in many of the lives of clients you meet as an advocate.

For a variety of reasons, partners, friends and family members sometimes fail to respond supportively to the survivor in the aftermath of a sexual assault. A crucial aspect of sexual assault victim advocacy is becoming familiar with the variety of responses of sexual assault on survivors and being able to convey some of the components survivors can potentially expect about recovery. You may be one of the few people in a survivor’s life who is providing accurate information, access to outside resources and an overall appreciation for the struggle s/he is experiencing. It is very important that when survivors call for help, they can be reassured that their experience is part of the recovery process and that they are not alone.

The aim of this chapter is to familiarize sexual assault advocates with the variety of responses and the potential short and long-term effects of sexual assault on survivors. However, as you review this chapter, please remember that all sexual assault survivors respond differently to this trauma. The literature on this topic is vast and diverse. In selecting materials, our attempt here is to offer a practical combination of informational resources, including:

- ◆ *excerpts* from sources specializing in the specific topics
- ◆ *summary information* to help you anticipate how these issues may affect your role and experience as a sexual assault advocate
- ◆ *technical links* to outside resources by topic

We begin the chapter with an overview of the psychological effects of trauma, including the effects of trauma and Post-Traumatic Stress Disorder. We then review some of the common secondary reactions to sexual assault – behaviors that may at first seem unrelated to sexual assault but which can be triggered by traumatic experiences. Next, we explore some of the barriers that families and friends of sexual assault survivors may encounter and identify behaviors and sensitivities that can help them provide the support that is so critical for survivors. Finally, we present some information to offer survivors who are interested in seeking counseling or therapy in the course of their recovery process.

You do not need to be an "expert" in sexual assault in order to be an effective advocate. Your best resources are your ability to listen carefully and to help callers empower themselves. The material here will ideally help you broaden and deepen your understanding of how sexual assault affects victims.

"Individuals who experience violence and abuse in isolation from others and who feel obliged to recover from their experience in continued isolation will adjust differently over time than will those individuals whose suffering has been shared and/or those who have access to and are able to make use of helpful support figures."

- Mary Koss

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Sexual Assault Aftermath and Reactions

Adapted from "The Trauma of Rape" in Mary P. Koss and Mary R. Harvey, The Rape Victim: Clinical and Community Interventions.

In her review of the direct research conducted with sexual assault victims, Dr. Mary Koss, a pioneering sexual assault psychologist, found that responses to the trauma of sexual assault will differ based on a number of factors operating in the victim's life. Variables include (but are not limited to):

- the individual's personal circumstances
- prior abuse history
- relationship to the perpetrator
- interventions offered to the victim
- available support networks and services
- degree of safety and control the survivor felt before trauma and after the trauma
- prevailing community attitudes and values about sexual assault
- quality and accessibility of care

When speaking with a caller, you may want to think about how these types of factors affect sexual assault survivors in different ways, from person to person.

All People Recover Differently

As the variability of these factors suggests, there is no model that can predetermine how sexual assault survivors will cope. People respond differently to the experience based on who they are, what they learned about sex and/or sexual assault in the process of growing up, how supportive their friends and family are, and whether they received professional help and appropriate intervention.

Despite the variety of individual reactions to sexual assault, some phases of response are common among survivors. Based on existing studies, Dr. Koss identifies four primary phases of sexual assault response: Anticipatory, Impact, Reconstitution, and Resolution. Other studies of sexual assault name response phases differently, but most models follow the same general patterns of victim coping in the aftermath of extreme trauma.

Helpful Tip: As a hotline advocate, you will get calls from friends/family who are confused about how to help their loved one. Describing these phases may help in understanding and anticipating some of the behaviors and emotions the victim/survivor may feel.

Anticipatory Phase

This is the response phase that occurs prior to and/or during the assault. To preserve a sense of invulnerability, a victim may employ psychological defenses. For instance, s/he may rationalize, telling herself that the situation is safe and suppressing information to the contrary, or dissociate by "checking out" of the situation psychologically. During the assault, the response may include things like thinking about how to get away, taking physical action, memorizing details, trying to remain calm so as not to provoke the attacker, praying, "freezing," "leaving her or his body," or remembering previous violent situations.

“There’s no way to describe what was going on inside me. I was losing control and I’d never been so terrified and helpless in my life. I felt as if my whole world had been kicked out from under me and I had been left to drift all alone in the darkness. I had horrible nightmares in which I relived the rape and others which were even worse. I was terrified of being with people and terrified of being alone...Deciding what to wear in the morning was enough to make me panic and cry uncontrollably. I was convinced I was going crazy, and I’m still convinced I almost did.”

- *I Never Called it Rape*, p. 68

The defenses used in the anticipatory phase can play out in the survivor’s retelling of the assault to other people. For instance, s/he may describe the event in the third person, as if s/he weren’t there at all, or talk about it in a very flat way, as if s/he were an observer.

Impact Phase

This acute response occurs during and immediately after the assault and is marked by intense fear. As people deal with what has just happened to them they may be overwhelmed with a host of feelings and physical reactions that can create confusion and disorganization. These reactions may be “expressive” (outward and/or physical) or “somatic” (indirect and/or subconscious).

Expressive Style

- The victim openly expresses fears and feelings
 - s/he may seem agitated or hysterical
 - s/he may have crying spells and anxiety attacks
- Concentrating, making decisions, and doing simple, everyday tasks becomes difficult.
- Previous conditions (physical illness, psychological or social difficulties) are reactivated by the recent trauma.
- Memories/images of earlier sexual assaults or molestation are triggered (This is referred to as a “compounded reaction” to sexual assault.)

Somatic

- Denial and suppression of feelings may result in physical symptoms.
- Victim may show little or no emotion, act as though numb or stunned.
- Direct effect of physical trauma (soreness, bruising, irritation, etc.) may be evident in the body.
- S/he may experience headaches, fatigue and sleep disturbances.
- S/he is edgy, jumpy over minor incidents; easily startled and/or irritable.
- S/he has gastrointestinal, genitourinary problems.
- S/he experiences appetite disturbances (e.g. nausea, vomiting, compulsive eating).

Reconstitution or ‘Outward Adjustment’ Phase

This phase is characterized by the initial outward appearance of adjustment. The victim responds to the assault by attending to basic living considerations and attempting to move forward. At this point, the victim may take action in the form of moving, changing a phone number, turning to family or friends for support, and/or deciding to press charges against the offender or otherwise interact with an outside system. Often, though, the victim resumes life activities but undertakes them in a superficial and mechanical way – s/he is “going through the motions.” The victim may also remain in a state of denial in order to take more time before s/he is ready to deal any further with the issues.

As the weeks and months pass, however, feelings experienced at the time of the assault begin to return. The survivor may suffer anxiety, nightmares and fears. S/he may drop into a depression, burdened by feelings of guilt and shame. This may lead to suicidal thoughts and feelings, catastrophic fantasies or general feelings of vulnerability, helplessness, dirtiness, alienation and isolation. S/he may also experience sexual dysfunction and physical symptoms of stress and trauma even as s/he tries to preserve the safety of her intimate relationships and her sense of personal balance. If s/he takes part in sexual activity before s/he is

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“Those feelings – anger, rage, and guilt – remained suppressed and buried for nearly 16 years. But then, just this year, the lid flew off, and suddenly I was experiencing all those horrible emotions and fears. I actually had genuine anxiety attacks with physical symptoms.

It took me several months to figure out that I was going to have to deal with what happened so long ago... Within the last few months, I’ve been learning to deal with a lot. I’m changing my attitude and my perspective about myself. I’m even learning to like myself for the first time in 16 years.”

– *I Never Called it Rape*, p. 70

ready, the association may provoke a flashback or dissociation. S/he might mistake her partner for the rapist. Such traumas can strain even the most stable relationships.

Resolution Phase

For most victims, resolution occurs unevenly and sometimes over the course of several years. In this phase, underlying feelings of despair, hopelessness and shame can lead to considerable anger. These feelings may be directed at the assailant, society, the courts, police, men - even friends and family. If the victim chooses to press charges and is interacting with the criminal justice system, this phase may take extra time. Therapeutic intervention can help channel some of these responses away from the self and help victims integrate the experience and recover a sense of safety and wholeness. But for some time the survivor may continue to experience sexual difficulties, restrict her/his social and recreational activity, feel suspicious and afraid of being alone, and struggle with depression and anger. Healing is difficult and is an ongoing process throughout one’s life.

Healing in the Aftermath Sexual Assault

For most people, healing is a long process that happens in stages. The healing process is not always linear.

The Sexual Assault	Immediate Aftermath	Post-Trauma	Long-Term Aftermath
Anticipatory Phase (During Crime)	Impact Phase	Reconstitution Phase	Resolution Phase
<p><i>Attempts to preserve sense of invulnerability</i></p> <ul style="list-style-type: none"> dissociation suppression rationalization strategies of fighting, coping, avoiding 	<p><i>Intense Fear</i></p> <ul style="list-style-type: none"> physical reactions (vomiting, shaking) disorganization/confusion shock/numbness disbelief guilt self-questioning expressive or somatic reaction 	<p><i>Trying to Regain Sense of Self and Safety</i></p> <ul style="list-style-type: none"> attending to basic living considerations (changing phone number, etc.) denial outward appearance of adjustment, “going through the motions” feelings start to resurface with varying degrees of disruption experiences related to going through the system (pressing charges, etc.) 	<p><i>Beginning of Integration</i></p> <ul style="list-style-type: none"> sexual assault no longer central focus some behaviors from other stages flare up at times but less frequently and intensely transition from “victim” to “survivor”

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Lives Upended

Throughout the phases of response to sexual assault, survivors will typically find that their lives have been affected on levels they might not ever have imagined. Many survivors will experience some form of depression; some will feel suicidal; and some will have trouble adjusting in the spheres of work, financial functioning, social and leisure life, and family dynamics. They may struggle to communicate with their romantic partners and feel misunderstood or abandoned by their friends and family.

Overall, sexual assault can profoundly impact the way a person sees her/himself and the world in general. Not only has the survivor's power, control and sense of safety been invaded by another person, but flashbacks, nightmares, fears, daily life disruptions and psychological disturbances provide an ongoing and sometimes long-term reminder of what has happened. Sexual assault can easily overturn one's view of humanity. Before the assault, the person may have held a basic belief that s/he was good, that the world was essentially a safe place, and that awful things do not happen to good people. Because of the rape, s/he is compelled to re-evaluate her/himself or her/his world. In the process of doing this, survivors often blame themselves, question their judgment and have trouble trusting people and enjoying activities they used to engage in without worrying. They question their basic assumptions about safety, power, trust, self-esteem and intimacy.

As an advocate, your voice and understanding can sometimes function as a lifesaver in these tumultuous seas of recovery.

Reactions to Sexual Violence

Below is a review of some of the identifiable reactions to sexual violence that may be common among survivors calling your hotline. These feelings can fit anywhere along the continuum of general reaction and can be experienced simultaneously or not at all. Your sensitivity to these issues will be crucial to building a rapport with callers.

Humiliation

Many sexual assault survivors feel ashamed, embarrassed, and humiliated. This sense may be heightened by the misinformation that abounds in society that survivors should somehow be able to protect themselves against rape or that survivors "ask for it" or want to be raped.

Shame and Self-Blame

Again, many survivors blame themselves for the assault. They blame themselves for something they did or didn't do, for what they wore, that they fought back or that they didn't fight back. They may also feel ashamed and blame themselves if they were engaging in illegal or risky behaviors prior to the assault.

These reactions may be an attempt to regain control and they may be related to socially constructed blame of women. Self-blame may be particularly strong in women who do not fit into the social image of the "ideal woman" or "good girl."

Male victims may experience shame for not being able to stop the abuse or assault.

Guilt

Guilt comes from a person's sense that s/he could have and should have done something to further protect her/himself or prevent the sexual abuse.

Fear of People

Because people are most likely to be sexually assaulted by someone they know and trust, they may experience confusion about who they really can trust. They may have been told to be weary of strangers, but when the “safe” people in one’s life are no longer safe, they may experience a fear of all people and question their ability to trust others and identify safe people in their lives.

It is also important to remember that many sexual assault survivors feared extensive injury and /or loss of life during the attack. It is also vital to recognize that the survivor may still be in the presence of or in close proximity to their perpetrator. Therefore, a fear of people should be taken seriously. The survivor may experience flashbacks that make her/him feel intensely afraid or s/he may experience a less intense, more prolonged sense of being afraid.

A Feeling of Loss of Control Over Life

The experience of having been assaulted is one of ultimate loss of control. As an assault is an interpersonal boundary violation something was forcefully stolen from the survivor. It may create or reinforce the perception for women that they are unable to protect themselves. This response may emerge whether or not the survivor resisted. Because of these feelings, the survivor may have problems making decisions until s/he regains a sense of control and self-confidence.

A feeling of lack of control over life can be even further intensified if the survivor experienced assault while incarcerated, or experienced the violence as a hate crime based on gender identity or expression, sexual orientation, ethnicity, occupation, etc.

Concern for the Perpetrator

In some cases, a survivor may express concern about what will happen to the perpetrator if s/he is reported to the police. S/he may know, care about, and/or be dependent upon the perpetrator (as in the case of a partner, parent, or sibling), or s/he may have an aversion to involvement in the criminal justice system.

Grief

An assault is a profound loss and is characterized by intense sadness. A survivor may feel her/his life has been shattered to such an extent that s/he will never recover. A grief reaction typically involves tearfulness, weeping and disorientation.

Depression

Some survivors may experience deep feelings of emptiness, remorse and unhappiness following a sexual assault. This reaction may result in survivors feeling hopeless, immobilized and unable to make decisions. Depression often makes survivors feel like everything is going wrong and nothing will ever be resolved.

Denial

Some survivors respond to the trauma of an assault by minimizing it, avoiding talking about the experience or by blocking it out of their consciousness altogether.

Anger and Irritability

Sexual assault can sometimes result in tremendous rage. While anger is a natural and healthy response, it may be misdirected towards the advocate, the law enforcement official, the prosecutor, or others who may be trying to offer assistance. However, sometimes this anger is appropriately directed towards people surrounding the survivor.

Preoccupation with Disease, Pregnancy, or Death

Some survivors may focus on the worst-case physical outcomes that may accompany the sexual assault. Sexually transmitted infections are a common concern and survivors may react to the assault by focusing on their potential mortality. It is important to take these concerns seriously.

Risk of Suicide

Some survivors of sexual assault may respond by contemplating and/or threatening suicide. It is important to be aware of this risk, and to take any signs of suicide seriously. If a person is in immediate danger; s/he should not be left alone. Refer to your agency's protocol on responding to potential suicidal ideation. The national suicide hotline can be reached at 1-800-784-2433.

After Sexual Assault: The Marathon

By Casey Frazee

*The following article is an excerpt from a post that appeared on the blog, "Not Another Wave: The Feminist Conversation for Everyone." It can be accessed at:
<http://notanotherwave.blogspot.com>.*

I have learned that I am a fantastic sprinter, not a marathon runner. My instincts are spot-on, when I listen to them, and I am good at managing short-term crises. It's the longevity part that I seem to find difficult to maintain. I was unwittingly entered into what may be the longest marathon of my life when I was sexually assaulted on June 19, 2009 while serving as a Peace Corps Volunteer in South Africa. Sadly, I am one of the hundreds of Volunteers over the years who have experienced sexual violence while serving in the Peace Corps. And, along with many of the others, I went through a confusing maze of how to get proper support from Peace Corps following such a personal violation in unfamiliar terrain.

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The man who assaulted me was someone I was supposed to have trusted. He was the brother to my host mother, and he was also dating the office manager at the non-governmental organization (NGO) where Peace Corps had placed me. My trust circle deteriorated as I realized that anyone who might help me held their first allegiance to this man. He was their brother, uncle, boyfriend, friend and community member. Why would anyone believe or protect me? I was the foreigner with a time-limited stay in their community. In the aftermath of my assault, I discovered that Peace Corps does not have any accessible policies to inform Volunteers of their rights as survivors. It was with a fervent determination that last fall, upon my return to the US, that I began the First Response Action online campaign to advocate that Peace Corps better support Volunteers who have been raped, assaulted or otherwise violated during service. Since that's an issue unto itself, you can read more about the First Response Action campaign at www.firstresponseaction.org.

Two months after I got back to the U.S., I got an apartment and started working. Needing to provide for my own basic needs overtook my focus and my South African experiences fell down the priority list. These changes signaled the switch from sprint to marathon. No one asked about the assault anymore – that was months ago, right? How could that bother me anymore? But it did. And not just the incident itself, but the ramifications of the event. This man who violated me not only suspended part of my spirit, but changed the course of my immediate future. Aspects of my personality changed. I met strangers with bitterness – particularly right before I left South Africa. I was suspect of nearly everyone. My trust in the goodwill of strangers had been ripped away and I was left raw. I focused on work, family and re-building my life in the U.S. and essentially ignored the rest.

It's now been just more than a year since the assault and while I may be a better sprinter than marathon runner, I know I am in this recovery for the long haul. I began to create action steps towards 'recovery' that would help me get back – as close as possible – to the person I was before the assault. The steps are developed as the need arises. For example, earlier this month I began preparing for my first trip out of the country since I was assaulted last year. I usually love flying, meeting new people and hearing their stories. I believe everyone has fascinating stories to tell if you just start the conversation. Although since the assault, I've closed myself off to new people in public. As I write this I am halfway through my trip and I am proud to say that I met and chatted with interesting people – a young American actor living in Scotland, a woman from Barcelona who fell into a forbidden love in Southern India and the most kind-hearted man who helped me from the airport to downtown Vienna through three train transfers and who smiled sweetly the whole time.

While this was only one trip, it helped to restore some of the confidence that I lost following the assault. I pushed myself to open up to people along my trip and I met amazing people with whom I had fantastic conversations and who showed me such kindness. I'm proud to have taken another step in the right direction. Heaven knows I still have many steps to go.

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*As a hotline
advocate, you are
not responsible for
diagnosing PTSD in
clients who call.
However, it may be
helpful know basic
information about
PTSD to make
resources available
to survivors.*

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Post-Traumatic Stress Disorder

Trauma experiences shake the foundations of our beliefs about safety, and shatter our assumptions of trust.

Because they're so far outside what we would expect, these events provoke reactions that feel strange and "crazy." Even though some of these reactions seem unusual and disturbing, they are typical and expectable. By and large they are normal responses to abnormal events.

Post-traumatic Stress Disorder

(PTSD) is the most common diagnostic category used to describe symptoms arising from emotionally traumatic experience(s). This disorder presumes that the person experienced a traumatic event involving actual or threatened death or injury to themselves or others – and where they felt fear, helplessness or horror. Three additional symptom clusters, if they persist for more than a month after the traumatic event and cause clinically significant distress or impairment, make up the diagnostic criteria.

Prevalence rates of PTSD

Adult Americans (lifetime)	7.8%
Men (lifetime)	5%
Women (lifetime)	10.4%
American Vietnam Veterans	30.9%
Female rape survivors	60%
Bosnian refugees	75%

National Center for PTSD
<http://www.ptsd.va.gov>

The three main symptom clusters in PTSD are:

Intrusions, such as flashbacks or nightmares, where the traumatic event is re-experienced.

Avoidance, when the person tries to reduce exposure to people or things that might bring on their intrusive symptoms. May include efforts to avoid thoughts, activities, or people associated with the trauma. There may also be an inability to recall an important aspect of the trauma.

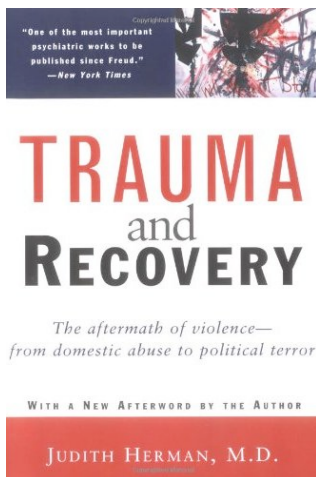
Hyperarousal, meaning physiological signs of increased arousal, such as hyper vigilance or increased startle response.

Trauma symptoms are probably adaptive, and originally evolved to help us recognize and avoid other dangerous situations quickly – before it was too late. Sometimes these symptoms resolve within a few days or weeks of a traumatic experience; not everyone who experiences a traumatic event will develop PTSD. It is when many symptoms persist for weeks or months, or when they are extreme, that professional help may be needed. According to the National Center for PTSD, early treatment is important and may help reduce long-term symptoms.

As you might expect, risk for PTSD increases with exposure to trauma. In other words, chronic or multiple traumatic experiences – like intimate partner sexual violence or ritual abuse – may be more difficult to overcome than most single

* * *

RECOMMENDED READING



Trauma and Recovery
Judith Herman
Basic Books, 1997
ISBN 0465087302

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instances. There is also evidence that early traumatic experiences (e.g., during childhood), especially if these are prolonged or repeated, may increase the risk of developing PTSD after traumatic exposure as an adult (National Center for PTSD, 2007).

PTSD and Relationships

Trauma survivors with PTSD may experience complications in their intimate and family relationships. PTSD involves symptoms that interfere with trust, emotional closeness, communication, responsible assertiveness, and effective problem solving:

- Loss of interest in social or sexual activities, and feeling distant from others, as well as feeling emotionally numb. Partners, friends, or family members may feel hurt, alienated, or discouraged, and then become angry or distant toward the survivor.
- Feeling irritable, on-guard, easily startled, worried, or anxious may lead survivors to be unable to relax, socialize, or be intimate without being tense or demanding. Significant others may feel pressured, tense, and controlled as a result.
- Difficulty falling or staying asleep and severe nightmares prevent both the survivor and partner from sleeping restfully, and may make sleeping together difficult.
- Trauma memories, trauma reminders or flashbacks, and the attempt to avoid such memories or reminders, can make living with a survivor feel like living in a war zone or living in constant threat of vague but terrible danger. Living with an individual who has PTSD does not automatically cause PTSD; but it can produce “vicarious” or “secondary” traumatization.
- Reliving trauma memories, avoiding trauma reminders, and struggling with fear and anger greatly interferes with survivors’ abilities to concentrate, listen carefully, and make cooperative decisions – so problems often go unresolved for a long time. Significant others may come to feel that dialogue and teamwork are not always possible.
- Survivors of childhood sexual and physical abuse (and other factors leading to PTSD) often report feeling a lasting sense of terror, horror, vulnerability and betrayal that interferes with relationships (National Center for PTSD; Dept of Veterans Affairs, 2007). Feeling close, trusting, and being emotionally or sexually intimate may seem a dangerous “letting down of my guard” because of past traumas – although the survivor often actually feels a strong bond of love or friendship in current healthy relationships.

Having been victimized and exposed to rage and violence, survivors often struggle with intense anger and impulses that can be suppressed by avoiding closeness or by adopting an attitude of criticism or dissatisfaction with loved ones and friends. Intimate relationships may have episodes of verbal or physical violence.

Survivors may be overly dependent upon or overprotective of partners, family members, friends, or support persons (such as health care providers or therapist). Alcohol abuse and substance addiction – as an attempt to cope with PTSD – can be problematic with intimacy or friendships.

Resources for Partners of Survivors

Clark E. Barshinger, *Haunted Marriage: Overcoming the Ghosts of Your Spouse's Childhood Abuse*, 1995.

Laura Davis, *Allies in Healing: When the Person You Love Was Sexually Abused as a Child*, 1990.

Ken Graber, *Ghosts in the Bedroom: A Guide for Partners of Incest Survivors*, 1991.

Paul Hansen, *Survivors and Partners: Healing the Relationships of Sexual Abuse Survivors*, 1991.

In the first weeks and months following the traumatic event, survivors often feel an unexpected sense of anger, detachment, or anxiety in intimate, family, and friendship relationships. Sexual assaults (as all traumatic experiences) can not only lead to acute reactions to that traumatic event, but the sexual assault can also be associated to previous traumatic experience, loss, problematic family dynamics, an/or a prior humiliating experience. The survivor may be reacting to an assault, but also reacting to old emotionally significant experiences. It may be difficult for crisis line advocates to identify what the precursor is to the symptoms. Advocates do not have to sort this out, but it is important to understand that the client may be focused on something other than the current assault.

On the following page, a partner of a rape survivor describes some of his experiences with what PTSD can look and feel like. You are likely to get calls from significant others whose lives have been affected by a sexual assault against a loved one. Your support and understanding for secondary survivors can be crucial to their ability to, in turn, support the survivor.

Living with Someone Suffering from PTSD

by John Crabtree: *A Survivor's Partner*

Living with a person who is dealing with Post Traumatic Stress Disorder can be a real challenge. My wife, Gayle, was brutally raped and beaten in January 1995. The echoes of that night still reverberate through our marriage. While I can only speak of my experiences in our marriage, the messages I've seen on the Secondary Survivors email circle and the guest book for partners, seem to indicate that our experience is not unique. Waiting and anxiety are recurring themes in a relationship with a PTSD survivor. Waiting for the next explosion to come, dreading it and faintly hoping that maybe, finally the storm will be over. Waiting for life to return to "normal" (and what was "normal" anyway?) and fearing that the present darkness would be with us forever. Wanting to remind her that I have valid needs too. Waiting to be told yet again, "You don't understand."---You're right, I don't. I try, the Lord knows I try but I simply do not have any experience to relate this to. I'm sorry, I am struggling to see, to process, and to empathize.

We are waiting for closure, for something to be finished. In our case, nothing about the rape had been finished. No arrests, no job (they denied the whole thing happened), no bills being paid (since the company denies it happened even though she was at work and on the clock, Workman's Compensation has not paid any of the \$60k+ medical and therapy bills). It is hard to look ahead when what is behind you still needs attention. Gayle is fighting a battle towards healing and wellness. A very long, brave and heroic battle. Sometimes when she is fighting the world or herself, she may miss what she's aiming at and hit off on me instead. I'm glad she doesn't exhibit violent behavior and never has, but she, like everyone else dealing with PTSD, does often have a short temper, an irritable disposition or a suspicious air. These are little things, but over a long time can add a real stress to a relationship. Stress that only professional counseling (individual and joint) will heal.

These past two years have been hard on her, on me and on our family. I am confident, however, that with time, counseling, and the Grace of God, our marriage will be healed and we'll emerge stronger than ever. We will never be the same people we were before the attack, but we pray that we will be wiser and more compassionate towards others and to ourselves. I wish I could say the

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As a rape crisis advocate, having a general understanding of dissociation will help relate to callers who present in this way. You are not expected to be able to work with these clients in the same manner as a therapist. This underscores the importance of always seeking qualified supervision and building and maintaining referral relationships with local therapists who are familiar with dissociation, Dissociative Identity Disorder and the links to trauma.

Do not attempt to diagnose a caller or provide therapeutic help beyond the scope of your training as a rape crisis advocate.

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bomb squad can rush in and defuse the bomb we all are waiting on, but it doesn't happen that way. My feeling is that the explosions will get smaller and less frequent as time goes on. We very well may have the occasional "pop" for the rest of our lives. I think and pray that I can live with that. You can too. Keep working for the best in your marriage, even if it means getting help to do it. It isn't easy to live with the PTSD but, we know that it too, can be overcome.

* * *

The family is often a very important part of the survivor's support system and may also be in need of support. In addition, family members of the sexual assault survivor have also been injured by the victimization. Intimate partners experience helplessness, anger, and sadness because of their partner's sexual assault. Oftentimes, they need help identifying their feelings and learning to express them in healthy ways. Loved ones of sexual assault survivors are often "secondary victims." Know what services (advocacy, counseling, and/or therapy) are available for secondary survivors in your community.

Other Secondary Responses to Sexual Assault

It is important to note that, as advocates, we are not expected to diagnose or be experts in secondary responses. It is our job to be able to provide appropriate responses.

Dissociation

Originally adapted from Joan A. Turkus, M.D., "The Spectrum of Dissociative Disorders: An Overview of Diagnosis and Treatment" and Chapter 20A, from "Supporting Survivors of Sexual Assault" by the Massachusetts Department of Public Health, in collaboration with the Massachusetts Coalition Against Sexual Assault, September 1997.

Dissociation is the disconnection from full awareness of self, time, and/or external circumstances. Dissociation exists along a continuum from normal everyday experiences to disorders that interfere with everyday functioning. Examples of normal dissociation may include highway hypnosis (a trance-like feeling that develops as the miles go by), "getting lost" in a book or a movie so that one loses a sense of passing time and surroundings, and daydreaming. Experiences like sudden loss of memory and blurry consciousness of time can occur in the aftermath of a sexual assault. More serious dissociative disorders can occur as a defense against childhood sexual abuse, particularly recurrent abuse. See "Child Sexual Abuse" in Chapter 6. Examples may include loss of memory, flashbacks, or varying personality states or separate identities (Dissociative Identity Disorder). Dramatic presentations in film and on television of people with identity disorders have proliferated in recent years. Some presentations unfortunately offer a distorted view, reinforcing misconceptions and making this survival response seem bizarre and foreign.

"Purging, particularly vomiting, can be a symbolic attempt to cleanse oneself of a rape or sexual assault experience...The purging is also a release. Some bulimics describe their vomiting as violent and visualize the abuser while vomiting."

— from James O. Prochaska, Ph.D.,
Changing for Good

"While they are totally involved with eating...other pains, fears and hungers recede. Compulsive eating is an escape. Although you may hate yourself in an hour, you get relief in the moment. If you are hurting, eating compulsively may be the only way you know to nurture yourself."

— from L. Bass and L. Davis,
The Courage to Heal

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Eating Disorders

Originally adapted from Chapter 20 of the manual "Supporting Survivors of Sexual Assault" from the Massachusetts Department of Public Health, in collaboration with the Massachusetts Coalition Against Sexual Assault, September 1997.

Sexual trauma survivors have been found to have a high incidence of eating disorders. Some researchers locate a specific correlation between sexual abuse and disordered eating, probably because sexual abuse often has adverse effects on body esteem, self-regulation, identity, and interpersonal functioning (Cooke-Kearney & Striegel-Moore, 1994). While sexual abuse is not the only correlative of eating disorders, it has become increasingly clear that this abuse—particularly in childhood—is a very significant issue with survivors. Eating disorder behavior emanates from complex internal and external factors. It may be used by survivors as a way to gain a sense of control and distance from unreliable and/or abusive relational experiences.

Sometimes, in addition to sexual abuse, the survivor was physically abused and/or neglected -- as in the case of survivors of intimate partner violence, incest survivors, or survivors of ritual abuse. Some were not fed or nurtured adequately. Others were force-fed, punished with food, deprived of food, or had their food intake over-controlled. Those who were neglected as children may not have been fed properly or taught proper nutrition and eating habits, and therefore may not have learned to take care of themselves in these areas.

The three most commonly seen categories of eating disorders are bulimia, anorexia and compulsive eating. According to the DSM-IV they can be understood as follows:

Bulimia is characterized by binge eating and then purging the food from the body by vomiting, abusing laxatives, fasting, or compulsive exercising. Many people with bulimia are within normal weight range. Following the binge episode, many suffer from overwhelming feelings of guilt, depression, or self-disgust. Purging behavior can relieve many of these feelings temporarily and can become an end in itself.

Anorexia is characterized by depriving oneself of food to the point of weighing less than 85 percent of normal body weight, and often includes some of the features of bulimia. The medical risks are numerous, including amenorrhea or the lack of menstrual periods, growth of excess body hair, and imbalanced electrolytes or heart irregularities. Anorexia is one of the few psychiatric illnesses that can be potentially fatal to the sufferer as it is the leading cause of death among people seeking psychiatric help (Pipher, 1995). In addition to these physical characteristics, people suffering from anorexia may demonstrate psychological characteristics of starving. They may be depressed, irritable, pessimistic, and/or nearly always preoccupied with food.

Compulsive Overeating usually involves bingeing in secret and rapidly ingesting large quantities of high-caloric food, or eating continuously all day long. This can lead to many medical risks and low self-esteem due to resulting obesity.

Other eating problems for sexual assault survivors include variations of these three common disorders, as well as avoidance of foods of certain textures or foods that might trigger traumatic memories.

Eating Disorders as a Coping Mechanism

*"He always used to say
how beautiful and sexy I
was, what a great body I
had. . . how he just
couldn't help himself. But
I never felt pretty or
believed anybody liked
me. I felt ugly and
repulsive. I hated my
body. It was like the
ugliness of the incest got
transferred to my feelings
about myself ..."*

— K.A. Kunzman. *Healing from
Childhood Sexual Abuse: A
Recovering Woman's Guide*

Because sexual assault is a loss of power and control, some survivors, in an attempt to gain control of their lives, may rigidly regulate their food intake, as in anorexia, or plan secret rituals of bingeing and purging. Eating disorder symptoms can serve adaptive functions for survivors of sexual abuse, such as:

- Comfort/nurturing
- Numbing
- Distraction
- Sedation
- Rebellion
- Cry for help
- Discharge of anger
- Control and power
- Predictability and structure
- Establishment of psychological space
- Unconscious reenactment of abuse
- Self-punishment
- Self-purification
- An attempt to disappear (as in anorexia)
- Creating a large or small body for protection
- Avoidance of intimacy

A survivor of childhood sexual abuse has noted, "Trying to physically change their body image to mask sexuality is typical of many teen and adult survivors and can set off a lifelong pattern of either anorexia or compulsive overeating" (Blume, 1990). Some survivors believe that by gaining weight and increasing their body size, they can reduce their attractiveness and thereby, in their minds, reduce the probability that they will be abused again. This may be based in part on the myth that only "sexually attractive" people are raped and/or that rape equals sex. For other survivors, "the body becomes the only reason a man would approach since they feel internally damaged. Making the body attractive (*i.e.*, thin) becomes an obsession, the only way to escape being alone" (Blume, 1990).

Some sexual abuse and rape survivors may use repetitive eating behaviors and obsessive thinking about food to alter their mood. While engaging in bingeing and/or purging, they are absorbed with the behavior and therefore avoid unpleasant or painful feelings. Survivors may use rituals with food or the avoidance of food to make themselves feel better.

Body Image and Eating Disorders

Two frequently noted after-effects of sexual abuse or rape are low self-esteem and poor body image.

Survivors often develop distorted perceptions of their bodies; they believe they are heavier than they really are, or that they are overweight when they are actually normal weight or underweight. Some survivors may have learned to see themselves as ugly, bad, and unlovable. Other survivors of sexual exploitation see their body as their only asset. This causes them to believe they must use their body as a source of power, thus putting themselves at high risk for eating disorders as they attempt to achieve the "perfect" body.

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As a rape crisis advocate, you may be in a position to recognize the signs of an eating disorder. It is not appropriate for you to provide treatment or diagnosis of this coping mechanism. Instead, seek supervision and make appropriate referrals for the eating disorder as you continue to work with the survivor on issues related to the assault or abuse.

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Supporting Survivors with Eating Disorders

Survivors disclosing an eating disorder need to be supported and reassured that it is a coping behavior and that they deserve to get help. They should be empowered to seek treatment because they want to help themselves and feel better about themselves. These individuals should understand that they are not alone: eating disorders are common among survivors and many other people, especially women. They also must be told that this way of coping can be dangerous to their health. The advocate should be able to provide referrals to doctors and therapists who are sensitive to eating disorders and sexual abuse, and who have demonstrated expertise in treating both issues.

Self-Inflicted Harm and High Risk Activities

(Also known as “Cutting” or “Self-Mutilation”)

Originally adapted from Chapter 20 of the manual “Supporting Survivors of Sexual Assault” from the Massachusetts Department of Public Health, in collaboration with the Massachusetts Coalition Against Sexual Assault, September 1997. Special thanks to Kristine Ives for her help with this section.

*How will you know I’m hurting if you cannot
see my pain? To wear it on my body tells what
words cannot explain.*

– C. Blount

Self-inflicted violence or **self-injury** is the intermittent, deliberate hurting of one's own body. Self-inflicted violence is frequently encountered in adolescent and adult survivors of childhood sexual abuse, physical abuse, and neglect. Self-injury is a coping strategy on which some sexual assault survivors may regularly rely.

Because some self-injurious behaviors can seem repugnant or bizarre, it is easy to react by distancing ourselves from the survivor, labeling the individual who self-injures as “wrong,” “bad,” or “sick.” Another way of distancing from the survivor is to become focused on, or even fascinated by, the self-mutilation behaviors themselves, while losing touch with the survivor as a human being. Such responses reinforce the survivor's own sense of loss of contact with self and loss of contact with others.

As advocates we need to identify and monitor our own negative reactions to self-injury in order to be most helpful to the caller.

Forms of Self-Inflicted Violence

Self-inflicted violence covers a wide variety of behaviors. These can include, but are not limited to:

- scratching and cutting with razor blades, glass or knives

*"If I'm suicidal I
want to die, I have
lost all hope. When
I'm self injuring, I
want to relieve
emotional pain
and keep on living.
Suicide is a
permanent exit.
Self injury helps me
get through the
moment."*

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- burning with cigarettes, matches, or caustic substances, such as oven cleaner
- head and body banging (often seen with children)
- striking hard objects (such as a wall) with a fist
- scratching with fingernails or biting the skin until a wound is created
- pulling out hair, eyelashes, or eyebrows
- inserting sharp objects into the vagina or rectum
- using caustic substances as douches or enemas
- purging and laxative abuse
- dangerous physical behaviors, such as getting in fights (may be more common with some men)

Common sites for injury are wrists, forearms, legs, and genitals. Some survivors tend to self-injure in places that can be seen, such as on the hands and wrists; others tend to keep marks left by their violence concealed under clothing. Some depend on a single form of self-inflicted violence, while others do not. In general, self-inflicted violence has been more commonly reported in women than men (Suyemoto, 1998).

In recent years more publicity has surrounded the topic of self-injury as it appeared in pop culture movies such as *Girl Interrupted* and *Thirteen* and after notable public figures such as Princess Diana, Angelina Jolie and Johnny Depp publically discussed personal struggles with self-injury.

Distinguishing Self-Inflicted Violence from Suicidal Behavior

Individuals who self-injure also may have thoughts about suicide and be at risk for suicide. Suicide attempts generally can be distinguished from self-inflicted violence as a coping pattern. The usual stimulus for suicide is unendurable and unrelenting psychological pain - which leads to hopelessness and the conviction that there is little point in continuing to struggle. For the suicidal individual, suicide is an act meant to solve ongoing problems by seeking a state of unconsciousness. Thus, suicide can be thought of as an attempt to escape. Suicidal ideation is often characterized by all-or-nothing thinking or tunnel vision, in which rational alternatives to suicide are not considered.

In contrast, the intent of self-inflicted violence is to change an emotional state, or to modulate or regulate tension. Survivors locked into common patterns of self-inflicted violence often report periods of gradual buildups of psychological pain and tension, sometimes accompanied by feelings of depersonalization (such as a sense of numbness, being unreal or robotic, parts of the body feeling disconnected, or observing the self from the outside).

Marilee Strong (1998) quotes a fifteen year old girl who cuts herself as saying, "If I'm suicidal I want to die, I have lost all hope. When I'm self injuring, I want to relieve emotional pain and keep on living. Suicide is a permanent exit. Self injury helps me get through the moment."

Even if an individual's intent may not be to commit suicide, self-harming can still be life-threatening and should be taken seriously.

Dynamics in Self-Injury

Self-inflicted violence may feel like the most comfortable and familiar way to express feelings, even while the survivor is beginning to heal in other ways.

Understanding how self-inflicted violence can “work” (in the short-term) for survivors:

- It can be a means of distraction from painful emotions by inducing physical pain to replace the unbearable emotional pain.
- It can be reenactments of childhood physical and/or sexual assaults that survivors may not remember, may only vaguely remember, or may be unable to talk about because to do so would be overwhelming or because they are still "keeping a secret."
- It can be a way of making the outside of the body look like what the inside feels like, or of showing oneself or others what that emotional pain is like.
- Physical scars can be powerful images or metaphors for the pain, anger, and grief that the survivor is reluctant to express openly.
- The survivor may really wish to cry out, in the process of re-experiencing the trauma, that she felt cut off from all affection and kindness at home, or that her spirit was crippled, or that parts of her/him felt as though they "died" with acts of incest. *See “Incest” section in Chapter 6.*
- It can "ground" a survivor who is "spaced out" (or in a dissociative state) by allowing greater awareness of the body and surroundings.
- It can help the survivor gain nurturing from others or to shock them into paying attention.
- It can be an attempt to attack (or "get rid of" or "punish") a particular part of the body that the abuser favored or that the survivor blames for the abuse.
- Since perpetrators may have abused a child when she or he reacted with anger, the survivor may have been taught that expressing anger was "bad" or unsafe. Thus, survivors often turn their anger at the only "safe" target – themselves.

Exploring Healthy, Self-Affirming Alternatives to Self-Injury

Survivors have discovered a variety of alternatives to self-inflicted violence. As the reasons for the violence vary, so do successful strategies for replacing it.

Here are some sample strategies that may help a client who is self-injuring. As an advocate, it is your job to be aware of appropriate referrals for a qualified therapist or counselor who can work with the client on self-affirming alternatives to self-injury.

Distraction techniques
Self-soothing and nurturing strategies
Self-expression strategies
Actions that reconnect
Medications
Vigorous physical exercise
Expressing, exploring, and directing anger

With the rape crisis advocate (or other helping person), survivors can *discuss why they blame themselves* (or parts of their bodies) for the abuse. They can

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It is not necessary for the rape crisis advocate to fully understand or "treat" the complexities of self-injury to be effective. The information in this section is presented to create sensitivity to the nature of self-inflicted violence, so you can relate in an open and supportive way with the survivor.

practice ways to ask for attention from others in a direct fashion. They can try to talk over feelings of helplessness and horror, instead of watching for emotional reactions from the helping person when they report their self-inflicted violence.

The usual emotional responses of helping a survivor may intensify if the advocate becomes preoccupied with preventing self-inflicted violence. In the face of such pressure, it is important for you to recall that your own strong reactions are normal and result from the intensity of the issues involved. Self-awareness and self-acceptance enable the advocate to assist the survivor.

The characteristics of the advocate's attitude that tend to be most helpful with the self-injuring survivor are:

- Concern for the survivor's physical safety, even when she or he is not able to be concerned.
- A nonjudgmental attitude toward the self-injurious behaviors.
- A calming presence that can "contain" the strong emotions of the survivor.
- Respect for the survivor as the expert on her or his own experience.
- Interest in the survivor as a human being.
- Maintenance of the appropriate distance, being neither under- nor over-involved.
- Belief that the survivor possesses considerable strengths that can be mobilized in the service of healing.
- **Recognition of your own limitations in the role of a rape crisis advocate, and offering appropriate referrals.**

It is helpful to offer support with alternative behaviors to self-injury, but self-injury can be a very deeply ingrained coping mechanism. Often victims cannot give up the behavior. If professionals have specific expectations for the victim, the victim may end up hiding the self-injurious behavior and develop additional shame about it. As an advocate, it is imperative to avoid appearing angry and rejecting of the victim if s/he chooses to not stop the behavior.

Substance Abuse

Originally adapted from Chapter 20 of the manual "Supporting Survivors of Sexual Assault" from the Massachusetts Department of Public Health, in collaboration with the Massachusetts Coalition Against Sexual Assault, September 1997.

Some sexual assault survivors may be at high risk for developing difficulties with alcohol and other drugs. Childhood sexual and physical abuse has been linked to later substance abuse in a variety of studies. According the Rape, Abuse, and Incest National Network (RAINN), survivors of sexual assault are 13 times more likely to abuse alcohol and 26 times more likely to abuse drugs. A study involving 228 drug-dependent women who were surveyed

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The high rate of addictions among incest survivors occurs for two reasons. First, for incest survivors, chemical use/abuse/addiction serves a survival purpose. It numbs pain, and creates a sense of aliveness or excitement for one who may feel "dead" inside... The other reason for this frequency is that incest occurs frequently in alcoholic families, and [children of alcoholics] are several times more likely to become addicted or to become involved with an addict.

- E. Sue Blume, *Secret Survivors: Uncovering Incest and Its Aftereffects in Women*

regarding their experience of abuse in childhood, researchers found that 42% of the women had experienced sexual abuse (Haller, 2004).

Problems may fall anywhere along a continuum from an isolated episode with binge use/abuse following a traumatic event, to full-blown addiction that may ultimately be life-threatening. The importance of the relationship between the two problems is that they are not just coexisting but *synergistic* - meaning that each makes the other worse.

Mood-altering substances can act like anesthesia by creating a state of mind very close to that of a trance or dissociative state. This state of mind can quickly and very effectively help the survivor escape both physical and emotional pain. When intoxicated or high, memories of traumatic events can be blocked out and feelings numbed. While it is an illusion that lasts only as long as the effect of the alcohol or other drugs, the survivor temporarily feels better by creating a sense of control and well-being. Use of substances may start out as a social activity, but physical or emotional isolation is a likely outcome of prolonged use.

Commonly abused substances include:

- ◆ Alcohol
- ◆ Street drugs (heroin, cocaine, marijuana, acid, meth, ecstasy, etc.)
- ◆ Prescription medications that also may be purchased on the street, including: Anti-anxiety medications (Valium, Ativan, Klonopin, Xanax); sedatives that contain barbiturates (Phenobarbital, Nembutal, Seconal); narcotic painkillers (Codeine, Morphine, Demerol, Percocet, Vicodin).
- ◆ Inhalants and other household/industrial substances

What is Substance Abuse?

Substance abuse – which always involves a loss of control and negative consequences – includes misuse of substances, chemical abuse, and chemical dependence.

Use becomes *misuse* when the purpose is to avoid thoughts, memories, or feelings. This is a warning sign that the person is at risk for more serious problems. Since any use of a substance may create problems for the survivor, an inability to set aside alcohol, street drugs, and/or prescription drugs may be an indication of larger problems. (Some people can recognize the pattern of their behavior at this point and modify their substance use without treatment or difficulty.)

Chemical abuse involves impairment of a person's ability to function in any area of life. She or he may be unable to meet responsibilities at home, school, or work and begin to have increasing social or interpersonal difficulties. Abusing alcohol and other drugs may result in physically dangerous situations such as drunk driving, or there may be arrests for public disorderliness, fights, or theft. These are warning signs of the potential for addiction.

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Sometimes people call hotlines when they are drunk or intoxicated. When this happens, you will need to use your instincts and best judgment about whether or not to continue the call. Depending on the level of intoxication, it may or may not be helpful for the caller to speak with an advocate. Refer to your agency policy when making the choice to continue speaking with a caller who is extremely intoxicated.

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Chemical dependence is a chronic and progressive disorder that is debilitating and potentially life-threatening. The use of alcohol or other drugs cannot be controlled for more than short periods of time, if at all, and the person becomes obsessed with obtaining and using the substance. There is increased *tolerance*, meaning that the person needs to use more and more to get the same effect. Withdrawal symptoms begin to appear when the person is unable to use the drug. Treatment is available and, with assistance, the condition can be controlled.

Indications of addiction may include escalation of problems in daily life and loss of control. The person may begin to experience *blackouts* -- periods when she or he appears to be alert and functioning normally, but has no memory of what happened during the blackouts. For sexual assault survivors, this must be distinguished from dissociative episodes during which there also is no recall. Finally, this is a "disease of denial." Denial or defensiveness about patterns of using alcohol or other drugs may indicate that the person is already in the process of addiction.

Survivors and Substance Abuse

Like sexual assault, substance abuse exists across all socioeconomic, cultural, and ethnic groups. Men and women, regardless of their sexual orientation or gender identity, are both affected. With alcohol and other drugs readily available to all, survivors are most likely to turn to whichever substance is most accessible or socially acceptable.

There are similar dynamics in sexual assault and substance abuse. People who experience either problem are likely to feel stigmatized by their family, friends, or community. They also tend to initially use denial to avoid confronting their problems, and to minimize the seriousness of their situation or emotional distress. While neither problem actually causes the other, they can intensify the risks and consequences for each other. Sexual abuse trauma may occur at times when alcohol or other drugs are also involved. Although survivors clearly use substances as a coping strategy, the possibility also exists that they had a preexisting problem with these that may or may not have already been identified or treated.

Issues related to *both* the sexual assault trauma and substance abuse must be addressed for healing to occur. Leaving either problem untreated will result in ongoing symptoms - either inability to process feelings and memories of the trauma, or inability to stay clean and sober. Although it is essential to stabilize crisis symptoms as they occur, substance abuse must be addressed as well as the sexual assault before the survivor is able to effectively do the emotional and cognitive work necessary for healing.

Talking about Substance Abuse with the Survivor

Substance abuse can be a difficult and overwhelming subject to address. Advocates may have unresolved personal experiences with alcohol and other drugs and may not understand that dependence is an illness that requires treatment, rather than a moral issue or a matter of will power. Advocates also may feel that they do not have enough knowledge or information or that the problem will go away once the rape trauma is addressed.

When working with a client who may be abusing substances, your approach should be respectful, caring, and nonjudgmental. If expressing your concern, bring up the matter when your client is not high or intoxicated.

Providing education about addiction as a disease may be helpful in motivating the individual to seek help or accept a referral. You need realistic goals when working with a client who is abusing substances. The recovery process is slow and often includes relapses, especially for sexual assault survivors.

Setting Limits

Again, you may need to set limits with a survivor who is abusing alcohol or other drugs. Gently but firmly explain that you will not work with a survivor while she or he is under the influence, but that you remain *available to help* overall. This counteracts the denial that the survivor may be experiencing. As a hotline advocate this generally only applies if your judgment indicates the caller will not benefit until they are more sober. In such situations follow your agency's policy.

Treatment Resources

The combination of professional treatment and self-help groups can aid the survivor in keeping recovery on track. The numerous possibilities underscore how important it is for the advocate to maintain good working relationships with local substance abuse treatment providers in order to be able to refer appropriately.

For an individual who wants to recover from addiction, self-help groups offer support and understanding from others in recovery. These include (but are not limited to): Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, Women for Sobriety, Rational Recovery, Celebrate Recovery, and specialized groups for professionals (physicians, lawyers, nurses, etc.). There are also culturally-specific resources and groups, such as the Native American Wellbriety Movement or Colorado-based White Bison, which offers sobriety, recovery, addictions prevention, and wellness learning resources to the Native American community nationwide.

The classic "12 step programs" as well as other types of self-help groups may provide survivors with a safety net at all stages of recovery. It is important to note that the classic "12 step programs" are often focused on acknowledging a higher power. If a survivor does not feel comfortable with this viewpoint, Rational Recovery may be a better resource. If a survivor is interested in a group with more of a religious focus, Celebrate Recovery may be a more appropriate referral.

Inpatient programs in a freestanding detoxification or hospital setting provide short-term treatment, with the focus on a medically safe detoxification from the drug of choice. These programs can be very useful in providing medical management and psychological safety while undergoing detoxification. The survivor can learn about the disease of addiction and be referred to community resources when discharged.

“Rebuilding a life after trauma can and will be difficult. But with support and services from the professional community, school, and family, I was given the tools to help save my own life.”

*-William Kellibrew, IV
Survivor and Advocate;
William Kellibrew
Foundation*

*<http://williamkellibrewfoundation.org>
[.roundtablelive.org](http://roundtablelive.org)*

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Phone Numbers in your area:

Residential programs – such as sober houses and halfway houses – can offer a safe, supportive, structured environment while a survivor is learning to live substance-free. An individual can typically stay in a residential program from three months to a year. During treatment, survivors learn how to cope with daily living, possibly help with employment, and may become active in 12-step programs. A residential program has a counseling staff and group meetings focused on recovery issues.

Phone Numbers in your area:

Outpatient treatment can be as limited as individual counseling on a monthly basis, or as intensive as daily groups in a structured day-treatment program. Parents encouraging their teen to engage in outpatient treatment can start with suggesting that the survivor attends two or three sessions and then make the decision if s/he wants to continue in therapy. Many survivors combine individual counseling, groups, and a self-help program. For individuals who are unable to maintain an opiate-free life, Methadone maintenance programs can be useful; by providing daily doses of Methadone, along with counseling, these programs reduce high-risk behaviors involved in drug abuse.

Phone Numbers in your area:

Therapy Referrals

As a sexual assault hotline advocate, you primarily function as an initial point of contact for the survivor and a support/point person for them as they navigate their own recovery. It is not your role to act as a therapist. Often, in the course of exploring their sexual assault experiences, it will become clear that the survivor needs more in-depth support and counseling than the hotline can provide. As a survivor comes to a decision to seek deeper counseling, you can provide information, referral, support and encouragement.

Many people have trepidation about seeing a therapist. They may feel self-conscious or ashamed, and/or they may have had negative experiences or received negative messages in the past about psychologists, counselors or social workers. Active listening to the survivor's concerns can help the survivor face and carry out a brave decision. Financial barriers and cultural considerations are important to keep in mind when providing therapy referrals. You can also provide information about how therapy works and what services are available in your area. Always acknowledge that the choice to consider additional therapy belongs to the survivor and should be made on his/her own timeline.

Alternative Therapies for Survivors of Sexual Assault

Note: In some jurisdictions, Victim Compensation may cover the costs of alternative therapies. Contact your local Victim Compensation Administrator for more information.

EMDR: Eye Movement Desensitization and Reprocessing (EMDR) is an integrative psychotherapy approach that has been extensively researched and proven effective for the treatment of trauma. The core of EMDR treatment involves activating components of the traumatic memory or disturbing life event and pairing those components with alternating bilateral or dual attention stimulation in order to activate the brain's natural healing processes. EMDR is often recognized as a part (or one component) of therapy.

Adapted from the EMDR International Association website: www.emdria.org

Art therapy: Art therapy is a specific type of therapeutic intervention which uses the creative process of art making to improve and enhance the physical, mental and emotional well-being of individuals of all ages. It is based on the belief that the creative process involved in artistic self-expression helps people to resolve conflicts and problems, develop interpersonal skills, manage behavior, reduce stress, increase self-esteem and self-awareness, and achieve insight.

Adapted from the American Art Therapy Association website: www.arttherapy.org

Equine Therapy:

Article from National Health Magazine, October 2009

Horse Power:

These gentle and sensitive animals can help you overcome depression, anger, and anxiety.



In the Foothills of the Rocky Mountains in Longmont, Colorado, psychotherapist Jackie Ashley offers a unique form of counseling for women.

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Instead of having clients sit on a couch in her office and discuss their problems, Ashley takes them to a corral and encourages them to interact with horses. "It's a powerful way for people to get in touch with their feelings," explains Ashley. For anyone struggling with depression, anger, anxiety, or other difficult emotions, a horse can help.

WHAT TO EXPECT A therapist will guide you as you pet the horse, talk to it, groom its coat, and lead it around an arena (you won't ride it).

BENEFITS "Just standing next to such a large animal takes you out of your comfort zone, which can bring up emotions," says Calyn Acebes, director of the Medicine Horse Program in Boulder, Colo. (Horse handlers in the ring ensure safety.) Over time, clients move from observing the horses to connecting with them and ultimately leading them around the ring, all the while discussing feelings that arise. Often, Ashley has clients place their hands on a horse and breathe in unison with the animal. "It calms people and brings them into the present moment--and they get the physical and emotional benefits of touching a warm, soft, living creature."

SHE TRIED IT Ashley's client Beth Johnson, a survivor of childhood abuse, had difficulty expressing her bottled-up anger. Ashley had Johnson do exercises like stand in the middle of the ring, surrounded by the herd. "She was able to cry and to release some of that rage, and some of the horses even came forward," Ashley explains. "Beth learned that she had a voice, and that she didn't need to be ashamed of expressing her feelings." Johnson, who now attends sessions regularly, agrees. "Being among the herd feels safe," she says. "I'm learning to forgive, and to heal."

COST Prices vary, but an average session is \$75 (group session) or \$150 (individual session); programs run for four to eight weeks. Check eagala.org to locate a practitioner in your area.

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Child sexual abuse occurs when a child is exploited sexually by another person. Usually the perpetrator is an adult or older child, but sometimes it is another child the same age or even younger. Abuse can involve physical molestation, oral/genital contact, or rape. Sexual abuse can also include showing children sexually explicit images, using sexualized language, making obscene phone calls, sending obscene text messages, and other forms of nonphysical abuse. The commercial sexual exploitation of a child, pornography, and ritual sex abuse are other forms of child sexual abuse.

Chapter 6 – Advocacy Services for Child Sexual Abuse and Teen Survivors

The life-stage a person was in when the abuse occurred is a factor in how a person experiences, processes and recovers from a sexual assault. In this chapter we review some of the special issues related to child sexual abuse, adult survivors of incest, and adolescent survivors.

Child Sexual Abuse

Originally adapted from the Child Sexual Abuse section of "Supporting Survivors of Sexual Assault" by the Massachusetts Department of Public Health, in collaboration with the Massachusetts Coalition Against Sexual Assault, September 1997.

Child sexual abuse is usually reported to rape crisis centers by parents or other concerned adults seeking support and information. Less frequently, a child calls to talk about what is happening to her or him, and to obtain information and support. Social service providers, students, teachers, nurses, and others concerned about a particular child, or the well-being of children in general, also call for information. It is important for rape crisis advocates to develop skills in talking about this difficult, complex form of sexual violence with survivors and other callers.

Defining Child Sexual Abuse: Victims and Perpetrators

Adult retrospective studies show that 1 in 4 women and 1 in 6 men were sexually abused before the age of 18 (CDC, 2005). This means there are more than 42 million adult survivors of child sexual abuse in the U.S. Sexual abuse of children is a crime perpetrated across racial, ethnic, religious and class lines. Sexual abuse occurs most often in the child's own home, or secondly, in the home of the abuser. Children with developmental or physical disabilities may be particularly vulnerable to sexual abuse, in some cases due to limited ability to report the abuse or dependence on others for personal care needs. A 1998 study showed that children who are deaf, hard of hearing, speech and language impaired or who have a learning disability were significantly more likely to be sexually abused than children without an identifiable disability (Sullivan, 1998).

Most studies of child sexual abuse indicate that perpetrators are overwhelmingly (96 percent) male and heterosexual (Synder, 2000). However, some research continually shows that female perpetration of childhood sexual abuse is often underreported and unrecognized (*See Chapter 3, Perpetrators*). Both male and female perpetrators are likely to have a close relationship to their victim - as parents, stepparents, grandparents, uncles, teachers, coaches, etc. Only a minority of child sexual abuse victims are abused by people who were strangers to them (Snyder, 2000).

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- 1 in 3 sexual assault victims is under the age of 12.
- 43% of those are 6 and younger, 34% are 7 to 11.
- 83% of sexually abused boys are under age 12.
- 26% are under age 6.
- Sexual abuse accounts for 13% of substantiated cases reported to local Departments of Social Services

WINGS Fact Sheet
www.wingsfound.org

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The Effects of Child Sexual Abuse

Child sexual assault presents a serious risk to the survivor's mental health, both during childhood and into adulthood. For most children, the effects continue long after the abuse has ended and/or after disclosure of the abuse. The following is a list of some of the possible behavioral and physical effects of sexual abuse on a child. It is important to note that almost all of the signs listed are *general indicators* that a child is under stress. A child exhibiting these symptoms has not necessarily been sexually abused. The symptoms are warning signals that require further inquiry.

Young Children (Infancy to 5 Years)

- Sudden weight loss or gain
- Abdominal pain, vomiting, and/or urinary tract infections
- Bruising in the genital/anal areas
- Sexually transmitted infections
- Sleep disturbances and nightmares
- Compulsive masturbation
- Precocious sex play
- Loss of toilet training or other regressive behavior
- Frequent bathing
- Crying with no provocation
- Fearfulness and anxiety
- Headaches
- Disclosures about sexual abuse
- Sudden rejection of normal physical affection
- Sudden reluctance to be with a specific person or go to a specific place
- Extraordinary fear of males (or females)
- Art work or drawings with sexual images

Latency-Age Children (6 to 11 Years)

Children over the age of five may exhibit any or all of the behaviors and symptoms described above for younger children, plus:

- Perfectionism, over-achievement
- Overzealous cleanliness
- Silence and/or acting as if nothing is happening
- Health problems with no explanations
- Eating disorders

Adolescents (12 to 18 Years)

Adolescents may show the behaviors and symptoms indicated for younger children above and also may exhibit:

- Depression
- Insomnia
- Sudden school failure
- Truancy
- Running away from home

- Criminal behaviors
- Drug problems
- Promiscuity, prostitution
- Self-injury/self-destructive behaviors and/or suicide attempts
- Compulsive behaviors
- Sudden mood and behavioral shifts
- Sexually aggressive behaviors
- Aggressiveness and bullying
- Withdrawal from family/friends
- Pregnancy

The emotional consequences of abuse impact each child differently, depending on a wide variety of factors, including the age of the child, the child's relationship to the perpetrator(s), frequency of abuse, and specific type of abuse. Some of the common feelings experienced by sexually abused children include: guilt, betrayal, shame, self-hatred, fear, anxiety, identification with the perpetrator, a need to maintain control, depression, numbing of emotions, denial, distrust of self or others, rage, helplessness, repression, confusion about sexual issues/identity/norms, alienation from others, and loneliness. *See Also Chapter 5, Understanding the Effects of Sexual Assault.*

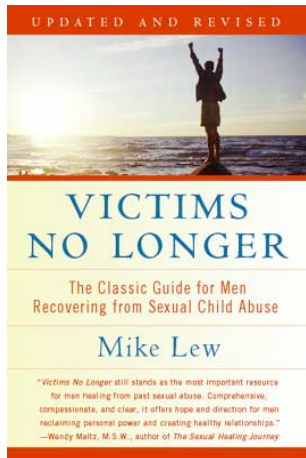
Children's Disclosures

In the past, child sexual abuse was considered a rare phenomenon. Despite society's increasing awareness and concern over the issue, biases still exist against believing that children are telling the truth. The United States saw a 322 percent increase in reports of child sexual abuse between 1980 and 1988 (Sorenson & Snow, 1991). This increase both raised awareness about the issue and created a backlash that casts doubt on children's credibility.

The research on the veracity of children's allegations of sexual abuse indicates that *false accusations are rare*. In fact, most children do not disclose the abuse at all during their childhood (Sorenson & Snow, 1991). Many children do not disclose, because they are afraid they will be threatened, harmed, blamed, rejected, or not believed. Some children keep the sexual abuse secret because of shame or feelings of guilt. Others do not realize that the abuse is wrong, perhaps because they were told by their perpetrators that it is normal and happens to all children. It is not uncommon for children who have made truthful allegations of sexual abuse to not be believed and/or to retract their allegations. Children recant for many reasons, including pressure, perceived pressure, or threats from family members or the perpetrator; anxiety from the stress of the investigation; shame; and confusion.

Research shows that when children do disclose sexual abuse, the majority (74 percent) do so accidentally (Sorenson & Snow, 1991). References to the sexual abuse can "slip out" in talking with parents or other adults. Teens sometimes disclose when they are angry. Young children often deny the abuse initially, and then move through a process of tentative disclosures, sometimes recanting earlier disclosures, and then active disclosure. While false accusations are rare, children's allegations can be confusing and jumbled - especially in younger children, whose cognitive and verbal skills are less sophisticated.

* * *
**RECOMMENDED
READING**



*Victims No Longer: the
Classic Guide for Men
Recovering from Sexual
Child Abuse*

Mike Lew
Harper Paperbacks, 2004
ISBN: 006053026X

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"I confronted my father when I was in my early 20's. I wrote him a letter detailing the abuse, and asked him for an apology. He responded by telling me I was a liar, that I was making it up. He called me crazy, and said I was imagining it. He also suggested that my therapist was putting ideas in my head. I explained to him that I went to see a therapist, because I knew he molested me and I was having trouble dealing with it. Nothing I said mattered, even though my sister and his step-daughter had also accused him of the very same acts. That marked the end of our relationship."

- Olivia Sanchez, "When the Family Fails – A Personal Perspective on Child Sexual Abuse,"
CCASA Newsletter, Summer 2000

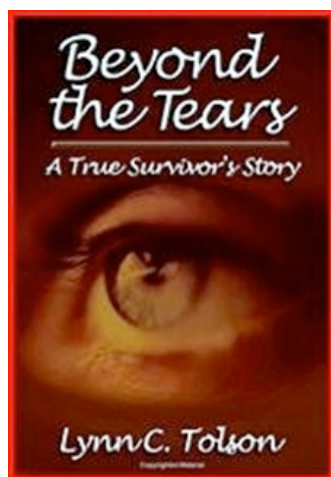
Responding to Children's Disclosures

It can be very shocking—for parents and other adults, including rape crisis advocates—to hear that a child has been sexually abused. It is important for adults to remain calm and open when a child shares this information. It may be extremely difficult for an adult to control feelings at this time. But this is critical in reassuring the child that she or he did the right thing by telling the adult. If a child witnesses the adult's pain or rage, she or he may feel increased guilt about the abuse and about disclosing. Advocates and counselors should be familiar with guidelines for adults in responding to a child's disclosure of sexual abuse. It is recommended that the caring adult do the following:

Guidelines for Adults Responding to a Child's Disclosure

- ◆ **Respond with calm attention:** the more matter-of-fact you can be, the more the child may be willing to share.
- ◆ **Assure the child** that you believe him or her and are proud that the child was able to talk with you.
- ◆ **Be careful not to give the impression that you are blaming the child.** Some questions can unintentionally sound accusatory, such as, "Why did you let him do that?" or "Why didn't you tell me before?"
- ◆ **Emphasize that no matter what the child said or did, the abuse was not her or his fault** and should not have happened.
- ◆ **Make sure the child realizes that when sexual behavior occurs between an adult and a child, the adult is *always* responsible for it.**
- ◆ **Consult with medical specialists** to determine the need for examination and/or treatment. Reassure the child that he or she is going to be physically fine and does not need to worry about lasting harm (as long as this is true).
- ◆ **Stay close to the child immediately following the disclosure** to provide an extra sense of security. Reassure the child that she or he is safe with you.

* * *
**RECOMMENDED
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*Beyond the Tears: A True
Survivor's Story*

Lynn C. Tolson
AuthorHouse, 2003
ISBN: 1410724174

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- ◆ **Do not try to bury the incident**, or put it behind you or the child immediately. Children need the opportunity to express their feelings and receive help in putting the abuse into perspective. When adults consciously or unconsciously silence them, it is usually out of the adults' own need not to hear or think about the abuse.
- ◆ **At the same time, try not to "talk the abuse into going away."** Be an active listener, but do not continually probe for the child's feelings or details about the abuse. It is important to respect the child's privacy by not telling a lot of people about the abuse or discussing it with others in front of the child.
- ◆ **Allow the child to have positive as well as negative feelings.** Because many perpetrators develop friendships with children they abuse, the child might have some good feelings about the abuser. As difficult as it is to hear a child speaking positively about a perpetrator, it is important that children not feel guilty.
- ◆ **Try not to be overprotective.** Follow normal routines with the child. If the child feels that the disclosure has caused a major disruption in his or her life, the abuse may take on larger-than-life proportions. The child may also feel that she or he is being punished for disclosing the abuse.
- ◆ **Maintain your normal expressions of affection with the child.** Some adults tend to withdraw physically because of their own emotional reactions or for fear they may upset the child. Take cues from the child about what feels comfortable.
- ◆ **Do not ignore other children** during the crisis or pretend that nothing has happened. All children need reassurance and simple, honest answers to their concerns and fears.

Other Concerns for Reporting

Adults responding to children who have been sexually abused can feel physically and emotionally drained. It is critical that adults find ways to take care of themselves during this time of crisis, when so much energy is being focused on caring for the child.

Some of the common feelings adults experience when handling the issue of child sexual abuse include: rage, guilt, self-blame, embarrassment, desire for retaliation, fear for the child, desires for secrecy, and grief. In families and cultures where speaking about bodies and sexuality is considered inappropriate or shameful, disclosure and coping can be even more difficult. It is common to have marital or relationship difficulties during this time, due to the stress. Many adults experience problems in day-to-day functioning, and feel distracted and/or depressed. The disclosure can trigger unresolved feelings from the past, which may require additional support or professional help. It is important that adults have someone to talk with during this time.



Mandated Reporting

Rape crisis centers have developed protocols for reporting child abuse in accordance with Colorado law, which requires that professionals in contact with children and families report child abuse or neglect to the Department of Social Services (DSS) or law enforcement. For more information on mandatory reporting, **see Chapter 7**. Be sure to talk to your advocacy supervisor about your local protocol.

How Children Heal

The primary need for all children who have been sexually assaulted is to feel safe and protected from further abusive experiences. Although this need seems to be a simple and obvious goal, research shows an alarmingly high rate of repeat victimization among children who have been sexually abused (Herman, 1992). When the abuse occurs in the home, it can be difficult to protect a child without the perpetrator moving out - a serious hardship for households that are economically dependent on the perpetrator.

The types of help available to aid sexually abused children in healing include:

- **Play Therapy**

The value of play therapy is that it gives the child a corrective experience in which the internalized feelings, such as shame or guilt, can be appropriately placed on the perpetrator. The child may also receive help in modifying problematic behaviors such as hitting, bed-wetting, self-injury, or boundary confusion.

- **Individual or Family Therapy**

A potential drawback to individual therapy for the child is that it may inadvertently place responsibility on her or him for what has happened and for "fixing" his or her problems. It is important to note that studies have shown that children fared best when both parents and siblings were involved in treatment. Care must be taken, however, not to re-traumatize the child survivor through including perpetrators in family therapy with the child. Forcing children to confront their attackers can be extremely dangerous.

- **Group Therapy**

Contact with other victims can offer school-age children and adolescent survivors important information and support gained from others coping with similar experiences. Groups are also available for non-offending parents, siblings, and family members.

- **Spiritual and Self-Help Healing Practices**

Priests, ministers, rabbis, or other spiritual leaders and healers may be used to facilitate emotional recovery. Even when families may be open to available mainstream professional therapies, religion and spirituality can be an additional positive factor in the healing process.

It is important to keep in mind that children can heal from sexual abuse. Establishing safety, providing a means to communicate feelings and enlisting the support of others are the building blocks in the process.

Getting Medical, Legal, and Other Help

If there is concern that a child has physical injuries or that evidence of the abuse may be available, a visit to a hospital or children's advocacy center may be warranted. Children may also be taken to private pediatricians, although these doctors vary in their expertise in the area of child sexual abuse. The rape crisis center should have information specific to the geographic area. It is important to know your center's policies on accompanying child victims to medical appointments and working with minors, in general.

A parent or child who wants to file a report of child sexual abuse makes that report to the police department in the area where the assault occurred. If the case involves abuse by a caretaker, the police (as mandated reporters) notify DSS of the case. Procedures for investigating crimes against children vary greatly from county to county. You can find out the specific procedures for the county where the incident occurred by calling the District Attorney's Office in your area. Some localities have specialized child sexual abuse units within the police department; others may use specially trained state troopers, depending on the specifics of the case. Investigative techniques vary depending on county resources and policies. For example, interviews of child sexual abuse disclosures may be videotaped in order to save the child from having to submit to repeat questioning.

There are many resources available in local communities for medical, legal, and psychological help around the issue of child sexual abuse. The rape crisis center should have complete listings.

"Child Sexual Abuse – What Parents Need to Know"

by Teresa Wroe, CCASA Newsletter, Fall 2000

1. Talking to your child before an assault happens is the best prevention:

- Children are best protected by giving them the knowledge and skills necessary for their safety.
- Let your child know that safety rules apply to all adults including family members.
- Encourage your child to tell someone about secrets that are making her/him feel bad.
- Let your child know that you are available to talk and listen; allow your child to share thoughts and listen closely to what they are telling you.
- Help your child understand who they can trust. Talk with your child about this and listen to their input.
- Tell your child that if someone touches her/him to tell and keep telling until someone listens.
- Instilling a sense of strong self-esteem in your child may help your child avoid feelings of responsibility and guilt if they are victimized.
- Open sexual communication at home can minimize discomfort and make it easier for children to disclose sexual abuse.
- A child is never to blame for the abuse; children cannot prevent abuse, only the offender can.

► For Further Reading



WINGS Foundation, Inc.,
Survivors Guide to Healing,
2nd Edition, 2009. Available
at www.wingsfound.org

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2. Knowing perpetrator tactics and how a child may react can help you detect sexual abuse:

- Offenders may threaten to hurt the child or a family member of the child if they tell anyone about the abuse. This is common regardless of whether the perpetrator is a family member, friend, acquaintance or stranger.
- A child often feels that she/he is to blame for the abuse. The offender may reinforce this by using guilt tactics on the child.
- Offenders often follow-up abusive incidents with treats or gifts for the child. This is very confusing for the child, and may make her/him feel guilty for accepting the gifts and/or for feeling bad about the abuse.
- Be aware if your child talks a lot about a particular adult or older person.
- Be aware of individuals (family member, friend, or neighbor) who spend an inordinate amount of time with your child.
- It is common for a child to deny that abuse happened when it did or tell about the abuse and then recant their original statement. There is little evidence supporting the idea that children make false allegations of abuse. Believe the child when they come forward to disclose abuse.

3. Responding appropriately when your child is victimized can make all the difference in her/his healing process:

- If you think abuse is going on, act on that feeling or instinct.
- Believe your child when they tell.
- Don't force a child to talk or stop talking about the abuse. Allow them to go at their own pace. Be patient.
- Remind your child how strong she/he was for telling about the abuse.
- Getting your child involved with a support group of peer survivors can help eliminate feelings of isolation.
- Get support for you and your child; this is a very difficult issue for any one person to handle.

Preventing Child Sexual Abuse

Darkness to Light is a national child sexual abuse prevention organization. Their *7 Steps to Protecting Our Children* (see pages 9-15) is an introductory guide for responsible adults interested in the prevention of child sexual abuse. The 7 Steps outline the Darkness to Light core principles for preventing, recognizing, and reacting responsibly to child sexual abuse and form the framework for the adult training program, Stewards of Children. For more information, please visit www.darkness2light.org.

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7 Steps to Protecting Our Children

STEP 1: LEARN THE FACTS

Realities, Not Trust, Should Influence Your Decisions Regarding Children
"We live in a beautiful, safe neighborhood. None of these children could be victims of sexual abuse, right?"

IT IS HIGHLY likely that you know a child who has been or is being abused.



- Experts estimate that **1 in 4 girls** and **1 in 6 boys** are sexually abused before their 18th birthdays. This means that in any classroom or neighborhood full of children, there are children who are silently bearing the burden of sexual abuse.
- **1 in 5** children are sexually solicited while on the Internet.
- nearly **70%** of all reported sexual assaults (including assaults on adults) occur to children ages 17 and under.
- The median age for reported sexual abuse is **9 years old**.
- Approximately **20%** of the victims of sexual abuse are **under age eight**.
- **50%** of all victims of forcible sodomy, sexual assault with an object, and forcible fondling are **under age twelve**.
- Most child victims never report the abuse.
- Sexually abused children who keep it a secret or who "tell" and are not believed are at greater risk than the general population for psychological, emotional, social, and physical problems, often lasting into adulthood. **It is also likely** that you know an abuser. The greatest risk to children doesn't come from strangers but from friends and family.
- **30-40%** of children are abused by family members.
- As many as **60%** are abused by people the family trusts- abusers frequently try to form a trusting relationship with parents.
- Nearly **40%** are abused by older or larger children.
- People who abuse children look and act just like every one else. In fact, they often go out of their way to appear trustworthy to gain access to children.
- Those who sexually abuse children are drawn to settings where they can gain easy access to children, such as sports leagues, faith centers, clubs, and schools.

"It can't happen in my family. I could tell if someone I know is an abuser." Yet in more than 90% of sexual abuse cases the child and the child's family know and trust the abuser.

CONSEQUENCES to children and to our society begin immediately. Child sexual abuse is a direct source of a number of problems facing us.

- 70-80% of sexual abuse survivors report excessive drug and alcohol use.
- One study showed that among male survivors, 50% have suicidal thoughts and more than 20% attempt suicide.
- Young girls who are sexually abused are more likely to develop eating disorders as adolescents.

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- More than 60% of teen first pregnancies are preceded by experiences of molestation, rape or attempted rape. The average age of the offenders is 27 years old.
- Approximately 40% of sex offenders report sexual abuse as children.
- Both males and females who have been sexually abused are more likely to engage in prostitution.
- Approximately 70% of sexual offenders of children have between 1 and 9 victims; 20-25% have 10 to 40 victims.
- Serial child molesters may have as many as 400 victims in their lifetimes.

STEP 2: MINIMIZE OPPORTUNITY

If You Eliminate or Reduce One-Adult/One-Child Situations, You'll Dramatically Lower the Risk of Sexual Abuse for Children.

"An organization in my community has programs for children, but puts no limits on one-adult/one-child situations. Should I be concerned?"

More than 80% of sexual abuse cases occur in one-adult/one-child situations.

Reduce the Risk. Protect Children.

- Understand that abusers often become friendly with potential victims and their families, enjoying family activities, earning trust, and gaining time alone with children.
- Think carefully about the safety of any one-adult/one-child situations. Choose group situations when possible.
- Think carefully about the safety of situations in which older youth have access to younger children. Make sure that multiple adults are present who can supervise.
- Set an example by personally avoiding one-adult/one-child situations with children other than your own.
- Monitor children's Internet use. Offenders use the Internet to lure children into physical contact.

CREATE AND LOBBY FOR POLICIES reducing or eliminating one-adult/one-child situations in all youth-serving organizations, such as faith groups, sports teams, and school clubs. These policies should ensure that all activities can be interrupted and observed.

- Talk with program administrators about the supervision of older youth who have responsibility for the care of children.
- Insist on screenings that include criminal background checks, personal interviews, and professional recommendations for all adults who serve children. Avoid programs that do not use ALL of these methods.
- Insist that youth-serving organizations train their staff and volunteers to prevent, recognize, and react responsibly to child sexual abuse.
- Ensure that youth-serving organizations have policies for dealing with suspicious situations and reports of abuse.

ONE-ON-ONE TIME with a trusted adult is healthy and valuable for a child. It builds self-esteem and deepens relationships. There are things you can do to protect children when you want them to have time alone with another adult.

- Drop-in unexpectedly when the child is alone with any adult, even trusted family members.

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- Make sure outings are observable, if not by you, then by others.
- Ask the adult about the specifics of the planned activities before the child leaves your care. Notice the adult's ability to be specific.
- Talk with the child when he or she returns. Notice the child's mood and whether the child can tell you with confidence how the time was spent.
- Find a way to tell the adults who care for children that you and the child are educated about child sexual abuse. Be that direct.

STEP 3: TALK ABOUT IT

Children Often Keep Abuse a Secret, but Barriers Can Be Broken Down by Talking Openly About It

"My daughter tells me everything. I know she would tell me if someone molested her."

Understand Why Children are Afraid to Tell

- The abuser shames the child, points out that the child let it happen, or tells the child that his or her parents will be angry.
- The abuser is often manipulative and may try to confuse the child about what is right and wrong.
- The abuser sometimes threatens the child or a family member.
- Some children who do not initially disclose abuse are ashamed to tell when it happens again.
- Children are afraid of disappointing their parents and disrupting the family.
- Some children are too young to understand.
- Many abusers tell children the abuse is "okay" or a "game."

Know How Children Communicate

- Children who disclose sexual abuse often tell a trusted adult other than a parent. For this reason, training for people who work with children is especially important.
- Children may tell "parts" of what happened or pretend it happened to someone else to gauge adult reaction.
- Children will often "shut down" and refuse to tell more if you respond emotionally or negatively.

Talk Openly With Your Child

Good communication may decrease a child's vulnerability to sexual abuse and increase the likelihood that the child will tell you if abuse has occurred.

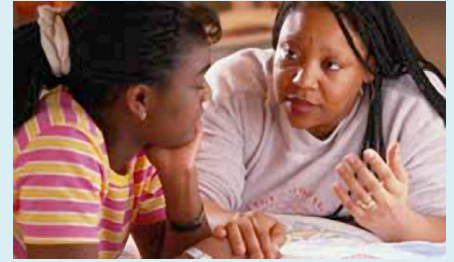
- Teach your children about their bodies, about what abuse is, and, when age-appropriate, about sex. Teach them words that help them discuss sex comfortably with you.
- Model caring for your own body, and teach children how to care for theirs.
- Teach children that it is "against the rules" for adults to act in a sexual way with them and use examples. Teach them what parts of their bodies others should not touch.
- Be sure to mention that the abuser might be an adult friend, family member, or older youth.

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- Teach children not to give out their email addresses, home addresses, or phone numbers while using the Internet.
- Start early and talk often. Use everyday opportunities to talk about sexual abuse.
- Be proactive. If a child seems uncomfortable, or resistant to being with a particular adult, ask why.



One survey showed that fewer than 30% of parents ever discussed sexual abuse with their children. And even then, most failed to mention that the abuser might be an adult friend or family member.

Talk to Other Adults about Child Sexual Abuse

- Support and mutual learning occur when you share with another adult.
- You raise the consciousness of your community and influence their choices about child safety.
- You may be offering support and information to an adult whose child is experiencing abuse, and may not know what to do.
- You put potential abusers on notice that you are paying attention.

STEP 4: STAY ALERT

Don't Expect Obvious Signs When a Child is Being Sexually Abused. Signs Are Often There But You've Got to Spot Them.

"Is my son's withdrawal due to preteen angst or is he being sexually abused?"

Learn the Signs

- Physical signs of sexual abuse are not common, although redness, rashes or swelling in the genital area, urinary tract infections, or other such symptoms should be carefully investigated. Also, physical problems associated with anxiety, such as chronic stomach pain or headaches, may occur.
- Emotional or behavioral signals are more common. These can run from "too perfect" behavior, to withdrawal and depression, to unexplained anger and rebellion.
- Sexual behavior and language that are not age-appropriate can be a red flag.
- Be aware that in some children there are no signs whatsoever.

If you find physical signs that you suspect are sexual abuse, have the child physically examined immediately by a professional who specializes in child sexual abuse.

A children's advocacy center can guide you. To find a center near you, contact the National Children's Alliance at www.nca-online.org or call 1-800-239-9950. The opportunity to convict a child molester may depend on evidence from an examination.

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STEP 5: MAKE A PLAN

Learn Where to Go, Whom to Call, and How to React

"My 11-year-old daughter said her step-father sneaks into her room at night. Then she said she made it up. Now she won't say anything. I don't know what to do."

Don't Overreact

If a child breaks an arm or runs a high fever, you know to stay calm and where to seek help because you've mentally prepared yourself. Reacting to child sexual abuse is the same. Your reactions have a powerful influence on vulnerable children.

When you react to disclosure with anger or disbelief, the response is often:

- The child shuts down.
- The child changes his or her story in the face of your anger and disbelief, when, in fact, abuse is actually occurring.
- The child changes the account around your questions so future tellings appear to be "coached." This can be very harmful if the case goes to court.
- The child feels even guiltier.

Very few reported incidents are false.

Offer Support

Think through your response before you suspect abuse. You'll be able to respond in a more supportive manner.

- Believe the child and make sure the child knows it.
- Thank the child for telling you and praise the child's courage.
- Encourage the child to talk but don't ask leading questions about details. Asking about details can alter the child's memory of events. If you must ask questions to keep the child talking, ask open-ended ones like "what happened next?"
- Seek the help of a professional who is trained to interview the child about sexual abuse. Professional guidance could be critical to the child's healing and to any criminal prosecution.
- Assure the child that it's your responsibility to protect him or her and that you'll do all you can.
- Report or take action in all cases of suspected abuse, both inside and outside the immediate family.
- Don't panic. Sexually abused children who receive support and psychological help can and do heal.

Child Sexual Abuse is a Crime

Know the Legal Requirements for Reporting

- All 50 states require that professionals who work with children report reasonable suspicions of child abuse. Some states require that anyone

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with suspicions report it. Information about each state's requirements is available at the Child Welfare Information Gateway

www.childwelfare.gov.

- If you are a professional who works with children, (e.g., a teacher, a nurse) there are special procedures and reporting requirements you must follow. Your employer should provide mandated reporting training.

Know the Agencies that Handle Reports of Abuse

Two agencies handle most reports of child abuse:

- Child Protective Services (in some states this agency has a different name)
- Law Enforcement

Some states designate Child Protective Services as the agency that accepts reports of suspected child abuse. Others designate law enforcement. Some do not designate or designate both. Many states have toll-free lines that accept reports of abuse from the entire state. To find out where to make a report in your state, identify the Child Abuse Reporting Numbers at The Child Welfare Information Gateway website, www.childwelfare.gov.

If the legal system does not provide adequate protection for a child, visit the National Center for Victims of Crime at www.ncvc.org or call 1-800-FYI-CALL for referral information.

STEP 6: ACT ON SUSPICIONS

The Future Well Being of a Child is at Stake

By acting on suspicions of child sexual abuse, you will save not only one child, but perhaps countless others.

Many of those who sexually abuse children have multiple victims.

You may be faced with a situation where you suspect abuse but don't have any proof. Suspicions are scary, but trust your instincts. Have the courage to report the suspected abuse.

What if I'm not Sure, Where Do I Go?

- Child Abuse Helplines have staff specifically trained to deal with questions about suspected child sexual abuse. Call Darkness to Light's helpline, 1-866-FOR-LIGHT to be routed to resources in your community, or call the Childhelp USA National Child Abuse Hotline, 1-800-4-A-CHILD.
- Children's Advocacy Centers coordinate all the professionals (legal, social services, medical) involved in a case. If you're unsure about whether to make an official report or just need support, contact a children's advocacy center. The staff will help you evaluate your suspicions and your next steps.
To find a center near you, contact The National Children's Alliance at www.nca-online.org or 1-800-239-9950.

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- Local Community Agencies, such as local hotlines, United Way offices, or rape crisis centers can often help.
- Talk to the child's parents (as long as they are not the abusers) and provide educational materials, such as this booklet. If the parents seem indifferent or unlikely to take action, call one of the recommended sources.

These resources can help you if you are unsure of whether abuse has occurred, but they do not substitute for making an official report. Remember that you may be a mandated reporter in your state and you may be the only source of protection for that child.

STEP 7: GET INVOLVED

- Demand that the government put more resources into protecting children from sexual abuse and into responding to reports of sexual abuse.
- Call and write your members of Congress.
- Write letters to your newspaper.

Break the Cycle of Silence

If child sexual abuse is part of your history, do not keep silent. By breaking the cycle of silence, you will break free from the trauma you carry within you and begin an important healing process. And you will help protect other children from suffering the way you did.

There are 39 million survivors of child sexual abuse in America today. Let the healing and the prevention begin today.



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Incest is a form of sexual abuse perpetrated by someone in the victim's family system. Offenders may be anyone within that system, but typically they are adults or older children with authority or power over the child victim. Force is sometimes used, but more often the offender manipulates or tricks the child into sexual activity that may include exposure, fondling and molestation, kissing, uncomfortable or sexual touching, and mutual masturbation, as well as vaginal, oral, or anal intercourse. Incest may be a one-time isolated event, or it may occur regularly over a period of time.

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Adult Survivors of Incest

Originally adapted from the Child Sexual Abuse section of "Supporting Survivors of Sexual Assault" by the Massachusetts Department of Public Health, in collaboration with the Massachusetts Coalition Against Sexual Assault, September 1997.

Incest is a tragedy of enormous proportions, with repercussions that are often far reaching. Children who are sexually abused by a family member rely on creating coping mechanisms in order to survive; as adults, these coping patterns can get in the way of having a full and healthy life. A rape crisis advocate can become part of a support system that enables adult survivors of incest to overcome painful feelings, heal from their abuse, and develop new ways of coping that include a sense of power, dignity, joy, and wholeness.

The Dynamics of Incest

Incest may be overt or covert. **Overt incest** involves physical acts described above, while **covert incest** involves the suggestion or threat of sexual activity. An example of covert incest is when an older relative continually talks to a young child about sexual acts, beyond the point of explaining facts and answering questions. In this case, the child may become confused and afraid that the adult will want to perform the acts described.

Incest, like other forms of sexual violence, is about control and occurs within a cultural context. Perpetrators use their power as adults (or older children) to control children who are dependent on them. Children have limited physical power due to their smaller size, limited mental power due to their earlier stages of development, and limited social power due to social attitudes and laws. Perpetrators use this power imbalance to coerce or force children to participate in sexual acts that the perpetrators control.

Behavior Patterns and Healing Issues

Incest often results in long-lasting, deep emotional pain - regardless of how long the incest lasted, or what form of sexual abuse was involved. Intercourse does not need to occur for survivors to have serious reactions.

Adult incest survivors who did not benefit from adequate (or any) help when the abuse occurred often develop certain patterns of behavior, thoughts, and emotions as ways of coping. These vary by individual; and without help, they could even be lifelong. See *Chapter 5: Effects of Sexual Assault*. Susan Lees, cofounder of Incest Resources, Inc., of Cambridge, Massachusetts, describes a coping pattern as "a behavior or thought which is rigid and habitualized and which develops as a result of a person's being hurt emotionally or physically. It is these patterns which get in the way of persons' functioning to their full abilities."

The chief coping patterns and healing issues associated with incest are described below. Most patterns have corresponding polar opposites. For example, trust patterns may be played out as not trusting anyone at all, or as trusting too easily. Incest survivors may exhibit characteristics of one pole or another, or may go back and forth. Not all survivors struggle with every possible pattern or experience the coping mechanisms with the same intensity. Developmental, personality, and cultural differences affect the emergence of the patterns and how they are acted out. Moreover, the presence of these

Myths About Perpetrators in an Incestuous Family

1. Perpetrators drive vans with tinted window, wear trench coats and don't shave.
2. The perpetrator abuses only strangers.
3. Perpetrators are weird, crazy or mentally ill.
4. Perpetrators sexually abuse to teach children about sex.
5. Perpetrators abuse children to "test" them to see if they have appropriate attitudes toward sex.
6. Perpetrators abuse "in the name of love."
7. "I only abused because I was drinking."
8. "I wouldn't have abused if my wife would make love with me."
9. Perpetrators only abuse one child in the family.
10. Perpetrators sexually abuse their daughters to see how far they've gone with their boyfriends.
11. The victim asks for sexual abuse.
12. Perpetrators can stop abusing by themselves.
13. Perpetrators will only abuse for one incident.
14. A child is sexually abused only when intercourse has happened.
15. Social workers do not have hearts.

Courtesy of WINGS Foundation,
January, 2001.

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patterns alone does not necessarily mean that someone was sexually abused as a child; many are common coping strategies for a range of traumatic experiences.

Difficulty with Trust

After the violation of incest, some survivors may gradually develop a level of either blanket mistrust or overarching ease of trust. When that internal sensor is attacked by sexual assault, children may have a hard time developing their own ability to judge who is and who is not trustworthy. There is a high incident rate of repeat victimization amongst incest survivors and this "trust" barometer can potentially play a role. Rebuilding this inner understanding can be a slow process. Counseling can help survivors recognize indicators of safe versus unsafe people.

Isolation

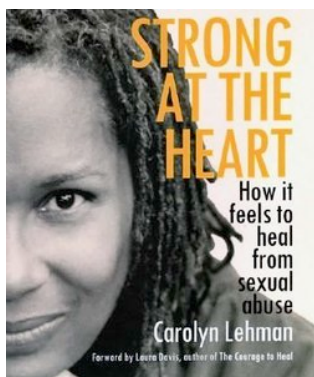
Incest survivors have been severely hurt by people close to them. For many, the lesson learned was, "closeness hurts." In adulthood, these individuals may seek isolation as a way to feel safe. Survivors may also feel alone even when surrounded by friendly people. They often feel that the incest has changed them and made them different and separate from others. They may distance themselves, because it is difficult to believe that anyone could understand their intense pain as a result of the incest. Support and therapy groups are often useful in breaking this sense of isolation. Many survivors are not aware that incest is as common as it is, and groups often result in survivors saying with relief, "It helps to know I'm not the only one this has ever happened to."



Difficulty with Sexuality

Difficulties with sexuality may occur for survivors. Asexuality may represent fear of intimate contact that stimulates memories of the abuse. The opposite polarity, hypersexuality, may be a result of the learned belief that the only way to relate or get attention and nurturing is through sexual activity. In addition, survivors may struggle with sexual identity issues - not only in terms of sexual orientation, but in very basic terms of questioning who they are as sexual beings. Healing involves the survivor reclaiming her or his sexuality and realizing that while sex can be a special way of expressing closeness and intimacy, one's personal value is not dependent on shared sexuality. Survivors need an opportunity to define their own sexuality in their own terms, rather than in reaction to the abuse, so their offenders no longer have power over them sexually.

* * *
**RECOMMENDED
READING**



For Teen or Young Adult
Readers!

*Strong at the Heart: How It
Feels to Heal from Sexual
Abuse*

Carolyn Lehman
Farrar, Straus and Giroux; 2005
ISBN: 0374372829

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Playing a Protector Role

Keeping the incest a secret so as to not disrupt or destroy the family is frequently a part of incest. In such a situation, child victims learn at an early age to protect others (the family), and to put others' needs before their own. This results in a role reversal as these children protect others (particularly adults) rather than have themselves protected. Healing this pattern involves grieving for the lost childhood, learning to value one's own needs, and reclaiming a part of oneself that can experience a sense of innocence and playfulness. Assertiveness training is often helpful in survivors' learning that they can protect their own rights and assert their own needs while still respecting the rights and needs of others.

Perfectionism, Over-Achievement

Incest often results in feelings of low self-esteem and a sense of being damaged. Survivors may struggle for perfection and high achievement, to prove their worth and goodness or to attempt to appear "normal." They may also act on the false belief that if they are "good" enough the abuse will stop. The polar opposite of this pattern is self-sabotage. Sometimes survivors internalize the violence of incest in the form of self-hate that manifests through sabotaging their own success. Survivors may feel they have to prove their own "badness" to avoid facing the painful fact that someone hurt them without reason. It often seems less threatening to blame oneself than to see the world as a place where violence occurs without cause. Healing on this issue involves repeatedly affirming self-worth and increasing self-love.

Compulsiveness, Inability to Rest

Incest survivors frequently have difficulty resting. They may engage in compulsive behaviors that distract them from memories and painful feelings. Compulsive behavior stems from fear of the feelings that arise when one stops the behavior. Substance addictions (drugs, alcohol, food, etc.) and process addictions (gambling, relationships, sex, etc.) are examples of compulsive behavior. *See Chapter Five.* Healing or contradicting such patterns requires addressing addictions, as well as setting aside planned rest time for allowing feelings to come through and become integrated into one's life.

Family Conflicts

Survivors often struggle with long-term conflict about how to handle family relationships, or they may feel tremendous loss and loneliness if they stop contact with their families of origin. It may be difficult to find a peaceful solution. If they continue contact with the families in which they were abused, they may need to learn how to avoid being pulled into continual dysfunctional family patterns. Survivors who end all family of origin relationships may find that it helps to create a new "chosen" family.

Physical Dissociation

Physical dissociation means blocking awareness of the abuse and losing touch with one's body. This may be a result of blocking physical sensations during

Stories

A poem by Joyce Aubrey

I have a story to tell
Don't know how to do it well
I want to lift my voice and shout
Don't know if it's safe to let it out
The things I've done
and places I've been
You might think admitting incest is
a sin
I've faced those demons and came
out stronger
My body doesn't ache and weep
any longer
The pious may call me a sinner
But I'm determined to be a winner
The perps can hate me and call me
one of the crazies
But they won't find me
pushin' up daisies
I'll speak my truth right out loud
I'll heal my wounds, make Little
Joyce proud
There's life to be celebrated, joy to
be shared
My abusers will gasp when they
learn I dared to be all I could be,
to stand up tall
To walk in the sunlight
and enjoy it all
Wasting your life filled with hate,
anger and greed
Who would want to follow your
lead?
I'll sing in the sunshine and dance
in the rain
Be grateful for love and friendships
that keep me sane
I'll not be silenced by pain or fear
Doesn't matter birth family if you
are far or near
Little Joyce and I have come so far,
healed so much
We've heard the angels whisper
and felt their touch
Now we are one...this is my bliss,
this is sustaining glory

TO EMPOWER YOU
TO TELL YOUR STORY

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the abuse. As adults, incest survivors may stay dissociated from their bodies to avoid *body memories*, meaning the physically imprinted memories of the abuse that they may feel when they focus more on their bodies. Therapeutic massage and bodywork, or breathing and movement exercises with a sensitive, trained practitioner may assist survivors in reclaiming their bodies.

Incest survivors also may share behavior patterns and healing issues with survivors of other types of sexual assault. These can include:

- Difficulty accepting pleasure in life
- Power issues – Fear of one's own and of others' power
- Shame
- Depression, suicidal inclinations or ideations
- Dissociation and numbness
- Flashbacks and intrusive memories
- Substance abuse problems
- Eating disorders and/or self-harm

The Advocate's Role in an Effective Healing Environment

It is important to remember that healing is *always* possible. Coping patterns and healing issues are simply survival mechanisms that helped when developed in childhood, but may be ineffective now that the survivor has become an adult. Incest survivors are often strong and creative. By re-channeling their strength and creativity, survivors can heal their hurts and interrupt or contradict their incest patterns. It is helpful for survivors to take pride in their ability to survive by whatever means, and to know that they can use their creativity to develop effective behaviors and thoughts that are more effective in present circumstances.

Essential elements of any healing environment for incest survivors should include: a sense of safety, empowerment, creativity, and a holistic approach incorporating and respecting the survivor's personal values.

Rape crisis advocates can help establish *safety* by having clear, consistent boundaries with incest survivors and allowing survivors to progress at their own pace. Keep in mind that during the abuse, incest survivors' boundaries were unclear while they were pushed past their developmental pace.

Empowerment

of survivors is encouraged by allowing them to be in charge of their own healing processes. When children are sexually abused, they are helpless in the hands of abusive authority figures. They have no sense of control or power to make choices. Due to the nature of the helping relationship, survivors may see advocates as authority figures. Advocates can do a lot to help survivors regain their sense of personal power by reminding them that survivors can make their own choices, even while interacting with someone in a more authoritative role.

The Adolescent Years

Generally, *adolescence* refers to the period of time from the onset of puberty until a young person moves into adulthood. During the period – overall, from about age 12 to 19 – there is a wide range of developmental stages in cognitive, emotional, and behavioral characteristics.

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Creativity

is important in healing work with survivors of incest because so much of healing from abuse must happen on a nonverbal level. Many survivors were abused at pre-verbal ages, and others express that "there are no words to describe the pain" they feel about the incest. Creative methods of healing (art, movement, writing, etc.) allow expression of these feelings that words may not communicate. Advocates can support survivors in exploring these methods by helping them identify personal, self-help, and therapeutic resources and referrals that focus on creative/expressive healing work.

Incest results in a physical crisis, an emotional crisis, and a spiritual crisis, as survivors often describe feeling a threat to their entire existence during the abuse. A *holistic approach* to healing, addressing all these levels of crisis is the most effective. This approach allows the body, mind and spirit to integrate the incest as a painful experience that can be healed and released. Advocates can support survivors' full recovery by acknowledging reactions on all these levels.

Advocates must be clear, however, about their role and the limits of their work. Make sure you understand the scope of services your center offers, and that you receive adequate supervision and get assistance when making referrals.

Adolescent Survivors

Originally adapted from the Adolescent Survivors section of "Supporting Survivors of Sexual Assault" by the Massachusetts Department of Public Health, in collaboration with the Massachusetts Coalition Against Sexual Assault, September 1997.



Adolescents who have survived a recent sexual assault or were sexually abused as children have different needs from adult survivors. They usually are reluctant to seek healing services. The rape crisis advocate needs to be knowledgeable about the particular concerns, life circumstances, and realities of teenagers, to encourage the

adolescent survivor who does reach out for assistance to stay engaged and benefit from rape crisis center services.

Throughout adolescence, teens in the American culture are typically engaged in a process of forming their own identities independent of their families, influenced to a large degree by their friends and by popular media. They are also influenced by internal hormonal activity causing rapid and sometimes mind-boggling growth, bodily transformation, and emotional mood-swings. Teens often are torn between maintaining allegiance to their families and experimenting with new and sometimes disapproved behaviors. They may alternate between the poles of hating their parents one minute and desperately wanting parental attention, approval, and affection the next minute. Many teens display an air of smugness and bravado - despite feeling extremely insecure, worrying about what others think of them, and wondering about the meaning of life.

It is during this already confusing and emotionally difficult time of life that many young people confront the problem of being sexually assaulted or

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abused. Types of victimization include stranger rape, acquaintance rape, incest, childhood sexual abuse, and other forms of sexual assault, such as molestation and attempted rape.

Regardless of the type of assault, it is highly likely that an adolescent will know his or her attacker. Boys as well as girls can be victimized. Estimates in research studies conducted since 1980 indicate that prevalence rates of male sexual abuse by siblings ranges from 6% to 33% (Matthews, 2001). Males have been found to be much less likely than females to report having been sexually assaulted or raped. Indeed, adolescents in general are highly reluctant to disclose or seek help.

Myths and Misconceptions

To help adolescent survivors, advocates should be aware of common misinformation about sexual assault and abuse. *See Chapter 1: Understanding Rape - Facts, Myths, and Realities.* Among the misconceptions particularly pertinent to teens – and often believed by them – are:

Myths about Rape:

- It is not rape if the victim was not physically harmed or threatened with a weapon.
- It isn't rape if the victim has been dating her or his attacker and been sexually intimate with that person in the past.
- Rapists are individuals with uncontrollable sexual urges.
- Rapists seem obviously abnormal to others.
- Anyone can resist being raped if she or he really wants to stop the abuse.
- If a person starts making out with someone and they both get sexually excited, and then she or he wants to stop and says so, it's not really rape if the other person forces sexual activity.
- Girls often mean "yes" even though they say "no."
- A boy can't be blamed for forcing sex on a girl who is dressed provocatively, flirts with him, and/or lets him pay for the date.
- People who were drunk or high when they were raped are at fault.
- If a boy or young man is sexually assaulted by another male, then the victim must be gay.
- Only homosexual men rape boys.
- A male cannot be raped by a female.

Myths about Incest:

- Incest is when a father rapes a daughter; forced sexual activity with other relatives (mother-daughter, father-son, mother-son, sister-brother, uncle-niece, etc.) is not incest.
- It is not incest if there was no vaginal or anal penetration.
- Incest only happens to girls.
- If the childhood sexual assault did not involve overt physical force, it shouldn't be emotionally traumatizing.
- If the victim experiences any sexual pleasure, then she or he is partly to blame for the incest.

*Recognizing—and
respecting—
the adolescent's
ambivalence,
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services will help
establish rapport.*

**A 2002 national study
involving 1,246 teenage
Girls Scouts ages 13–18
found:**

- Almost a third of teen girls had experienced sexual harassment in online chat rooms.
- 30% reported being harassed by unsolicited naked pictures of men, demands for personal details such as bra size and requests for cybersex. Yet just 7% of harassed girls had told their parents what happened.

Researchers found that many girls didn't tell their parents about online harassment because they were worried about having their Internet use restricted.

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- A child may be targeted because she or he is very pretty, is dressed in a way that is sexually appealing to adults, or engages adults in a "flirtatious" way.
- If someone does not disclose incest or abuse when it is happening, then she or he is at fault for it continuing.

These myths can be extremely influential on adolescents who are unsure of themselves and dependent on the opinions and ideas of others. The misinformation is sometimes reinforced by specific cultural and religious beliefs that are intended to promote appropriate behavior and good character, but in reality may have the negative side effect of isolating adolescents who have been victimized.

Teens' Lives

In addition to myths, adolescents are also highly influenced by other circumstances of their lives - namely, friends and peers. Teens also are concerned about measuring up to their families' expectations. Adolescence often is a time of sexual experimentation and exploration without much social consensus on what healthy and respectful sex looks like for all genders and ages. Sex is relatively new to teens. Because of this, teens may be vulnerable to confusion around consent, lack of consent, force and sexual assault. For example, a teen may label a violent assault as merely an "unpleasant" sexual experience and therefore ignore her or his "internal compass" indicating it was a sexual assault. Adolescents who are exploring or struggling with the issue of their sexual orientation or gender identity or who have been victimized as a child may be even more vulnerable to confusion about when sex is consensual and when it is forced.

Another major factor in teens' lives in general and their sexual lives in particular, is the use and abuse of drugs and alcohol. Because these substances can lower inhibitions, potential rapists are more likely to create access to commit rape and sexual violence. One foundational study estimated that 75 percent of men and 55 percent of women involved in an acquaintance rape had been drinking or taking drugs just before the attack (Koss, 1985).

Adolescents are also at risk of turning to alcohol or drugs as a way of coping with having been sexually assaulted. *See "Substance Abuse," Chapter 5.* Teenage survivors struggle with issues of self-esteem and self-worth, questioning if they somehow deserved the abuse or are now contaminated or devalued by it. These feelings of worthlessness can contribute to self-harming behaviors such as substance abuse, increased sexual activity, or prostitution. Studies generally indicate that sexual abuse is a risk factor for becoming sexually active earlier than other teens and for not using contraceptives or protection.

Adolescents struggling with sexual assault issues also are at risk of: self-injury, such as cutting or burning; suicidal thinking, gestures, and attempts; and developing eating disorders, such as anorexia, bulimia, or overeating. *See Chapter Five.* Other concerns may be increased social and family isolation, general acting out, and lower school performance.

In a sample of 263 adolescent females who reported unwanted sexual experiences in the National Survey of Adolescents (Krogan, 2004):

- The most often cited reason for not disclosing or delaying disclosure was embarrassment.
- Young women whose unwanted sexual experience occurred between the ages of 7 and 13 were more likely to tell an adult. Older adolescents were more likely to tell a peer. Children under the age of seven at the onset of the abuse were unlikely to tell immediately.
- The closer the relationship to the perpetrator made immediate disclosure unlikely.
- 13% of the sexual assault cases disclosed in the National Survey of Adolescents were reported to the police, 6% to child protective services, 5% to school authorities, and 1.3% to other authorities.

The majority of the sexual assaults (86%) went unreported.

Compounding Circumstances

Many teens struggle with other issues as well, such as living in poverty or high-violence neighborhoods, or being discriminated against due to race, ethnic background, gender identity, or sexual orientation. Teens who routinely encounter discrimination and disrespect in their lives may not even consider reporting a sexual assault or seeking help, because they feel they will not be believed or will be blamed for what happened. This can be said about teens across all socioeconomic and racial lines. They also may be reluctant to seek help if they think they will bring their families to the attention of authorities. For example, children of undocumented immigrants may fear their families will be reported to immigration authorities; or a teen may worry that disclosure will result in the state's involvement with the family and perhaps her or his removal from the home.

If a teenager comes from a family where there are strict cultural or religious rules, s/he may be reluctant to disclose an acquaintance rape or childhood sexual abuse due to worries that she will be blamed or that her "lost virginity" will be seen as shameful. Similarly, a boy may be reluctant to report an assault, particularly one perpetrated by another male, for fear of being labeled as "gay" or "weak" by family members or friends.

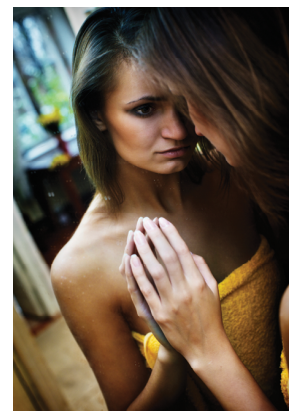
How Teens Come for Services

Adolescents often approach rape crisis center services cautiously. They may call and ask questions about how confidential services are, or for definitions of rape, sexual assault, or incest. They may say they are talking about a friend. A male caller may want to know if a guy can be raped. Perhaps the caller will want to know if it is possible to go to a hospital or clinic for medical treatment without having to notify parents or guardians.

Sometimes a teen will be worried about a friend who was (or is currently being) abused or raped and who now is depressed, not coping well, or even suicidal. Parents may call because their teenager has disclosed a rape or abuse and is now refusing any help. Other callers may be teachers, community youth workers, advisors, school nurses, or doctors who want to refer a teen who has disclosed an assault or abuse. The adolescent's disclosure may be direct, or indirect (such as by asking about tests for pregnancy or sexually transmitted infections and then admitting the concern is due to a recent assault).

Tips for Working with Teen Survivors

Enter into the advocate – teen relationship as an ally. This is a great opportunity for the advocate and the young person to experience an equal power dynamic based on a respectful relationship. Most adults that teens encounter are in direct positions of authority who may feel obligated to impose a "lesson" on the youth. An advocate has the good fortune to explore the teen's life with her/him. Be informed by the teen's own experience and provide options and support as the teen defines. This attitude and approach can be highly



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empowering for a young person who may feel marginalized as an adolescent and may also feel shame around victimization. Seize the opportunity to learn from the teen too! It is unfortunately rare for teens to seek out support services from adults. Teens are often times more likely to turn to peers for assistance. When teens approach adults for assistance, it is an honor and privilege to have the opportunity to establish trust, rapport, and an advocacy relationship.

Recognizing – and respecting – the adolescent's ambivalence, cautiousness, and fears about seeking services will help establish rapport. Adolescents may find it difficult to talk, so let your pace match theirs. If the survivor is somewhat brusque and businesslike, avoid being overly sympathetic in your approach, because she or he may not be able to tolerate it. Often with teens, an advocacy style that uses appropriate humor and self-disclosure can increase the alliance and advance trust in the process. An example of self-disclosure might be: "When I was in high school, I had a friend who had been raped. She was really worried about getting pregnant and that her parents would find out. Does that match your experience?" Please note that self-disclosure would not be appropriate if it shifts the focus to the advocate. It is also important to avoid being the "expert" on the teen's problems.

It is also helpful to explore adolescents' support systems. Do they want a parent or other caretaker to be involved? Are they unsure how to disclose or ask for help? Is a parent likely to be blaming and judgmental or supportive? Is there another adult in their lives more likely to be supportive and understanding? Is there a best friend who can be helpful? Is their cultural or friendship network likely to be blaming and labeling? Does it make sense to stay somewhere else for a while, and, if so, where? These kinds of questions can help an adolescent think about other people who might be a resource during this difficult time. Teens often do well in peer support groups, because they are able to share their experiences and come to see that they are not alone.

In exploring an adolescent's support system, be aware of the possibility that the individual's family or community may have strong cultural or religious beliefs affecting the teen's willingness or safety in disclosing sexual assault and abuse. Talk with the survivor about these beliefs, and ask how she or he thinks a disclosure will be received. Ask if the adolescent is struggling with self-blame or shame because of beliefs or values *she* has adopted.

It is often helpful for teenagers to know they are not alone in the dilemma. It might be appropriate to say something like, "I've talked with a lot of people your age who have the same concerns you do about exposing a family secret, but at the same time I'm also worried about your safety. Let's talk about this some more." If the client is a male, let him know that he is not "the only one," and that he probably knows other young men who have also been abused but whom, like him, are very reluctant to tell anyone.

It is very important to give information to adolescents. They may convey an air of smugness and act as if they know everything, but the advocate cannot assume this is true. Couch your information in statements like, "You probably know this, but . . .," and try to avoid sounding too parental or teacher-like in giving advice. Humor may be helpful in confronting certain statements or attitudes without sounding scolding or authoritarian. Be careful that your humor is used in a respectful way that leads the teen to develop trust in you.

► For Further Reading

*"Tech Savvy Teens: Choosing
Who Gets to See Your Info"*

http://www.nnedv.org/docs/SafetyNet/NNEDV_TechSavvyTeens_English.pdf

Using the term "we" may be helpful to the adolescent who is trying to sound strong but is in fact quite scared; it can convey a sense that you are an ally.

Understand that advocacy services for teen survivors may need to incorporate physical and emotional safety planning. Many teens also have close social networks. The perpetrator may be someone the victim sees daily in school. The perpetrator may also have continual access to the victim by utilizing social networking sites (facebook, twitter, myspace, etc).

If providing on-going advocacy and working with a teen survivor in person, offer alternatives to a "stale" office environment. For example, advocates can provide opportunities for the teen to draw, make jewelry, or otherwise keep his or her hands busy while talking. Do not insist on eye contact. For many people (not just teens), it is easier to self-disclose and process abuse when their hands are busy drawing, making jewelry, or working with clay.

Finally, advocates need to realize that some teens may pace their own decision-making process by calling a hotline or office several times anonymously. For this reason, it is crucial to establish rapport right away, allowing adolescent callers to feel invited to call again when they are ready. This may be difficult for the advocate who is worried about the caller's safety, particularly if it involves sexual abuse in the home. However, many adolescents are savvy enough to understand the mandated reporting laws and *will* be careful to protect their identity until they are ready for whatever intervention may take place once they disclose. In those circumstances, a caller may need to be slowly and carefully persuaded to accept help, over the course of several phone calls.

Legal Issues: Minors and Consent

Because adolescents are still minors, there are some legal considerations about which rape crisis advocates need to be aware. Statutes regarding sexual assault on a child are outlined in Colorado Revised Statute 18-3-405. In Colorado, individuals cannot legally consent to sexual activity if they are less than 15 years of age and their sexual partner is at least four years older. This means that depending on the age of the individuals involved, charges of sexual assault on a child can be brought against an individual who has sex with even a "willing" partner who is younger than 15 years old. Sexual assault charges also apply if a victim is at least 15 years of age, but less than 17 years of age and the perpetrator is at least 10 years older than the victim (but not the spouse). *For more information, see Mandatory Reporting in Chapter Seven.*

However, adolescents are considered minors until they turn 18. Therefore, Colorado's mandated reporting law applies to any adolescent under age 18. This means that whenever there is a concern that an adolescent is being abused or neglected by a caretaker or other adult, someone with a mandatory reporting requirement (including victim advocates) must initiate a report to the Department of Social Services (DSS) or law enforcement. Advocates should seek supervision under such circumstances and be familiar with their organization's protocols designed to comply with the law.

Under some circumstances, a parent of a minor may go to the police and seek criminal actions against an older boyfriend or girlfriend. In some cases, the teen may recognize her/himself as a willing participant and therefore not

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The Adolescent Years

The Alan Guttmacher Institute's 1994 report, *Sex and America's Teenagers*, found that 6 out of 10 girls who had sex before age 15 were coerced by males an average of six years their senior.

identify as a victim of rape. S/he may resent the parents for using the legal charges to break up the relationship. Rape crisis advocates may receive calls from angry or concerned parents who want to know what options they have to intervene when they think the boyfriend or girlfriend is too old for their teenager. When talking with such parents, remember that the parent is your client. Do not try to resolve the matter, but do allow the parent to vent and think about the situation.

Special Confidentiality Concerns

Sometimes a caller to a rape crisis center hotline will ask if the call is confidential. This is a good time to describe the exceptions to confidentiality. Some advocates worry that this will deter the adolescent from disclosing abuse or getting help. However, teens appreciate honesty and straightforwardness about the boundaries. If a caller appears to be hesitating about what to tell, it can be helpful to say something like, "You know, you called because you are obviously very worried about what is going on, and I would like to be able to help you. You shouldn't have to carry this burden by yourself." Make sure there is a clear understanding of the mandatory reporting process and a willingness to explain the procedure to an adolescent. It is recommended to inform all clients of mandatory reporting obligations early in the conversation.

Teenagers are frequently concerned about whether they can receive services without their parents finding out about the assault or the abuse. These types of services can include medical treatment such as rape examinations, testing for infections - including HIV - and pregnancy, abortion, counseling, and mental health services. Policies may vary somewhat in different agencies and organizations. Some hospitals and medical providers consider adolescents to be "emancipated" if they have a concern about sexually transmitted infections or pregnancy, and therefore are willing to do a rape exam and provide other treatment without parental consent. The age for consenting to mental health treatment or therapy in Colorado is fifteen (Colorado Revised Statutes, 2008). More information about teen access to health services is available in Chapter 8 of this manual.

Although a few providers offer these services at no charge, many do not - which means the family's health insurance company or the parents themselves will need to be billed for such services (unless the teen has his or her own insurance coverage). You should research the regulations of the service providers in your area, so that you can give accurate information to the adolescent client and better advocate for the teen at the hospital or doctor's office.

Child Sexual Assault and Teenage Pregnancy

Research studies on sexual assault have demonstrated a correlation between child sexual abuse and teen pregnancy. Girls with a history of sexual abuse have been found more likely than girls who had not been abused to have had intercourse and to have been pregnant. Girls who had been abused were also more likely to report having had intercourse at an earlier age, not having used

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birth control during their most recent sexual encounter, and having had more than one sexual partner. One study found that 48% of the students who had been pregnant at least once reported having been sexually abused (Stock et al., 1997). A 1996 study by the Population Reference Bureau found that about two-thirds of births to teenage girls nationwide are fathered by adult men age 20 or older.

Given the connection between child sexual abuse, violence in the home and teen pregnancy, it is important to arm young hotline callers who are dealing with sexual assault or pregnancy issues with the resources they will need to make informed decisions. Your interaction with a young caller may need to include one or more of the following:

- ◆ Notification of obligation to report if identifying information is disclosed. While victim advocates are mandatory reporters, it is important to note that advocates are not investigators.
- ◆ Referral to and/or notification of the relevant child social services agencies;
- ◆ Referral to organizations that provide resources and education about birth control and pregnancy options to young adults. *See Chapter 8.*
- ◆ Information about age of consent laws in Colorado; *See Chapters 2 and 11.*
- ◆ Supportive resources and referrals for teens that are pregnant and parenting in your area.

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Program Spotlight!

SARA, Inc. is dedicated to the empowerment of sexual assault victims through direct client services; community education that impacts deep-seated beliefs and behaviors; and the development of a coordinated community response to the crime of sexual assault.



In March 2009, S.A.R.A., Inc. moved to a new facility in Fort Morgan, CO and expanded services to include a child advocacy center and emergency services to teen mothers

who have exhausted other community resources and are in need of short term shelter and services. Current services now include forensic interviewing and referral to victims and their non-offending family members, and overnight shelter for families. S.A.R.A., Inc. works in collaboration with the domestic violence program (S.H.A.R.E., Inc.), the pregnancy resource center, Caring Ministries, and the Department of Human Services to ensure service delivery and/or appropriate shelter/housing/transitional housing for teen mothers; community resource and education.

Community Education programming services also includes:

- **Safe Dates**
A one- to nine-hour program that educates youth on healthy relationships and identifying dating abuse, gender stereotyping, and communication skills. The program includes a play transcript, "There's No Excuse for Dating Abuse" that provides youth with an opportunity to be actively involved in educating peers.
- **Stop Bullying NOW!**
A one to three-session program that is offered to students from grades 3-5 that invites active participation in identifying bullying and where bullying occurs. This program also includes information about cyber-bullying.
- **Darkness to Light**
A prevention program designed for youth-serving organizations and is committed to increasing public awareness of child sexual abuse. It is designed to educate adults to prevent, recognize, and react responsibly to child sexual abuse and equips and empowers adults to keep children safe.



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***Advocates must
have a clear
understanding
of their role.***

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Chapter 7 – Basic Advocacy Skills and Strategies

Chapter Objectives

This chapter aims to introduce sexual assault advocates to the general concept of advocacy and the roles and responsibilities it entails. We have tried to offer an overview of the subject that is instructive and helpful for a variety of programs. We borrow, throughout the chapter, from training materials produced by other Colorado and national agencies that we have found useful. Feel free to integrate these training suggestions, wherever they are helpful for you, into the specific framework of your own agency. The best practices section of the chapter provides an overview of the core components of both confidentiality and mandatory reporting obligations. An understanding of these issues is central to all advocacy services, including both hotline advocacy and ongoing case management.

A survivor and an advocate will often have cultural, racial, religious, or socioeconomic differences among others. Advocates need to think critically about how these issues may have an impact on the healing process. Be careful not to assume that every survivor will have the same set of reactions. If necessary, ask about the survivor's background to better understand ways in which their culture and background influences their life and their perception of their sexual assault. Let the client know that you recognize the fact that differences exist and may be relevant to their experience.

What is Advocacy?

Times exist in all of our lives when we must face a problem that seems too difficult to face alone. We may feel powerless because of a lack of knowledge of our rights, options and resources or simply overwhelmed emotionally by the experience we have undergone. Frequently, agencies and institutions that originally were developed to provide assistance have become so bureaucratized that we need assistance from someone familiar with them and who has power within the system. An advocate can provide that assistance.

Advocacy is a term and process taken from the legal model. It is defined as "one who pleads the cause for another," as in individual advocacy, or "one who argues for, defends, maintains, or recommends a cause or proposal," as in the case of class advocacy.

Being an advocate is not the same as being a counselor. Professional counselors typically have advanced degrees in counseling, social work, or therapy.

Support from Peers

A person who has been sexually assaulted has had control taken away from them by the perpetrator. The goal of *peer advocacy* is to give survivors

information, discuss options, and allow them to make their own decisions and use their own support systems. As an advocate this responsibility does not mean making decisions for the client – even though it sometimes may seem easier to do so.

Peer counseling refers to the system of advocacy used by most hotline services in which trained volunteers, rather than professionals, offer initial support services to callers. Rather than seeing ourselves as professional advisors or counselors, peer advocacy requires us to recognize our commonalities and equal standing with the caller. At the same time, it is important to remember that peer advocates enter into helping relationships, not personal relationships, with clients seeking assistance. While your agency may use the term “peer counseling,” for the purpose of this manual we will use the term “advocate.” Because advocates are typically not professional counselors, we feel that “peer counselor” is not the most appropriate term.

Hotline Intervention

Hotline intervention involves the short-term use of specific skills and strategies to help people cope with the turmoil resulting from situations or events via phone. Hotlines offer an opportunity for callers to talk about their feelings to someone who is empathic and respects their experience. As advocates, our task is to listen, support, validate feelings, assist with problem clarification and solving, provide information and education, and offer referrals if needed.

Hotlines largely receive calls from *primary victims* – people who have been assaulted directly – and *secondary victims*, people whose lives are affected by their relationship with a primary victim.

When calling a hotline, the caller may or may not seem to be in crisis at the time. Many calls are for information regarding sexual violence, medical and legal procedures, recovery, options, referrals, etc. Other calls are from people who are clearly in distress at the time of the call. Hotline interventions are similar for both types of callers and require good communication skills to clarify and understand the situation as the caller perceives it.

As one can see from reading the interviews in the Advocate and Program Spotlights throughout this manual, your role and responsibilities may vary. Depending on your agency’s needs, your advocacy work may be concentrated around the hotline. However, your role could potentially include hospital advocacy, legal advocacy, and/or case management. As with any position, be sure expectations are clearly communicated between staff and supervisors.

It is easy, as a hotline advocate, to be influenced by our own attitudes, beliefs and assumptions when interacting with clients. However, these influences can sometimes function as a kind of psychological “noise” that lessens our effectiveness as advocates. For example, thinking about what *we* would have done in the caller’s situation may diminish our ability to understand his/her perspective. It is critical that we take the time to identify our own preconceptions and assumptions about sexual assault before stepping into our role as an advocate. That way we can be as present, non-judgmental and supportive as possible for primary and secondary victims of sexual assault.

*You will be at
your best as an
advocate when
your boundaries
are in place and you
have minimized
extraneous “noise.”*

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Likewise, it is important to be able to distinguish between our own psychological and emotional responses to an experience and those of the client. As sexual assault advocates, none of us are immune from being affected by what we hear and witness in the course of our work. That is natural and appropriate, and it is critical to make time to “process” the feelings that arise during victim advocacy. However, this should be done with the appropriate people (for example, other volunteers and supervisors) and not with the clients themselves.

In the moments of supporting the client, it is crucial to establish a boundary between what may be occurring for us personally and what the client is actually experiencing. Remember always that this is first and foremost *her/his* emotional experience, not ours.

There are other types of “noise” that can inhibit or disrupt the flow of communication between the advocate and the caller. These include:

- *physical noise* – loud music, conversations in another room, poor telephone connections, a child crying, or other environmental distractions. If you are on-call, taking a call in bed or in certain areas of your home can be a distraction. Be in a place where you readily have a pen and paper and can concentrate.
- *physiological noise* – blocks caused by feeling ill or being in pain, being cold, uncomfortable, etc. Physiological noise may include taking a call before you are properly ready for your shift, struggling to find a pen and paper, etc.
- *psychological noise* – forces within one or more of the people trying to communicate that may interfere with the ability to express or understand a message. Defensiveness, fear, anxiety, anger, denial, judging and analyzing are examples.

Further on in this chapter, we will discuss methods and strategies for maintaining appropriate boundaries and negotiating the various relationships you will enter as a hotline advocate. For now, you might want to think about some of the ways your own experiences, perceptions and reactions may affect your role as an advocate.

Characteristics of an Advocacy Relationship

There are several aspects of advocacy that facilitate a successful relationship. It is important that the advocate demonstrates certain qualities to promote a trusting and effective relationship.

Let the client know you hear the feelings she/he is expressing and validate those feelings.

If a client calls immediately after the attack, they may be experiencing crisis in the form of shock.

If they call a week after the attack, the crisis may be brought forward by the treatment received from family, friends, the police or hospital staff.

If they call months or years after the attack, they may be in a state of crisis brought forward by an activity, anniversary or incident that triggered memories of the assault.

Respect:

Let the client know you honor her/his experience and identify her/his courage for reaching out for support.

Warmth:

Let the client know your willingness to help and listen. Use a warm tone and everyday language.

Genuineness:

The client should feel like your messages, whether they are verbal or non-verbal, actually match your feelings.

Boundaries:

Some callers may ask about your personal experience with sexual assault. In the event of these questions, re-focus the caller and reiterate that you are here to talk with them about their experiences. It is not appropriate to reveal your own ideas, attitudes, and experiences. You can, however, educate the caller about the prevalence of sexual assault.

Relationships & Responsibilities

Effective advocacy entails knowing where your role begins and ends. This is as much for the sexual assault survivor's sake as it is for you. Understanding the limits of the advocate's role will help you avoid burn-out and keep the client focused on his/her own empowerment process. Be sure to also read the section on Self Care in the chapter.

"The Helping Relationship"

Originally adapted from Colorado Advocate Safehouse Project Volunteer Manual, April 1999.

Helping relationships are different from personal relationships. Personal or social relationships are characterized as meeting the mutual needs of the persons involved. Examples of personal relationships are friends, co-workers and family members. Helping or advocacy relationships are characterized as one person (the helper) attending to the needs of the person in crisis (the client). Some common examples of the helping relationship are seen with doctors and patients, lawyers and clients, teachers and students.

It is important for the advocate working with sexual assault survivors to learn the dynamics of both types of relationships and to strive to remain in the "helping mode" whenever interacting with clients. Below is a comparison list of those dynamics.

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Facilitator Suggested Activity: Instead of just reading these boxes, put each bullet point on a small piece of paper. The participants will then read the descriptions and decide if it is explaining a helping relationship or a personal relationship.

RELATIONSHIPS

- Set up to attend to the needs of the client. Responsible for setting and maintaining the boundaries of the relationship.
- Always goal oriented, with a definite plan and purposeful interactions.
- Listens *empathically* to problems and needs. (Understanding not only the words, but the meaning the other person attaches to those words.)
- Has a responsibility and is prepared to spend the necessary time to work through problems that arise. Presents choices and options.
- Has specific techniques and training, but doesn't have a specific plan or goal.
- Constantly evaluates her/his personal behavior.

RELATIONSHIPS

- Set up for the satisfaction of mutual needs or companionship.
- No plan or specific goal.
- A mutual, *sympathetic* sharing of needs and problems is expected.
- No commitment or obligation to work through problems; either party can put difficult time on hold.
- Differences in training and skills may exist but there is no obligation to share or use them to help either party.
- No obligation to evaluate personal behaviors. No responsibility to identify or modify behaviors and needs.
- Advice and opinions are rendered.

Advocacy is NOT...

BEING A FRIEND

- in the sense that friendship is reciprocal
- in the sense that friendship is casual
- friendship is not goal-oriented

BEING A THERAPIST

- directing the client's life in any way
- intervening with some goal other than being supportive
- applying any therapeutic technique or model

BEING A "RESCUER"

- wanting to save clients from themselves or their situation
- wanting to remake the client to fit some idea of who you think they should be

BEING A "CRUSADER"

- carrying out some personal conviction that is not compatible with the client's frame of reference

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★ DISCUSSION QUESTIONS ★

1. A woman calls who was sexually assaulted on her walk home from a party at 2:30 a.m. You immediately wonder what she was doing walking home alone at such a late hour and why she didn't get a ride. What is happening in the client-advocate relationship at this moment?

2. A client phones to talk about the childhood incest he has recently begun to remember. You are also a survivor of incest. In what ways should your personal experience inform your role as an advocate on a call like this? How do you deal with your own feelings within that conversation?

Caller Perspectives

The following section describes some of the types of calls you can expect to receive while working a sexual assault hotline. This list is by no means exhaustive.

Calls from Victim/Survivors

Most of the time advocates will receive hotline calls from the person who was victimized. This is what is known as a **primary victim**. S/he may or may not be in a crisis state at the time of the call.

Immediate crisis requests may commonly address issues like: medical intervention, police intervention, emotional intervention, and issues related to control. As time passes between the sexual assault and the call, the concerns of callers may involve more supportive services such as an opportunity to vent feelings, the need for clarification, confirmation and validation, assistance with reactions of significant others, information and referrals.

Calls from Significant Others

Partners, friends and family members can be **secondary victims** of sexual assault. For a variety of reasons, these folks may find it difficult to respond to the person who was victimized in an empathic and supportive manner. Changes in the balance of interpersonal relationships and family functions may occur in direct parallel to the trauma experienced by the survivor. Partners and family members therefore respond to similar interventions by the advocate. They can also benefit from referrals for counseling.

Significant others commonly need to share feelings. They may be feeling anger, pain, loss, and helplessness. This is particularly true of callers who are parents, husbands or partners of victims and feel that somehow something has been violently taken away by either a nameless, faceless enemy or a trusted

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friend, family member, or other person known to them. Significant others may share in the sense of violation.

Questions concerning the "whys" of sexual violence are common, as are requests for information that will help them understand what to do now. It is not unusual for significant others to react more to the sexual aspects rather than the violent aspects of the crime. The partner or family member may be angry at the person who was victimized and are unaware of this anger. They may doubt a victim's story, or criticize her/him for "not being more careful." Such attitudes and the emotions they generate make the re-victimization of the survivor a real possibility.

Significant others are sometimes the first to "blame the victim" and to be unaware of the self protective aspects of this misconception. It is easy for someone who has not faced such a life-threatening situation to say what they "would have done." Victim/survivors are not responsible for the crime committed against them. As an advocate, it is important to facilitate a cognitive understanding by the caller of the reality of sexual assault for themselves and for the survivor. Education will help them understand both their own and the survivor's reactions.

The advocate can assess how the caller feels about the victim and can then facilitate dialogue to try and shift the anger so that it is focused at the perpetrator - not at the victim. If the caller is misdirecting anger, s/he will not be helpful in supporting and understanding the victim. State this assessment to the caller and stress that it will be essential to remain calm and empathetic, versus implying their responsibility for the assault or forcing the victim to report the crime. If your assessment reflects that the caller will do more harm than good in talking with the victim, make him/her aware of your concerns and try to suggest other people the victim may talk with - i.e., other friends, relatives or perhaps a support group of sexual assault survivors.

Calls from Third Parties

Medical professionals, teachers, ministers and friends of friends commonly hear a story of sexual victimization and do not know where to turn for assistance for themselves and for the survivor. Typically these calls are for information, education and referral. You may also need to address their mandatory reporting requirements, depending on the nature of the disclosure given to them. See more about this in the "Best Practices" section later in this chapter. Additionally, you may want to let the third party caller know the hours of the hotline service and encourage the caller to pass the information along to the survivor who may be unwilling, afraid, or unable to speak with the advocate at that time.

Calls from Sex Offenders

The purpose of the sexual assault hotline is primarily to serve victim/survivors. However, advocates will occasionally get calls from offenders seeking help with their problems. In such cases, we recommend assessing the urgency and legitimacy of the situation and being sure that you understand agency protocol for such calls. Agencies and their advocates may make policy decisions about whether or not to talk with an offender. Many advocacy programs will not see

working with offenders as their mission. **We recommend that you always follow your agency's protocol.**

If you get a call from an offender and decide to talk with him or her, try to assess if:

- a. caller is talking about past offenses and tendency to assault again or
- b. caller is seeking help about an immediate assault that s/he is planning.

Some of the offender calls may be pranks. If you believe that a caller is not genuine, use your discretion in dealing with him/her. You may choose to hang up, refer them to a mental health center, or to a local group for abusers/offenders.

A word of caution: Offenders may attempt to intimidate and heighten the hotline advocate's anxiety by relating horror stories, discussing their plan for other attacks or holding the advocate responsible for preventing other attacks e.g. "Try to talk me out of it." Beware of these power and control tactics. It may be best to not confront the offender with this game as it is a no-win situation for you.

Prank Calls

One of the unfortunate realities of hotlines is the prank caller. The anonymous nature of the hotline sometimes lends itself to misuse by individuals who want to play a cruel joke on someone, or who are so disturbed their only way of reaching out is with an outlandish story to a hotline advocate. As a hotline advocate, you should be prepared to receive prank calls on the hotline, and do your best to not let them trouble you. It is important to share information about prank callers with other advocates to develop a unified response to the caller. Prank callers are likely to fall in these categories:

Giggling Young People – On a dare or as part of a game, young people call the hotline and say they have been raped. These calls are rare and usually very obvious, but keep in mind that giggling may be the way an actual survivor is coping with their assault.

Outlandish Stories – The caller relates a story of victimization which is very difficult to believe. This type of call requires a great deal of discretion from the advocate because there are instances of outlandish victimization.

Sexual Gratification – The caller is seeking sexual gratification in calling the hotline. Usually, the caller will describe, in graphic detail, an imagined sexual assault experience. It is not unusual to hear heavy breathing and suspect the caller is masturbating. Most of these callers will be men. In this instance, we advise the advocate to discontinue the call and notify your supervisor.

"I am about to Rape Someone" – This call can be especially scary for an advocate. In most cases, it is a prank call, but advocates must treat

the call seriously and make a determination about the validity of the call, to the best of their ability. Discuss agency protocol. Refer the caller to 911. Do not hesitate to call law enforcement if you feel the call warrants such action and be sure to notify your supervisor immediately.

Suicide

A suicidal caller is often the greatest fear of a hotline advocate. *See Chapter 5: Understanding the Effects of Sexual Assault* for information on this important topic. The Rape, Abuse & Incest National Network (RAINN) is the nation's largest anti-sexual assault organization. They offer several self-paced, internet-based classes, including **"Helping Suicidal or Self-Harming Callers."** These courses are free for rape crisis advocates. For more information, please visit <http://rainntrain.org/>.

Taking Notes

Special thanks to Alicia Aiken, JD from the Confidentiality Institute for her help with this section.

It is very important for an advocate to know and understand her or his agency's note taking policies and protocol. In your training, be sure to take the time to learn and really understand your agency's requirements. This includes learning about note retention and destruction practices.

When taking and keeping notes, we advise a "less is more" approach. It is helpful to think of notes as being necessary for a time-limited, specific purpose during which the survivor is giving you permission to serve her or his needs. When the time-limited purpose is served, the note is no longer needed. It may be helpful to ask the following questions:

WHY: Why are you writing this note? Is the reason centered on serving survivor's needs? Beware of the platitude, "Keeping notes prevents the victim from having to tell her/his story again." When an advocate writes a narrative of a story, the advocate then makes the decision of what is important and what the advocate thinks is worthy of writing. It then becomes the advocate's story about the victim and not her or his story. Survivors rarely tell the whole story the same way, every single time. There are variations depending on trust, trauma, immediate goals, cultural considerations and any number of other factors of which the advocate may not be aware. The risk of writing your version of her or his story is that your colleagues will rely on it and be frustrated or confused when the survivor tells them something that seems to differ from the previously recorded version.

WHAT: What gets written down? What does not get written down? If programs need to document that certain issues have been covered, then we recommend using a checkbox form that documents the issue was covered, but does not include or invite narrative. Items that seem factual and non-judgmental (even writing something as simple as "alcohol involved") can conceivably be used against survivors in court or by other individuals.

WHERE: Where will the note be stored/kept? Is it secure? Is it a physical note? We recommend that agencies have a specific system for shredding it as soon as the need is filled. If notes are produced electronically, we recommend that agencies have a specific system for purging it from the electronic files as soon as the need is filled.

WHO: Who makes notes and who gets to see notes?

It may be helpful to ask, “Would I want the client herself or himself to see these notes?” If you would not want the survivor to see it, we recommend not writing it. Survivor-centered advocacy means that the survivor has control over how you communicate about her or his issues. Clients have a right to access her or his files.

HOW LONG: We recommend making only the note necessary to meet the need presented and destroy it as soon as it serves that purpose. If someone is calling back an hour after your shift, write down only what your replacement advocate needs to know when the call comes. When that call comes in (or does not come in as expected), we recommend destroying the note.

Listed above are best practices in note-taking retention. However, new advocates always need to follow your agency’s protocol. We will discuss further issues involving confidentiality later in this chapter.

The Flow of a Call

— RAPPORT AND BONDING —

The flow of the call begins here as the stage is set to speak freely and frankly, developing trust between the advocate and the caller.

- Offer comfort
- Use caller’s name
- Speak in a calm voice
- Adjust your tone to the caller’s tone
- Be okay with silence. Communication does include allowing silences or long pauses. Often callers need time to think, reflect or just get in touch with their feelings. The advocate may need to clarify by saying statements like, ***“It’s all right not to talk. Take your time.”***
- Let the caller know that it is okay to go slow, to cry, or to repeat self, etc.
- You can also use “door openers” when you are establishing rapport or if they call feels “stuck” later on in the call. These are invitations to the client to talk or say more:

“If you would like to talk, I am here.”

“I’d be interested in what you are able to say.”

“I’d really like to hear what you’re thinking and interested in sharing.”

“How would you feel talking about it?”

“Sounds like you have some feelings/thoughts about this.”

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“How do you feel about that?”

— ASSESSMENT —

At this point, the advocate is gathering an initial, non-judgmental, overview of the individual and the situation.

Assessment IS NOT fact finding. It is an evaluation of:

- A. **Safety** – Assess the level of current safety (physical and emotional) and need for medical attention if appropriate.
- B. **Type of victimization** – This may be important information to have in order to effectively help the survivor and provide the best resources and information. Keep in mind that beyond initial information, it is not always necessary for the survivor to disclose details of the assault in order for you to identify resources and provide support.
- C. **Current level of crisis** – An evaluation of the current priorities and decisions that need to be addressed immediately.
- D. **Intersectional Issues**—Background and intersection of multiple issues may change advocacy needs. For example, is the caller differently-abled? Does s/he have specific needs or concerns pertaining to their immigration status, employment, or sexual orientation?

I. Identify type of victimization:

A. Assess level of safety

*Are you safe now? Do you want me to call the police?
Are you hurt? Do you need medical attention?*

B. Who, what, when, where?

It is appropriate to ask what happened, if they are having a difficult time saying why they called.

*Has something happened to you? Can you tell me about it?
How long ago did this happen? Was it someone you knew?*

II. Help the caller assess the meaning of the event. What is going on for the caller? Use intuition and questions (i.e., attentive listening) to get a sense of the primary distress. At this point you are gathering an initial overview of the situation.

- 1. Assess level of escalation – Are they suicidal or homicidal?
- 2. Previous victimization – The caller may be calling about something that happened recently or in the more distant past. What does the caller want to talk about?

— INTERVENTION —

This is the working part of the call; assisting the caller with safety and/ or action plans, discussing and answering questions, and providing support for what the caller needs and is experiencing.

Emotional Support – Provide non-judgmental validation. This is an opportunity for the advocate to explore and encourage expression of thoughts and feelings.

Reducing the level of escalation – Offer reassurance and acceptance. Stay on track; why did they call and how can you help?

Problem Solving – Facilitate the restoration of power and control for the caller. Explore all options and involve the caller in decision making.

Provide education on sexual assault and recovery – Offer statistics and general educational information to normalize the caller's thoughts, feelings, and experiences.

Identify and reinforce healthy coping skills – Affirm or congratulate the caller's decision to contact the hotline rather than utilize an unhealthy coping skill. Discuss alternatives to coping that work for the caller.

Mobilize support and discuss resources – Offer appropriate resources based on the caller's specific situation.

*What helps you feel better when you are feeling this way?
It's ok to feel angry.*

— ANTICIPATORY GUIDANCE —

Planning what comes next.

I. Provide education about what to expect emotionally, physically and behaviorally, and discuss coping strategies.

*I am so glad that you are feeling better today,
but it is possible that...
Your whole family may feel affected as you go through the
recovery process...*

II. Offer information/education about systems – medical, legal, etc.

*When you go to the hospital...
The reporting process usually goes like this...*

— CLOSURE —

This is an opportunity to summarize the call, recap any action or safety plans created, review resources and referrals given, and remind caller of continuous hotline support. Your agency will most likely have a call sheet or a format to document the call. Always adhere to your agency protocol. For sample call sheets, please refer to the appendix.

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I. Develop an action plan when appropriate. Keep in mind that some callers may not want to take action at that time.

So, from what we just talked about, first you will call the police and then you will call...

II. Give referrals, offer advocacy, make connections.

If the therapist you call doesn't work out, call us back and we will give you another name or some other options...

III. Summarize call. Gather together the different issues covered. Cite progress.

*Sounds like you have made some decisions about what you are going to do now...
It seems like you have a different understanding of the event now that we've talked a little...
I'm glad you are feeling a little better...
It is good to hear that you have identified people in your life that might be helpful to you during this stressful time....*



ACTIVE LISTENING

Below, we illustrate some techniques and scripts of good advocacy. These are not meant to be followed word-for-word, but to give you a general idea of what talking to callers can sound like. It is always best to use your own style and your own words. This will make you more comfortable, as well as allowing the survivor to build trust and open up with you.

NEUTRAL ACKNOWLEDGEMENTS

Be sure that the caller knows that you are interested and listening. **Be okay with silence if the caller needs some time to gather their thoughts and/or emotions!**

Example: "Uh-huh", "right", "mmm"

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*Active listening
is a method
that involves
understanding
the content,
intent, and
circumstances
of a message
from a caller.*

REFLECTIVE STATEMENTS

Show the caller that they are being heard and understood by clarifying what the caller has said. This is a way of checking out what the person is saying and making sure you understand. It is also a way to help the caller identify or clarify their own thoughts and feelings.

Example: "What I hear you saying..."

"Let me make sure I'm on the same page, you said that..."

PARROT-PHRASING: Repeating some of the client's words.

Client:	"I'm furious that my husband doesn't understand."
Advocate:	"You're angry that your husband doesn't understand."

REFLECTION OF CONTENT

This is reflecting back what the client just said and possibly re-phrasing some of what s/he said. It is a little more than "parrot-phrasing" and often referred to as paraphrasing. Be sure that you are listening to the client, and not making assumptions about what they are truly saying.

Client:	"My roommate is away and I don't want to go back to my apartment."
Advocate:	"You'd like to go back to your apartment but there's no one to talk to there."

REFLECTION OF FEELINGS

Verifies your understanding of the feeling and meaning of what the person has just said. Oftentimes, it attaches a feeling to a specific source.

Client:	"I can't tell my partner about this. She'll say I asked for it."
Advocate:	"You're afraid that your husband will blame you for the rape."

OPEN-ENDED QUESTIONS

These types of questions encourage the caller to explore the situation and to independently process their feelings. Open ended questions give the caller an opportunity to speak freely and honestly.

Closed:	"Were you upset when she said that to you?"
Open:	"How did you feel when she said that to you?"

Closed:	"You were probably outraged, weren't you?"
Open:	"How did you react to that?"

Other open ended questions that can be helpful:

What would you like to talk about?

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*Validation is key!
Help the caller to
understand that
their feelings are
valid, normal,
common, and not
good or bad.*

What did you think about that?
What concerns you most about that?
What is your biggest concern?
What would you like to see happen?
What's happening with that?
Where /when would you feel most comfortable doing/saying that?
How do you feel?
How can you tell her about it?
How do you think he'll feel?
What's it like when you feel like that?
How do you usually handle that type of thing?

FOCUSING

Focusing is a way of concentrating on a specific time, event, concern, or feeling. Try to keep the conversation in the present. Explore how the problem is affecting the caller now.

Client: **"I was raped when I was 13 by a neighbor. I'm 25 now and can't seem to deal with it."**

Advocate: **"You're having some feelings about being assaulted that are coming up years later."**

Client: **"Yeah, well. I feel really stupid about it. I mean it was 12 years ago and I should be over it by now. I just want to have a normal life and it's just not working..."**

Advocate: **"I understand it must feel a bit crazy to have feelings come up so many years after the assault. That can actually be really normal. Many of our calls are from women and men who have feelings surface 5, 10, or even 20 years after the assault."**

Client: **"Really? Wow, that's good to know. I still don't understand why my life isn't normal."**

Advocate: **"Something is happening in your life right now that you feel isn't normal?"**

Client: **"I can't deal with men. Sexually I mean. (Pause.) At least this one man that wants me to go to bed with him. I really love him but I just can't. I'm so afraid we're going to break up." (Starts crying)**

Advocate: **"Sounds like this relationship is really important to you and you're scared of losing him."**

This call will probably continue with the caller discussing her relationship rather than the rape she experienced at 13. This is an opportunity to talk about counseling and/or support groups that are available.

VALIDATING

Validation is key! Help the caller to understand that their feelings are valid, normal, common, and not good or bad.

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An empathetic and validating statement might be something like, "It sounds like you're feeling angry and you're in a lot of pain. I understand how you might feel that way."

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SUMMARIZING

Let the caller know what has been covered.

The Three E's

If possible, hotline advocates should attempt to utilize each of the three E's (empathize, educate, and empower) in every call at least once.

1. EMPATHIZE

In his 1997 book, *The Path of Psychotherapy*, David Welch explains empathy has two components:

- 1) understanding the objective experience of the other; and
- 2) being able to communicate that understanding.

Let the caller know that you are aware of the emotion that they are providing. This does not mean that you know/fully understand their situation, but you can understand why they are attaching this specific emotion to their story.

Examples:

- "It sounds like you are angry with what happened with you."
- "It makes sense that you are scared right now."

Empathy also includes validating and believing the client. According to researchers in this field, disastrous response (disbelief, failure of support, lack of protection for the victim, protection of the offender) is a factor that correlates with primary severe trauma in victims (Hindman 1990 & 1999.)

The advocate should be comfortable with allowing emotions of all types to be expressed safely in sessions. This might include behaviors such as crying, animated talking, joking, yelling, shaking, silence, yawning etc. The advocate can be empathic without becoming personally involved in these emotions.

2. EDUCATE

In the conversation, you may have an opportunity to explore potential responses to sexual assault and trauma. This information can often be a source of comfort to the caller and can help explain potential resources for various responses. When appropriate, advocates can use statistics, research, explanations of offender dynamics or explanations of trauma to help explain what the caller may be identifying in her or his life. Education can be reciprocal in that the advocate needs to be informed and educated on the expressed issues and needs of the survivor.

Survivors may feel there is something wrong with them, and that their reactions are abnormal. An advocate should explain that these feelings are often common experiences. Normalizing, understanding, and contextualizing emotions are a way to help the survivor feel less alone and out of control. Survivors may be struggling with important and complex decisions. An

advocate's job is to help identify all of the options available and to then educate the survivor about those various options. Offering options and providing education is not the same as giving advice or voicing your personal opinion about the "best" option for her or him.

Recognize that some common defense mechanisms or destructive coping patterns are not trusting anyone, alcohol or other substance abuse, suppression of feelings, overeating or not eating, sleeping too much or not enough and staying busy or focused on others. *See also Chapter 5.* At some point, these mechanisms stop "working" and the feelings behind them begin to emerge. If appropriate, educate the survivor on this phenomenon, and offer support and practice in trying new, positive ways of coping. Certain destructive coping mechanisms (substance abuse, eating disorders, self-inflicted violence, etc.) signal the need for assistance from additional providers. While it may be appropriate to stay in touch with the survivor in such circumstances, it is very important to educate the survivor about specialized assistance options. **Follow your agency protocol and be sure to have access to a comprehensive list of potential referrals in your area.**

Examples:

- *"Flashbacks are a common reaction to your brain processing the trauma."*
"Unfortunately sexual assault is very common, 1 in 4 women are sexually assaulted in the state of Colorado."
- *"Many survivors of sexual abuse struggle with eating disorders. You are not alone. Would you like the name of a counselor who facilitates support groups on this issue?"*

3. EMPOWER

Take the time to remind the caller what steps they have taken. Focus on the power of embracing their specific emotions. Find strength in their story that they did not notice. Help them take the next step by reminding them that they have the power and control over their own life. They have a voice and abilities.

One area of concern for survivors is disclosing the assault to, and connecting with their family and friends and other potential advisors. An advocate can help the survivor identify and develop a long-term strategy and support network. Talking through who is "safe to tell," as well as how and when, may be important. Peer support groups are an excellent resource for breaking down isolation and building support networks.

Examples:

- *"You have made an amazing first step in calling the hotline."*
- *"Having the ability to embrace your emotions is a phenomenal step."*
- *"It sounds like you have started journaling and talking to people, that is fantastic!"*
- *"What do you think your options are in this situation?"*

Bringing them together can look something like this:

- *"I understand that you are feeling afraid right now. (Empathy)"*
- *"That is a common response following a sexual assault. (Educate)"*

- *You have made a tremendous step just by calling the hotline and seeking support and resources.” (Empower)*

★ DISCUSSION QUESTIONS ★

1. *You take a long call with a new caller processing a recent sexual assault. You follow up with her over coffee a couple days later. Discuss your agency protocol over whether or not this is appropriate.*
 - *What are the safety concerns and general advocacy concerns surrounding meeting her out for coffee?*
 - *She later invites you to her birthday party. Where should your boundaries be in this situation?*
2. *You recognize a client at a movie theatre. What do you do?*
3. *A client is continually assaulted by her sexually abusive boyfriend with whom she lives. She feels like she can’t get out of the situation. What is your role with this client?*

Ongoing Advocacy

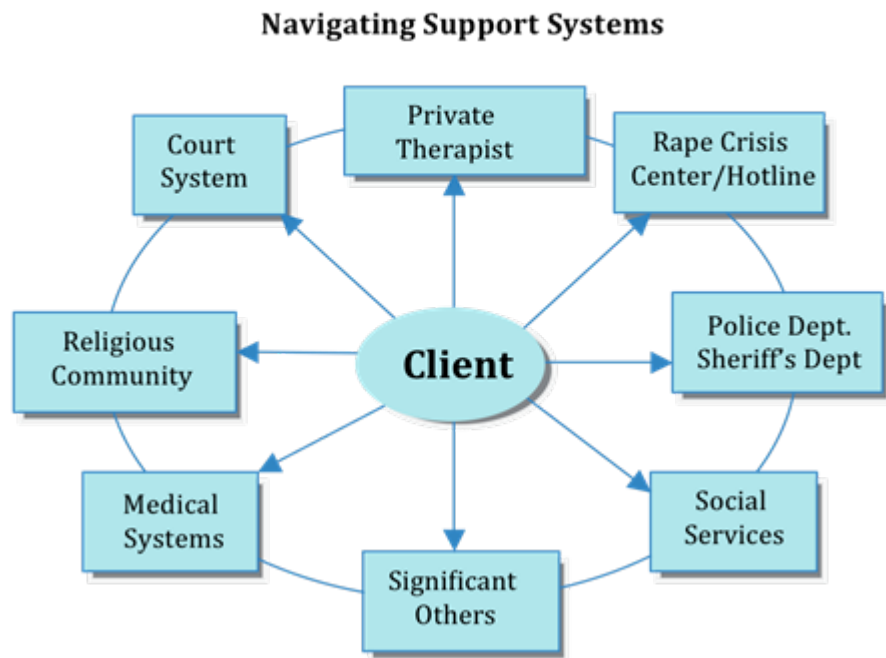
Depending on how your advocacy volunteer program is structured, as an advocate your role may include helping the victim/survivor navigate the various systems they may encounter in the aftermath of their assault. For example, you might join the victim at the hospital, facilitating communication between her, significant others and the medical staff. You might be the initial person on site with the victim while they make their first report to the police. Or you might help a client negotiate her/his way through the court system.

This role can be complicated and demanding. Different people speak different “languages,” depending on their role in (or outside of) the system, and it is crucial to be able to communicate with tact and effectiveness with each party involved. Always keep in mind, though, that the client is your primary focus; it is on *his or her* behalf that you are advocating. Chapters 9 and 10 will further explain medical and legal advocacy.

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Just as the sexual assault survivor may have to navigate between many different parties, so will you as the survivor's advocate. Some guidelines for negotiating such complex situations include:

- **Work to de-escalate the situation.**

Example:

Family members may be upset, agitated and/or aggressive. Let the client identify her or his needs in relation to her or his family (for them to leave, to be silent, to offer comfort, etc.) so that you can communicate them on the client's behalf, if necessary and requested. Do not speak for the client without permission. Obtaining permission needs to be the informed, written, and reasonably time-limited consent of the person. Acknowledge the family's needs or feelings, while protecting the client's current wishes.

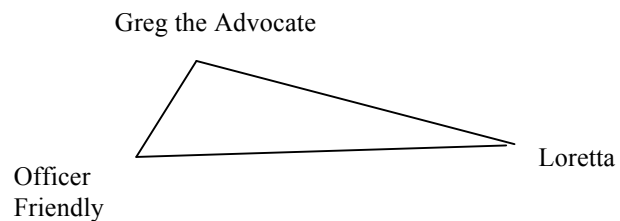
- **Watch out for "triangulating" relationships.**

It is not uncommon, as an advocate, to be positioned between parties with different agendas. If you are the advocate for the primary victim and the secondary victims need support or education, it is best practice to, when possible, bring in another advocate for the secondary victims, so that you can focus on the needs of the primary victim. The primary

victim will also feel like you don't have two separate, and possibly competing, agendas and that their needs will come first.

Examples:

A police officer may be trying to take a report from a victim who is having trouble talking. A family member may want to enter the victim's hospital room while the victim is requesting privacy. A victim may become confused or disoriented in a courtroom where she is about to testify.



Such scenarios require communication and problem-solving skills on your part. Try to avoid two-against-one situations by tactfully acknowledging each party's needs while advocating for the client. Do not dismiss any party's feelings or requests, but also help them understand the priorities that are most important in the immediate situation.

- **Always make sure you have supervision and/or consultation with another qualified person.**

If there is a situation you are not sure how to handle or which seems beyond your ability to negotiate, never hesitate to bring another hotline advocate or supervisor onto the scene, even if it is via the phone. You may need support or assistance in dealing with multiple parties or difficult situations.

- **Be aware of your own emotions without being driven by them.**

You may experience considerable frustration, anger or other emotions in navigating systems with the client. Remember, though, to separate your experience from the survivor's and contain your emotions enough to be an effective support person for them.

When working as advocates, we do not immediately lose our own biases. Your personal experiences and opinions about police, courts, hospitals, etc. have the potential to affect your work as an advocate. Be sure to acknowledge your own discomforts. By recognizing potential biases, you can continually "check yourself" to ensure that you are not "pushing" your personal opinions on the survivor.

★ DISCUSSION QUESTION ★

1. You answer the hotline and the caller suspects drug-facilitated sexual assault. She doesn't remember details and is very confused. You are also her advocate at the hospital and provide ongoing advocacy services. At the hospital a drug-facilitated sexual assault (DFSA) panel test is completed, but it does not show evidence of drugs in her system. She is now even more upset and confused. Discuss how you continue your work as an advocate. For further information on DFSA and medical advocacy, please see Chapters 8 and 9.

Best Practices for Client/Advocate Interactions

Establish a working relationship. Because survivors are in the process of regaining trust, little things become important. Advocates should take care to keep appointments and follow through with what they have agreed to do – this is critical for establishing trust. Also establish and maintain healthy boundaries for the relationship. Finally, be clear about confidentiality and explain the agency's policies and procedures - including situations that must be reported, such as suicidal/homicidal ideation or child abuse.

Create a safe, accessible environment. It is the responsibility of the advocate to ensure that interactions with the client are "safe." Be clear about physical touching; any touch or closeness must be appropriate and occur only with clear permission of the survivor. This also includes ensuring that the physical/visual space in which you work together does not feel unsafe for the survivor. In solidarity with transgender, genderqueer and other gender non-conforming clients, many agencies have designated an all-gender restroom. Another consideration that may be helpful for your agency to evaluate are the implementation mechanisms to create a safe accessible environment for survivors with children. It may be difficult for clients to find high quality affordable childcare in order to attend support groups or meet for advocacy services. Many agencies welcome babies or small children or even provide child care for clients to attend support groups or advocacy appointments.

The interaction with anyone else must be agreed upon in writing by the survivor, who should be given a choice, clearly and early in the advocacy relationship, about what information is being shared. A notable exception is reporting child abuse, which is discussed in the following sections.

Confidentiality

Preserving confidentiality is crucial to the proper functioning of a sexual assault hotline program. *Confidential* means that information is kept private

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Because sexual assault against a person under 18 is considered child abuse, advocates, as representatives of a service agency, are obligated to report the situation if they have identifying information about a client. *See “Obligation to Report” below.*

and not disclosed without the prior written (or in rare cases verbal) consent of the client. Colorado Revised Statute 13-90-107 (1)(k)(l) explains the victim advocate privilege statute for our state. It was enacted because privileged or confidential communications and services are fundamental to victim safety. Confidentiality is also a key component of respect, dignity, empowerment, and justice. The information disclosed on a hotline or while providing advocacy services belongs to the survivor. She or he decides what information to share and what information to withhold.

An advocate should establish with a client that *everything* she/he discloses is confidential and cannot be shared with any other party without a signed release from the client. There are only three exceptions to this, which must also be explained to clients immediately:

1. If the advocate is given a reason to know or suspect child abuse or neglect.
2. If the victim discloses that the alleged perpetrator is currently in a position of trust with minors.
3. If the victim discloses that she or he is under 18.

Programs funded by the Violence Against Women Act (VAWA) or the Family Violence Prevention Services Act (FVPSA) cannot disclose personally identifying client information with the informed, written, reasonably time-limited consent of the person. The consent for release of individual client information must be given by the person, or the child and the non-abusive parent of an unemancipated minor, or a nonabusive guardian of a person with disabilities.

The protocol of some sexual assault agencies may also include a confidentiality agreement that requires the *client* to agree to keep information about the agency or its employees confidential. Find out if your agency requires this agreement.

Releases/Waivers

In order for any person or agency to discuss any details about a sexual assault case with another party, the client must sign a *release form*. This is necessary even to acknowledge whether the client has sought services with your agency at all. For example, if a detective wishes to ask you (as an advocate) questions about a client's case, you must secure a release from the client before you can disclose information.

Releases are required in order for advocates to disclose information to the following parties:

- ◆ police officers
- ◆ detectives
- ◆ District Attorneys
- ◆ Victim/Witness staff or volunteers
- ◆ friends and family members, except parents of children under 15 years old. *Note- this regulation differs by state.*
- ◆ school personnel

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► For Further Reading

“Survivor Confidentiality and
Privacy: Releases and Waivers
At-A-Glance”

[http://www.nnedv.org/resources/
safetynetdocs/survivor-
confidentiality.html](http://www.nnedv.org/resources/safetynetdocs/survivor-confidentiality.html)

- ◆ anyone else who could be helping the victim

Other outside agencies working with your client may also have confidentiality with that client. When asked to speak to one of these agencies, you still need a release to share information. For example, you cannot speak to the client’s therapist about her case unless *both* of you have releases from the client. This is a two-way release. Remember that clients must sign a separate release for *each* agency or individual seeking information. Two-way releases are required with the following parties:

- ◆ Department of Social Services personnel
- ◆ private therapists
- ◆ doctors, nurses, health care professionals

It is recommended to explain releases/waivers individually, and not just as a standard form automatically signed as part of an intake packet. Your agency can contact CCASA or the National Network to End Domestic Violence for sample waivers and release forms.

Mandatory Reporting

Every state, including Colorado, mandates reporting of child abuse (including child sexual abuse) to the authorities. In certain instances, “voluntary” sexual contact can legally constitute child abuse and/or sexual assault. In these cases, service providers are required by law to report the abuse to law enforcement when they have identifying information about the victim. This means that sexual assault advocates could theoretically be prosecuted for not reporting when they are obligated to do so.

When am I obligated to report?

In the state of Colorado, service providers are obligated to report to law enforcement and/or social services in certain situations. *Note: While the Department of Social Services (DSS) does not investigate third party abuse, notifying both law enforcement and DSS may be advised when DSS is needed to respond to the victim and assess for safety and risk of the entire family unit.*

Age-related obligation to report situations of alleged abuse and neglect exist when an advocate has some information about the client (name, age, phone number, address or other identifier) and one of the following conditions is met:

1. The client is under 18 and has had *involuntary* sexual contact. **This is considered child abuse.**
 - If offender is family or babysitter, report to Department of Social Services (DSS) in the county where the victim resides.
 - If offender is outside family, report to law enforcement.
2. The client is under 18 and has had *voluntary or involuntary* contact with a person in a position of trust. This used to be called “**statutory**” **sex assault** and is now considered **sexual assault** and/or **unlawful sexual contact**.

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- If offender is family, report to DSS.
 - If offender is outside family, report to law enforcement.
3. The client is between 15 and 16 years old and has had *voluntary* sexual contact with someone who is 10 or more years older. This is **unlawful sexual contact** and must be reported to law enforcement.
 4. The client is under the age of 15 and has had *voluntary* sexual contact with someone 4 or more years older. **This is unlawful sexual contact** and must be reported to law enforcement.
 5. If the client is under 12 years old and has experienced any kind of sexual contact, it must be reported to DSS and law enforcement.
 6. If the client is under 18 and there is physical abuse and/or neglect occurring, it must be reported to DSS.
 7. If the client reports that there is currently reason to know or suspect that a child is currently in danger or that the alleged perpetrator is currently in a position of trust with minors. Note that it is not your responsibility as an advocate to specifically seek information about the offender in order to make a report. You are not an investigator and your primary responsibility is to meet the needs of the client.

Note: Always report the crime to the law enforcement agency in the area in which the victimization occurred. If you are unsure as to which county to contact to make a report to DSS, please call the CDHS-Division of Child Welfare at 303-866-5932.



At a sexual assault hotline, the most important thing is that we are able to provide services to the clients who contact us. Our job is not to get the victim out of a situation if they are not yet ready or willing. This means that we need to offer the caller the option of anonymity, especially if giving identifying information may put us in an obligation to report situation. Therefore, if you sense that the caller may be in a mandatory reporting situation, let her/him know this before she or he discloses any identifying information to you.

Preserving Anonymity

What to do if you know or suspect the caller is under 18:

- ◆ Immediately let the caller know that if they are under 18 and give any identifying information about themselves, you will be obligated to report. Never make a promise to the caller that you can't keep. Explain what obligation to report means.

Example:

I don't mean to interrupt you, Sarah, but I need to let you know that if you are under 18, I may be legally obligated to report your

situation. That means that if something bad has happened to you, I may be required to call the Department of Social Services or the police and let them know. I don't want to have to report this if you don't want me to. So if you don't want this reported, please don't give me any identifying information, like your phone number, address or last name, while we talk.

If you already have been given identifying information, let the caller know that you will be obligated to report if they provide any details about sexual assault and/or child abuse. (This may happen if you have been given the caller's phone number by an answering service or the client has told you her/his full name.) Give them the option of terminating the call and phoning back.

Example:

John, before we start, I want you to know that because I have your name and number (address, etc.), I will be in an obligation to report situation if you disclose certain kinds of information. [Explain obligation to report.] If you don't want this reported, you can call back and use a first name only, [speak to another advocate? use different name?] so that what you say will remain just between you and me.

When working with younger clients, it is useful to keep in mind that a caller may reveal identifying information in a way that seems accidental. Sometimes children want help but feel guilty about getting the perpetrator in trouble. Accidentally "telling" can be a way to get help, and reporting the issue may be the best thing you can do for that caller or someone close to them.

Third-Party Obligation to Report Situations

Obligation to report situations extends to calls made by a third party – for example, a grandmother who suspects her grandchild is being molested at home, an adult who calls about a suspected statutory sex assault situation, and so forth. In such instances, follow the same kind of procedures outlined above:

- ◆ Alert the caller early in the call about obligation to report.
- ◆ Make clear that identifying information will obligate you to report.
- ◆ Offer the option of calling back anonymously, if necessary.

★ DISCUSSION QUESTIONS ★

Mandatory Reporting Scenarios

Below are some potential scenarios that may involve making a mandatory report to law enforcement or the Department of Social Services (DSS). As a training group, discuss these situations with your facilitator and determine how you will proceed in terms of both general advocacy and mandatory reporting requirements.

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Facilitator Note:

Please feel free to contact CCASA if it is helpful to discuss these scenarios. Our staff can provide potential tips or referrals for handling these cases.

1. A woman calls in saying that she's at her mother's house and is standing on the porch and can hear the train. She states that the sound of the train reminds her of her childhood, when she use to always imagine jumping in front of it to end everything. She states that she had been molested by her uncle as a child and recently raped by an acquaintance.

2. A young man calls the hotline. He states that he was recently in conversation with her uncle, when his uncle apologized to him for childhood molestation that took place over a number of years. He had previously "forgotten" about the abuse. He is now very confused and angry. Since the conversation with his uncle, he is experiencing flashbacks and nightmares.

3. A woman calls in, asking for help for her friend. The friend was raped last night and doesn't know what to do. The friend doesn't want to talk directly to an advocate or law enforcement, but thinks that she may want to go to the hospital because of her injuries. The friend is an undocumented worker. The caller wants to know what will happen if her friend goes to the hospital.

4. A teacher calls the hotline. A 16 year old student disclosed to her that another student raped her. The student is scared because the rapist is known for being violent and he threatened to retaliate if she told anyone. She doesn't know what to do because she thinks she is obligated to report, but she doesn't want her student to be hurt.

5. You are working with a client who has developmental disabilities. She discloses that her former foster dad sexually abused her as a minor. Although she no longer lives with that foster family, she tells you that he is still a foster dad and has several other children in placement residing with him. She states that she has already disclosed the abuse to her caseworker.

6. A former inmate of a Colorado correctional facility calls the hotline. He is looking for support services regarding repeated sexual assault he experienced while he was incarcerated. The alleged perpetrator is a prison guard.

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7. You are working with a 23-year-old client who was recently assaulted by a friend during a party. While discussing the assault, she reveals that she is a survivor of childhood incest perpetrated by her older brother. She was 8 and her brother was 13 at the time of the abuse. During the course of the conversation, she expresses concern that her brother is now an uncle and also has kids of his own.

Self-Care

The role of a rape crisis advocate is incredibly rewarding, but it can be demanding and stressful. It is important for those who choose this work to be aware of their personal points of tension. In order to succeed with this work, advocates must learn about stress management, self-care and setting boundaries.

The Advocate's Emotions

Rape crisis advocates, in bearing witness, are subjected to violence on a regular basis. It may not be the physical violence experienced by the victim of sexual assault and it may not carry the scars or breach of trust felt by the survivor. It is a sense of violence that nonetheless affects the spirit and emotional fabric of our lives, both individually and collectively. A rape crisis advocate becomes a witness to the violence by hearing the stories and pain of survivors.

When an advocate listens to countless horrific accounts and becomes caught up in feeling a survivor's pain, she or he faces risk of experiencing **vicarious trauma**. Responses to vicarious trauma may be anger, fear, helplessness and sadness. Advocates should be aware of their own reactions and get support if they find these are negatively affecting their personal lives or their work abilities. In maintaining a personal sense of wholeness, it is imperative to strike a balance between involvement and distance in reaction to survivors' lives. Most advocates acknowledge a heartfelt commitment to respond to the violence. This is intensive work, requiring that you extend your personal resources. It is work that has a political impact as well: by providing support to one individual, you also work toward making the world a safer place for all.

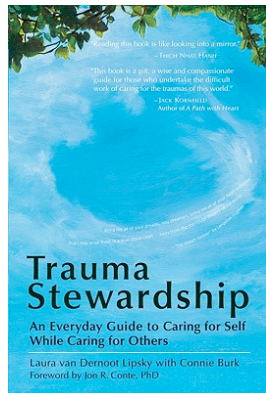
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RECOMMENDED READING



*Trauma Stewardship:
An Everyday Guide to
Caring for Self While Caring
for Others*
Laura van Dernoot Lipsky
with Connie Burk
Berrett-Koehler Publishers,
2009
ISBN 978-1-57675-944-8

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Inner Resources



Trauma Exposure Response

A trauma exposure response may be defined as the transformation that takes place within us as a result of exposure to the suffering of other living beings or the planet.

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Advocates need to try to renew and nurture the self, to remain fresh and energized in this work. The act of renewal not only helps keep the work moving forward, but also enables the rape crisis advocate to look ahead with newness and the potential to survive, flourish, and vigorously grow in this field.

By asking the question, “What matters most to me in my daily life?” you can explore ways to avoid tendencies that can cause **burnout**. The purpose of remaining attentive to sources of renewal is to avoid serious burnout – an experience that separates the advocate from being and acting in ways that have been defined as the most important in his or her life. It may be helpful to begin by reflecting on a series of questions that apply, whether you do this work as volunteer or paid staff:

- What is my purpose here?
- What is my work’s vision?
- How does this work fit into my life?
- Who am I – as a person, worker, family member, partner, friend and/or parent?
- What are the gifts I bring to this work?
- What are my personal goals and my professional goals?
- Can I say that I am happy and content?

What am I gaining from this experience?
What do I aspire to have— more knowledge, skills,
connection with others?
How does this work fit into the rest of my life?

In a study of 101 sexual assault and domestic violence counselors, researchers noted that more educated counselors, and those with heavier caseloads reported less vicarious trauma. Researchers also found that unpaid volunteers with lighter caseloads suffered higher rates of burnout than their paid counterparts. There appeared to be a correlation between unpaid volunteers not having access to the same level of organizational support systems that paid staff had access to, and that volunteers with lighter caseloads reported lower feelings of personal accomplishment than staff with higher caseloads, and that higher feelings of personal accomplishment helped other counselors ward off burnout (Baird, 2003).

Practical Tools for Daily Management

In addition to cultivating inner resources, there are steps to managing some specific work-related challenges. One such area to explore is **stress management**.

Every aspect of each life – work, family, school, health, spiritual life, finances, personal relationships – can present stress factors. Stress can affect us four ways: physically, psychologically, financially and spiritually. Work as demanding as rape crisis counseling has stressors that take effect in one or more of these ways.

Some stress management techniques that may help:

- **Debriefing.** Talk to other advocates and supervisors about the feelings and experiences that come up for you in the course of hotline advocacy. This can be especially crucial after a difficult call.
- **Natural Support Systems.** Choose family, friends, and others to talk about the personal impact of this work. Remember that it is good and appropriate to ask for help and support.
- **Boundaries.** Be able to set limits with clients, staff and others who seek your help and time. Be particularly aware of getting too involved with survivors and immediately set limits and goals in working with a person if there is a sense that appropriate boundaries are not in place.
- **Laughing Often.** Allow for a sense of humor and enjoy the humor of others. Taking everything too seriously can make the work very burdensome.
- **Mini-Breaks.** Eat lunch rather than work through it. Walk outside or read a magazine at break time. Change the daily routine by doing something different in a deliberate way.

- **Supervision.** The rape crisis advocate has a right to clinical support on casework and a supervisor who is interested in the success of the work. A good supervisor can serve as a mentor and confidante when there are feelings of stress from advocacy. Supervision can both affirm the efforts of the counselor and create inspiration and challenge.
- **Rest and Relaxation.** Use the time spent performing tedious tasks as a time to relax. For example, listen to music you like while doing paperwork.
- **Time Management.** Knowing how to manage time reduces stress in all aspects of our lives. Begin each day with a 10-minute reflection period on goals, tasks, and responsibilities for that day: develop a game plan for accomplishing two or three major tasks. Rape crisis work requires great flexibility. One minute may be taken up with paperwork, and then suddenly there is a hospital call. Time management tools include having a good filing system for paperwork, avoiding clutter, and delegating work or asking others to help.

There are many benefits of self-nurturing in this challenging work. Foremost is being fully attentive to the survivors who turn to us for support and advocacy. Rape crisis advocates are talented, committed, and contributing members of the community and the anti-violence movement. Advocates can only be fully successful if they learn and integrate the lifelong practice of renewing inner resources.

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*The National
Resource Sharing
Project (RSP) and
the National
Sexual Violence
Resource Center
(NSVRC) invite you
to reflect on your
skills, knowledge,
values, agency
support, and
environment.*

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Personal Assessment for Advocates Working with Victims of Sexual Violence

The work of responding to sexual assault and helping survivors rebuild their lives is done by advocates in an array of organizational structures throughout the US and its territories. The work can be taxing, and sometimes it is difficult to know if you are maximizing all of your strengths in service to sexual assault survivors. To that end, The National Resource Sharing Project (RSP) and the National Sexual Violence Resource Center (NSVRC) invite you to reflect on your skills, knowledge, values, agency support, and environment.

This assessment tool will help identify strengths and strategies to cultivate deeper and broader services for all victims of sexual assault. It will enable advocates to develop plans for enhancing or creating sexual assault services by expanding on their strengths.

How to Use this Assessment Tool

Advocates can use this tool individually to assess the current state of their sexual assault services, their sexual assault knowledge, and their relationships with community partners. Agencies can have each staff member complete the assessment to form a picture of collective staff skills and areas for growth. The board of directors may also use the tool to assess their own level of knowledge regarding sexual assault and agency sexual assault services. State coalitions may use this tool to help their membership assess statewide sexual assault response and construct a statewide plan.

We recommend that advocates complete the tool on a regular basis to track progress and celebrate growth. If the tool is to be collected or used for purposes outside strategy and reflection, we recommend that this be discussed first. The tool was designed to encourage honesty and deep evaluation, and this work must happen in a trusting environment. The RSP and NSVRC will not collect any results from assessments.

This tool is broken down into four parts that focus on specific areas critical to effective sexual assault services. The first section examines your knowledge of sexual assault and traumatic impact. The second focuses on the skills of advocacy: providing options, working within the scope of your expertise, and accessing continuing education. The third section evaluates how you relate to the community concerning sexual assault services provision, your knowledge of sexual assault policies and procedures, and your support system for preventing and responding to vicarious trauma. The fourth section discovers your confidence in providing sexual assault services. Having training on an issue is not the same as having real life experience, and exploring the areas where you feel unsure can give guidance on where you must seek experience. Each section ends with reflection questions on strengths and areas of potential and brief action planning. It is not

necessary to collect and analyze any documentation for this assessment, though you are welcome to do so.

From these four aspects of advocacy, the advocate should be able to get a clear understanding of her/his ability to provide sexual assault services within a multi service organization. The length of time needed to complete this assessment will depend on the taker, from less than 20 minutes for some to an hour for others.

Each advocate operates in a unique environment with unique skills and resources. This assessment tool provides a roadmap for individualized growth that does not necessarily require expensive or complicated changes to your agency or your individual practice. Advocates and their agencies have used this tool to enhance sexual assault services using varied amounts of human and fiscal resources. While this assessment examines the individual advocate's response, the agency's collective knowledge and capacity to respond to sexual violence survivors is also important to consider and assess. An organizational assessment tool for dual/multi-service agencies to evaluate the overall agency response to serving victims of sexual violence is available at www.nsvrc.org. NSVRC, RSP, and your state, territorial or tribal coalition are available to assist you as you implement enhanced services for victims of sexual violence.

The National Sexual Assault Coalition Resource Sharing Project (RSP) is a collaborative project of Iowa Coalition Against Sexual Assault, North Carolina Coalition Against Sexual Assault, & Washington Coalition of Sexual Assault Programs. The RSP helps state sexual assault coalitions across the country access the resources they need in order to develop and thrive. The project provides technical assistance, support, and the dissemination of peer-driven resources for all state and territorial sexual assault coalitions utilizing peer-to-peer technical assistance and the voices of survivors as guiding principles. The National Sexual Violence Resource Center, founded by the Pennsylvania Coalition Against Rape, is the nation's principle information and resource center regarding all aspects of sexual violence. It provides national leadership, consultation, and technical assistance by generating and facilitating the development and flow of information on sexual violence intervention and prevention strategies. The NSVRC works to address the causes and impact of sexual violence through collaboration, prevention efforts and the distribution of resources.

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Personal Assessment for Advocates working with Victims of Sexual Violence

This assessment is designed to help advocates evaluate their strengths and identify areas for enhancement. This is for your personal use and will not be shared with anyone unless you choose to share it. This tool is intended to help you grow, so there is no judgment here, only personal reflection and honesty.

Consider your current level of knowledge, skill and readiness for each topic. Please mark each statement according to the following scale.

1-----2-----3-----4-----5

This statement is not true
I haven't taken action yet
I don't really know about this topic

This statement is true
I take action, feel confident on this
I have a lot of knowledge on this topic

Sexual Assault Knowledge	
1. I understand the prevalence of sexual victimization and can provide current information on the general frequency and facts surrounding sexual violence.	1 2 3 4 5
2. I understand the potential impact of sexual victimization and can explain it to community members if asked.	1 2 3 4 5
3. I can discuss sex comfortably. I am knowledgeable about sexual terms in both scientific terminology and common slang.	1 2 3 4 5
4. I understand and can provide core services to victims of sexual violence:	
a. I can provide crisis intervention for victims of sexual assault	1 2 3 4 5
b. I understand the services available in my community and can provide information and referrals to victims of sexual violence or their family, partners or friends.	1 2 3 4 5
c. I am confident in my general advocacy skills for victims of sexual assault.	1 2 3 4 5

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d. I understand the screening process and can make appropriate referrals to therapy or support groups dedicated to sexual assault survivors as appropriate.	1 2 3 4 5
e. I know the basic elements of victim reactions and general sexual assault victim needs.	1 2 3 4 5
f. If called upon I am capable of being the voice for sexual assault victims at the table when community agencies or stakeholders gather.	1 2 3 4 5

5. I am able to articulate how services may differ when working with victims who experience sexual violence in the context of intimate partner violence in comparison to those that do not.	1 2 3 4 5
6. I understand what culturally relevant services look like in my community:	
a. I have an awareness of the cultural diversity and demographics of my community, including communities of color, the LGBTQ community, and immigrant/refugee communities among others.	1 2 3 4 5
b. I have an understanding of prevalence, differences, risk factors and the effects of sexual violence in underserved populations in my community.	1 2 3 4 5
c. I know what culturally specific outreach is and how to do it within or with these communities.	1 2 3 4 5
d. I feel that I have the appropriate training and skills to provide culturally relevant services.	1 2 3 4 5
What do you feel your strengths are in this section?	

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Where do you feel challenged?

Action Steps for this section:

Sexual Assault Survivor Advocacy	
7. I understand how multiple systems (criminal justice, advocacy and health care) operate in regards to sexual violence.	1 2 3 4 5
8. I possess the knowledge to increase all <i>medical options</i> for victims of sexual violence	1 2 3 4 5
9. I possess the knowledge to increase all <i>criminal justice options</i> for victims of sexual violence.	1 2 3 4 5
10. I possess the knowledge to increase all <i>civil legal options</i> for victims of sexual violence.	1 2 3 4 5
11. I have received specific advocacy training on sexual assault.	1 2 3 4 5
12. I exercise initiative to obtain the necessary training to aid individuals who have experienced sexual violence.	1 2 3 4 5
13. I am able to assess and ask appropriate questions regarding the impact of sexual victimization throughout the survivor's life.	1 2 3 4 5
14. When a person presents as a victim of domestic violence, I have the ability to accurately screen and effectively respond to any experience s/he may have had of sexual violence within the context of the intimate partner relationship.	1 2 3 4 5

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What do you feel your strengths are in this section?

Where do you feel challenged?

Action Steps for this section:

Systems	
15. I discuss sexual violence with community partners who provide services to sexual violence survivors, such as health care, law enforcement, and educators.	1 2 3 4 5
16. I have a support system in place within my agency to assist me with any vicarious trauma I may suffer as a result of my working with victims of sexual violence.	1 2 3 4 5
17. I understand my agency's policies and procedures regarding services for sexual violence survivors.	1 2 3 4 5
What do you feel your strengths are in this section?	
Where do you feel challenged?	

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Action Steps for this section:

Personal Confidence in Providing Sexual Assault Advocacy Services	
18. I have confidence in my <i>judgment</i> in working with victims of sexual violence.	1 2 3 4 5
19. I am confident in my <i>skills</i> and <i>ability</i> to provide services to victims of sexual violence.	1 2 3 4 5
20. I have gotten enough experience serving victims of sexual violence to feel comfortable and confident in my abilities.	1 2 3 4 5
21. I am willing, able and comfortable in serving any victim of sexual violence:	
• Girl: female child less than 13 years of age	1 2 3 4 5
• Boy: male child less than 13 years of age	1 2 3 4 5
• Teen girl: female between the ages of 13 and 18	1 2 3 4 5
• Teen boy: male between the ages of 13 and 18	1 2 3 4 5
• Adult man who is a survivor of child sexual assault	1 2 3 4 5
• Transgender person	1 2 3 4 5
• Person with a disability (cognitive, physical, and/or developmental)	1 2 3 4 5
• Adult or teen using drugs/alcohol,	

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<ul style="list-style-type: none"> Adult or teen using drugs/alcohol, self-injury or other such coping mechanisms to deal with sexual assault 	1 2 3 4 5
22. I feel capable of serving anyone who presents as a secondary victim (significant other, partner, family, friend, etc.) of sexual violence.	1 2 3 4 5

What do you feel your strengths are in this section?

Where do you feel challenged?

Action Steps for this section:

Take a few moments to think about the entire process, and jot a few notes while your thoughts are still fresh. Put the whole picture together as an action plan, as you consider the following questions.

Something new you learned about yourself:

Identify a strength you can draw on as you address one of your challenges:

Overall impressions from the assessment:

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Advocate Spotlight!



Bruce Cummings

Bruce Cummings is a Crisis Counselor with Moffat County Victim Assistance Program at the Moffat County Sheriff's Office. He works in partnership with Advocates-Crisis Support Services.

Q: Why did you become an Advocate?

I've always been one that gets in and tries to help everyone with the struggles that they have. Advocacy was just a natural step for me.

Q: Describe a "typical" day as an Advocate.

My days are filled with everyday office business (research and reports for grants etc.) until a call comes in then it's off, to do whatever I need to do to take care of my client. Sometimes its hours and other times its days.

Q: What is the process once your agency receives a crisis call?

I think that it's like every other agency. We get to the scene as quickly as possible then assess what happened and what are the steps to get the client taken care of: do they need counseling, shelter, food or maybe just a friend. Then fill that role as needed.

Q: What are some of the pressing issues that you have become more aware of through your work as an advocate?

As I have gotten deeper in the field, I've had more men looking for help with sex assault information. I think that it's becoming an issue that we must address.

Q: What is your advice for anyone wanting to become an advocate?

BELIEVE: In yourself, your cause, and your ability to make a difference in someone's life! It takes some effort. Stay with it and soon the reward you receive will be much greater than the help you give.

Q: Where would you like to see Colorado's sexual assault services five or ten years from now?

My vision for the next 5-10 years is building into our programs help for those men who are victims. Let's get the word out for all humanity that violence is not an acceptable behavior.

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Chapter 8 – Advanced Topics in Advocacy: Understanding Setting and Context

Why Advanced Advocacy?

This chapter identifies and explores some of the specific concerns that sexual assault survivors may face based on the specific group, demographic population to which they belong, or intersection of issues s/he is experiencing at the time of the sexual violence. By being cognizant of these issues, advocates can better develop their advocacy skills and strategies to most effectively serve ALL survivors. You may also refer back to *Chapter 4, Making the Connection: Sexual Violence, Social Justice, and Anti-Oppression*.

Though we do not focus on individual racial/cultural groups in this chapter, please keep community and cultural differences in mind as you are raising your sensitivity to the distinct perspectives different groups bring to their experience of sexual assault. Cultural awareness is a skill to develop not only in relation to the racial and cultural differences that exist between all of us, but also to matters of geography, socioeconomic background, religion, physical ability, sexual orientation and gender identity or expression.

Be aware of the many circumstances or situations that might make survivors reluctant to seek certain services. To do this work effectively, it is imperative to consider how varied this experience may be. For instance:

- In a survivor's culture and community, sex and sexuality may be uncomfortable or inappropriate topics to discuss with strangers.
- A survivor might fear being treated unfairly by police and prosecutors based on stereotypes about or ignorance of their culture, race or background.
- A survivor may fear being blamed or not believed due to stereotypes and misperceptions about their cultural identity and/or community.
- A survivor might worry about the perpetrator (if he is male) receiving harsher treatment than necessary, because police tend to treat men in their community differently than others.
- A survivor may come from a culture or a community where gender role expectations are different than the norms of the dominant community/culture.

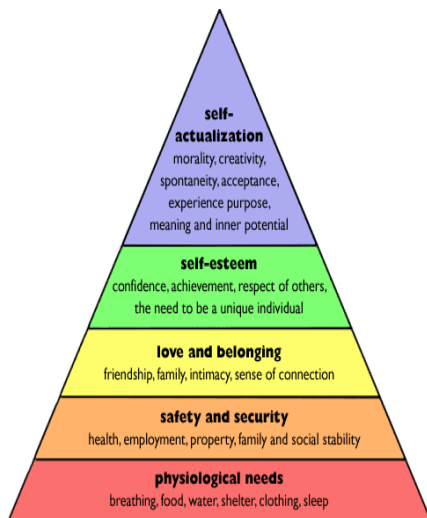
Assumptions and Stereotypes

We all tend to base our points of reference on assumptions we make about one another. Sometimes these assumptions are false; they do not accurately reflect the reality of the other person or group. Assumptions can also include biases and pre-conceived ideas about other people based on various outside stereotypes. It is important for advocates to understand what their misperceptions and biases are, especially when that may affect their ability to provide quality services to survivors.

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Maslow's Hierarchy of Needs is a theory often used in psychology. How can an understanding of Maslow's Hierarchy of Needs be beneficial in your work as an advocate?

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Potentially Alienating Oversights:

- A woman calls your hotline. Her speech is slurred and halting. You assume she is intoxicated and tell her that you are having a hard time understanding her due to her intoxication. She tells you she is partially paralyzed and has trouble speaking due to the disability. How might you approach this differently?
- A caller speaks with a thick Spanish accent. When referring her to additional services, you suggest she call the local Mexican-American women's organization. "But I am not Mexican," she tells you. "I'm from Peru." How might you approach this situation?
- A woman calls because she is being assaulted by her partner. She is afraid to leave home because of concern for her two small children and the possibility of a custody battle. You ask questions about her husband. She informs you her abusive partner is a woman. How might you approach this differently?

★ DISCUSSION QUESTIONS ★

1. What can happen in the moments between when the advocate made an assumption about the caller and the caller corrected her/him?
2. If you are the caller, how might you respond to the advocate's assumption?

The difficulties with assumptions in the context of providing services to sexual assault survivors is that they can lead or contribute to a poor response from advocates, social service personnel, law enforcement, or medical providers. This can prompt survivors to remain silent about their victimization. When our assumptions cause us to re-interpret a victim's experience to make it seem more familiar to our own experiences, we stop listening effectively to the person we are trying to support.

Abuse of People with Disabilities

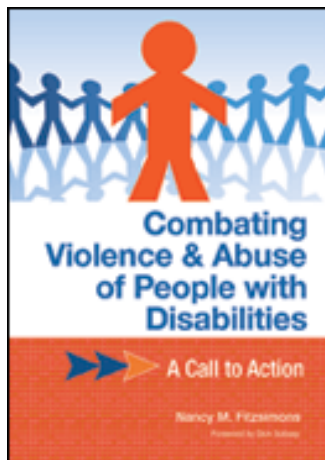
Originally adapted from the *Survivors with Disabilities* section of "Supporting Survivors of Sexual Assault" by the Massachusetts Department of Public Health, in collaboration with the Massachusetts Coalition Against Sexual Assault, September 1997. Special thanks to Nissa Baker for her assistance with this section.

People with disabilities naturally experience the typical responses to sexual assault; however, there may be additional advocacy needs that should be addressed. By listening to the needs of each individual survivor, the advocate can more effectively provide the most appropriate support.



* * *

RECOMMENDED READING



*Combating Violence & Abuse
of People with Disabilities:
A Call to Action*

Nancy M. Fitzsimmons, Ph.D.
Paul H Brookes Publishing
Company, 2009
ISBN 1598570013

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Perspective on the Problem

Historically, our culture has not acknowledged or addressed sexual assault or other acts of violence against persons with disabilities. In the 1980s, the voices of women with disabilities began to be heard around this issue. During the same period, people with disabilities successfully lobbied the U.S. Congress for their civil rights, resulting in the enactment of the Americans with Disabilities Act (ADA). Since then, providing accessible services to persons with disabilities has been a goal of many rape crisis centers.

According to a 2007 Bureau of Justice Special Report:

- Persons with disabilities have an age-adjusted rate of rape or sexual assault that is twice the rate for persons without a disability.
- Females with a disability have a higher victimization rate than males with a disability; however males with a disability have a higher rate than females among those without a disability.
- Persons with a cognitive functioning disability have a higher risk of violent victimization than persons with any other type of disability.
- Nearly 1 in 5 violent crime victims with a disability believed that they became a victim because of their disability.

Compounding the reluctance of many survivors to disclose sexual assault, those with disabilities are not routinely represented or identified in most large studies. In addition, crime-reporting statistics do not distinguish people with disabilities from others. Most studies cite high but varying rates of sexual assault.

People with disabilities are themselves a diverse group. They may differ by the type, degree, and length of time living with a disability or disabilities. They may live independently in the community or in group settings. They may or may not have access to adaptive equipment and appropriate medical care. As with everyone, they are influenced by other aspects of their identity, such as race, class, educational background, sexual orientation, gender identity/expression and other factors.

The prevalence of sexual assault and reporting rapes may differ by disability group. For example, at one rape crisis center, sexual assault survivors with disabilities were far more likely to have cognitive disabilities than any other type of disability. Although risk of sexual assault is an identified problem for every disability subgroup (blind, deaf, physical, cognitive, psychiatric, etc.), most studies to date have looked at people with developmental disabilities. Thus these findings may not be relevant to those with other types of disabilities.

Although risk of sexual abuse may be lower for men than women, men with disabilities living in institutions are more at risk for all types of abuse than those living in the community. “Among adults who are developmentally disabled, as many as 83% of the females and 32% of the males are the victims of sexual assault (Johnson, I., Sigler, R., 2000).

“The environment is disabling, not the individual.”

Considerations When Providing Advocacy Services

- **Reasonable Accommodations:** People with disabilities involved in the legal process are entitled to *reasonable accommodations* throughout the legal process. These include, but are not limited to: assistance completing forms and filing complaints, interpreters, and personal care attendants (PCA). Courts are required to provide these services; survivors should request them in advance.
- Since there is the possibility that a caregiver is the perpetrator, thought must be given to interacting with caregivers when working with the survivor. A caregiver may accompany a survivor to appointments, such as to the rape crisis center or the hospital. When this occurs, you should meet separately and communicate with the survivor privately. You can explain that this is a matter of procedure to protect confidentiality. By separating them, you provide the survivor with an opportunity to speak frankly. Reassure the survivor that you will not share any information with the caregiver. Be aware, however, that many caregivers accompany survivors to offer genuine and needed support; they should be allowed to do so if the survivor requests. Abusers may isolate their victims from the outside world; when others are present, they may speak for the survivor and use nonverbal cues to signal her or him to be quiet; they may display a negative attitude toward, and be emotionally distant from, the victim.
- It may become necessary for the survivor to separate from an abuser who is a family or household member, partner, and/or caregiver. This is often a difficult decision for survivors with disabilities, because the abuse may seem less frightening than the prospect of being alone or being stalked. The lack of accessible shelters also may discourage survivors with disabilities from leaving.
- Call in advance to find out whether shelters and transportation are accessible.
- Talk with the survivor about keeping extra copies of medical records and prescriptions with a trusted friend.
- Explain to the survivor their right to file a protection order against the perpetrator in a court of law.
- As with all survivors, those with disabilities may need to create or use support networks to recover. This may be facilitated by hiring a new PCA, or getting involved with organizations run by and for people with disabilities. Explore what resources the survivor used before the assault. Involvement in groups may help to reduce isolation, but the survivor needs to pace her or his level of involvement. Local centers for independent living can help arrange alternative PCAs and provide other referrals.
- Survivors may require professional help to recover from sexual assault. It is important to empower them to make their own choices about where to receive help. If the survivor does choose to seek professional help, provide information about local therapists and agencies that are accessible and cater to the needs of persons with disabilities. Help clients develop skills to interview perspective therapists, using such questions as, "How do you see

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my problem?" and "How many people of my age and ethnicity and with my disability have you served?"

- Many victims may be reluctant to report abusers. When an individual is dependent on the perpetrator, s/he may fear being left with no one to care for her or being sent to a group home. In some cases, the perpetrator may have threatened the victim, who may fear retaliation. Survivors may fear that no one will believe them if they report the abuse. As always, it is the advocate's responsibility to believe, listen, and help with safety planning.
- People with disabilities may experience abuse while residing in or receiving treatment in a facility - from staff or from fellow patients. Abuse may take the form of overt sexual exploitation, restraints, seclusion, invasion of privacy, over-medication, or withholding medication in exchange for sexual activity. People with disabilities (as well as those without) may experience humiliation and a loss of control and privacy while receiving medical treatment. Be aware of the many methods perpetrators can utilize for power and control.
- Advocates should consider their own internal reaction to disability. Many people without disabilities may be fearful of disability or curious about it. Unfortunately, rape crisis advocates and survivors alike may have internalized some myths about disability and sexual assault. These attitudes may impair an advocate's ability to provide effective care. Some manifestations of these attitudes include an exclusive focus on the disability and distancing from the client.
- Pay attention to your choice of terminology. There has been much debate over appropriate terminology within the disability community itself. It is best to listen to the client and use whatever terminology she or he uses. It is usually preferable to use "person-first" terminology.
- Be sensitive around "helping." In general, people with disabilities request help when they need it. If you have a situation in which you think you should help, ask whether assistance is needed and accept the answer you are given. If the individual declines your help, avoid persisting and do not personalize the response.
- Respect personal space. This is especially true in the aftermath of sexual assault. Refrain from touching the person, any equipment, or a service dog without permission. Wheelchairs and canes may be seen as an extension of an individual's body, so that moving those is similar to moving part of her or his body.
- People with a disability may make initial contact with a rape crisis center feeling frustrated at the barriers they face, either physical or attitudinal. This may be especially true if these barriers have interfered with their ability to seek help. The advocate should be empathic and offer support on such issues; individuals may require particular or even unique accommodation.

Psychiatric Disabilities

Psychiatric disabilities include mood, psychotic, and personality disorders. The stress associated with abuse may exacerbate these disorders. For instance, people with preexisting post-traumatic stress disorder may experience

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► For Further Reading

***Forging New
Collaborations: A Guide for
Rape Crisis, Domestic
Violence, and Disability
Organizations***

Vera Institute of Justice's Center on Victimization and Safety has created a roadmap for bringing together agencies at the intersection of violence and disability so that they can create a new and effective approach to safety, healing, and accessibility to services for their clients.

<http://www.vera.org/download?file=3242/Collaboration-pub-v4-corrected.pdf>

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flashbacks more intensely and with greater frequency. Those who hear voices often find they have greater difficulty coping with them and being around other people.

Due to the intense social stigma frequently associated with these conditions, it is important to be aware of your own attitudes and behaviors. Certain that their stories will be labeled as manifestations of their disability, many survivors are reluctant to report the abuse for fear that no one will believe them. Be aware that some individuals with psychiatric disabilities have acquired their disabilities as a result of previous abuse. Some 50 to 70 percent of women hospitalized for psychiatric reasons are estimated to have experienced physical or sexual abuse. It is very important that advocates validate and believe the reports of all survivors, especially this population.

Other Resources:

- Colorado Department of Health Website listing of Colorado Mental Health Centers: http://www.cdhs.state.co.us/dmh/directories_cmhc.htm
- Colorado Behavioral Health Council listing of Mental Health Providers: <http://www.cbhc.org/news/wp-content/uploads/2010/06/Colorado-Community-Mental-Health-Providers.pdf>

Cognitive/Developmental Disabilities

When providing support to persons with cognitive impairments, it may help to speak slowly and directly to the person. Refrain from using terms like *retarded*. Whenever possible, avoid noisy, busy areas with numerous distractions. Be prepared to write down, draw, or present information in whatever modality the individual prefers.

Survivors who have cognitive or developmental disabilities often have been deliberately selected for sexual abuse, because the perpetrator believes that the victim will be unable to understand that s/he is being abused. In some instances, survivors have been threatened and/or bribed by their abusers. It is important to reassure the survivor that it is now safe to talk about what happened. When communicating about abuse, try to create a "common language" by asking survivors to describe the events. Be open to innovative ways to ensure communication.

Other Resources:

- The Legal Center for People with Disabilities and Older People
455 Sherman St. #130
Denver, CO 80203
303-722-0300
www.thelegalcenter.org
- DVI – Domestic Violence Initiative (for women with disabilities)
PO Box 300535
Denver, CO 80203-0535
303-839-5510
www.dviforwomen.org

*As of July 2007,
418,090
Coloradans were
hard of hearing
and 43,753
were deaf.*

*— DORA 2009 Sunset
Review: Colorado
Commission for the Deaf and
Hard of Hearing*

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- The Arc of Colorado
1580 Logan Street Suite 730
Denver, CO 80203
303-864-9334 Ext. 11
www.thearcofco.org

Substance Abuse Disorders

Survivors with substance abuse disorders may have been sexually assaulted while under the influence of the substance. Rape myths may reinforce the false idea that they "deserved" the abuse, because they were high or drunk.

Indeed, perpetrators may encourage their victims to drink or use drugs to take advantage of them. Further difficulties arise when other disabilities are present. This is especially true when detoxification centers and other treatment facilities are inaccessible. *See Chapter 6: Effects of Sexual Assault.*

People Who Are Deaf or Hard of Hearing

People who are deaf may communicate orally (by reading lips and speaking) or by signing with their hands. If the individual you are working with communicates orally, make sure the survivor has a clear view of your mouth, and refrain from chewing gum. Keep it simple, speak at a normal pace and use short phrases and key words. Look at facial expressions to gauge comprehension. If you are having difficulty communicating, you may ask the survivor if it would be helpful to write out or type communication.

People who communicate by signing may be accompanied by a certified interpreter. In these cases, you should speak directly facing the survivor (not the interpreter) and make sure that the interpreter is not the perpetrator or a child. Certified interpreters have formal training and are credentialed. They are fluent in American Sign Language (ASL) and have knowledge of deaf culture and the deaf community. If there are any problems with an interpreter, contact DOVE (see Program Spotlight on page 31) for a referral. Having telecommunication devices for individuals who are deaf can increase understanding and facilitate conversations.

Relay Colorado – 711

Cited directly from www.relaycolorado.com. Retrieved on 1/19/11.

Relay Colorado allows hearing individuals to phone people with a hearing loss or a people with speech disability—and the other way around. We provide free, anytime access to a world of personalized relay choices. Call anyone you want, whenever you like, in the way that's best for both parties. And, rest assured, relay calls are completely confidential and no records of any conversations are maintained. Relay Colorado is a free service available 24 hours a day, 7 days a week. (Long distance or toll calls placed through relay are billed by your long distance carrier.)

When someone is deaf, deaf-blind, hard-of-hearing or has a speech disability, a TTY device (text telephonetel) is an ideal way to communicate over the phone. A Relay Operator (OPR) is on the line to relay the conversation between the hearing person and the TTY user. The hearing person speaks from a standard telephone and the Relay Operator types the spoken words for display on the TTY user's screen. The TTY user reads the words and types a reply. The

► For Further Reading

*"5 Ways to Make Sexual
Assault Services More
Accessible Using Assistive
Technology"*

[http://www.nnedv.org/resources/
safetynetdocs/atsa.html](http://www.nnedv.org/resources/safetynetdocs/atsa.html)

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Operator then reads the reply to the hearing person. In this way, the parties can easily converse back and forth with one another.

711 is the statewide telephone relay number that connects standard (voice) telephone users with deaf, deaf-blind, hard-of-hearing, and/or speech-disabled people who use text telephones (TTYs). Relay users can now simply dial 711 to connect with Relay Colorado. This allows easier access, particularly for less experienced relay users such as businesses, children, or friends and family of TTY users.

Occasionally, people who try to place relay calls from a corporate office or hotel room using the 711 number may experience difficulties. This may be because the number has not been programmed into the internal telephone system (e.g., PBX or Centrex). Contact your office administrator or local telephone service provider to ensure that the 711 service is available.

Resources for People who are Deaf or Hard of Hearing in Colorado:

- DOVE Advocacy Services for Abused Deaf Women & Children
(Also serving men and teens)
Website: www.deafdove.org
Hotline Email: Hotline@deafDOVE.org
24 Crisis Line: 303-831-7874 (Voice/TTY)

People Who Are Blind/Visually Impaired

Here are some suggestions when interacting with persons who are blind or visually impaired:

- Do not avoid using idioms of sight, such as, "See what I mean?" These expressions are inherent in our culture and used by blind as well as sighted people.
- Announce yourself as you enter and leave the room.
- If the person asks you to lead, let her or him take hold of your elbow and guide gently. Do not grab or pull the individual around. When guiding a person, take care to announce any upcoming stairs or corners.
- Service dogs are permitted to accompany their owners everywhere. These can be distinguished from other dogs, because they wear special harnesses and have identification tags. An advocate may have to advocate for the client to bring the dog into treatment centers, courts, and other facilities; since many people are ignorant of the laws, such advocacy may be necessary. Refrain from touching a service dog without the owner's consent, and discourage others as well, so that the dog remains focused on work. The dogs undergo extensive training, and touching them may interfere with or interrupt work.
- People who are visually impaired may appreciate markers on the edge of steps to indicate where each step begins and ends. Markers can also be put on glass windows and walls to help the person avoid bumping into them. Individuals with visual impairments often can use written materials provided in large print or on colored paper to reduce glare; ask the client which

*One in four
women will be a
victim of domestic
violence at some
point in her
lifetime.*

— U.S. Department of
Justice, 1998

Partner abuse in LGBTQ
[Lesbian, Gay, Bisexual,
Transgender and Queer]
communities is a serious
public health and
community issue,
occurring in approximately
25-33 percent of
relationships where one or
more partner identifies as
lesbian, gay, bisexual
and/or transgender.

— National Coalition of Anti-
Violence Programs "Lesbian,
Gay, Bisexual, Transgender and
Queer Domestic/Intimate Partner
Violence in the United States,"
2009.

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modality is preferable. Persons who are blind can benefit from audiotapes and braille materials.

Resources for People who are Blind in Colorado:

- Colorado Center for the Blind
2233 W. Shepperd Ave, Littleton, CO 80120
303-778-1130
www.cocenter.org
- American Council of the Blind of Colorado
1536 Wynkoop St, Suite 201
Denver, CO 80202
303-831-0117
www.acbco.org

Domestic/Intimate Partner Violence

Special thanks to Kristiana Huitron for her help with this section.



Domestic violence or intimate partner violence is a pattern of behavior used to establish power and control over another person through fear and intimidation. There are not always physical signs of abuse. Please see *Chapter 11, Selection of Statutes* for the statutory definition of domestic violence. Intimate partner violence may be the context within which sexual assault is occurring. Intimate Partner Sexual Violence (IPSV) is a comprehensive term that includes not only marital rape, but all other forms of sexual violence that take place within a current or former intimate relationship. Sexual assault may occur in the context of any relationship – whether partners are legally married, living together, or dating and regardless of whether they are in gay, lesbian, or heterosexual relationships. IPSV often occurs repeatedly within a relationship and involves both sexual assault and domestic violence.

Intimate partner violence may also occur within the context of teen dating. In March 2006, Liz Claiborne Inc. commissioned Teenage Research Unlimited (TRU) to conduct a survey on teen dating violence. The survey results showed 1 in 3 girls who have been in a serious relationship say they've been concerned about being physically hurt by their partner. Nearly 1 in 4 girls who have been in a relationship (23%) reported going further sexually than they wanted to as a result of pressure. In designing agency outreach and programing services, it is critical to recognize that teen dating violence does not occur only in the context of heterosexual relationships. In 2003, a national prevalence study on same-sex teen dating violence was conducted via interviews with 117 adolescents who identified as being exclusively in a same-sex romantic or sexual relationship prior to the interview. The results of this study indicate that intimate partner violence is most likely just as prevalent in teen same-sex relationships as teen opposite-sex relationships. The study found that almost 25% of the respondents reported experiencing some kind of physical or emotional violence from a partner (Hapern et. al, 2003).

Power & Control Wheel

The power and control wheel was created in 1984 by staff at the Domestic Abuse Intervention Project in Duluth, Minnesota. It illustrates some of the different forms of abuse that rob the victim of power and control in an abusive situation. Very few relationships begin with physical violence. Most abusive relationships commence with more subtle forms of emotional and psychological control that set the stage for more severe violence. Sexual abuse may be one component in a much larger cycle of personal violence.

The Recreated Wheel by Kathy Jones, survivor and advocate, is a representation of the batterer generated risks and of the life generated risks a survivor faces on the journey toward autonomy, equality, and respect. There are many tactics, conscious and unconscious, that one who chooses to abuse can impose on a survivor. Those tactics are shown in the center of the circle as the spokes of the wheel. The multiple layers around the outside of the wheel represent the many layers of social barriers that help the one choosing to abuse to keep the survivor “in their place” or to stigmatize, or to push out of a home, or to shame for the actions of their partner, or to threaten to take away the children because of the partner’s actions, and on and on. If the victim/survivor is a lone dot in the middle of the wheel, then the advocate is the bird’s eye view to help maneuver the maze of batterer and life generated risks. The advocate has the position to bridge between the social systems and the survivor. The advocate provides options concerning both the batterer, such as education around the dynamics of domestic violence, and concerning community resources. Even if the situation is grim, the advocate offers honest options, information, and support as defined by the survivor.

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► *For Further Reading*

The New York Times
ON THE WEB

Report Details Sabotage of Birth Control

By RONI CARYN RABIN;

Published in the New York

Times: February 15, 2011

http://www.nytimes.com/2011/02/15/health/research/15pregnant.html?_r=2&scp=6&sq=pregnancy&st=cse#

Men may rape to impregnate their partners in an effort to force them to remain in or return to the relationship (Estead & McOrmond-Plummer, 2006).

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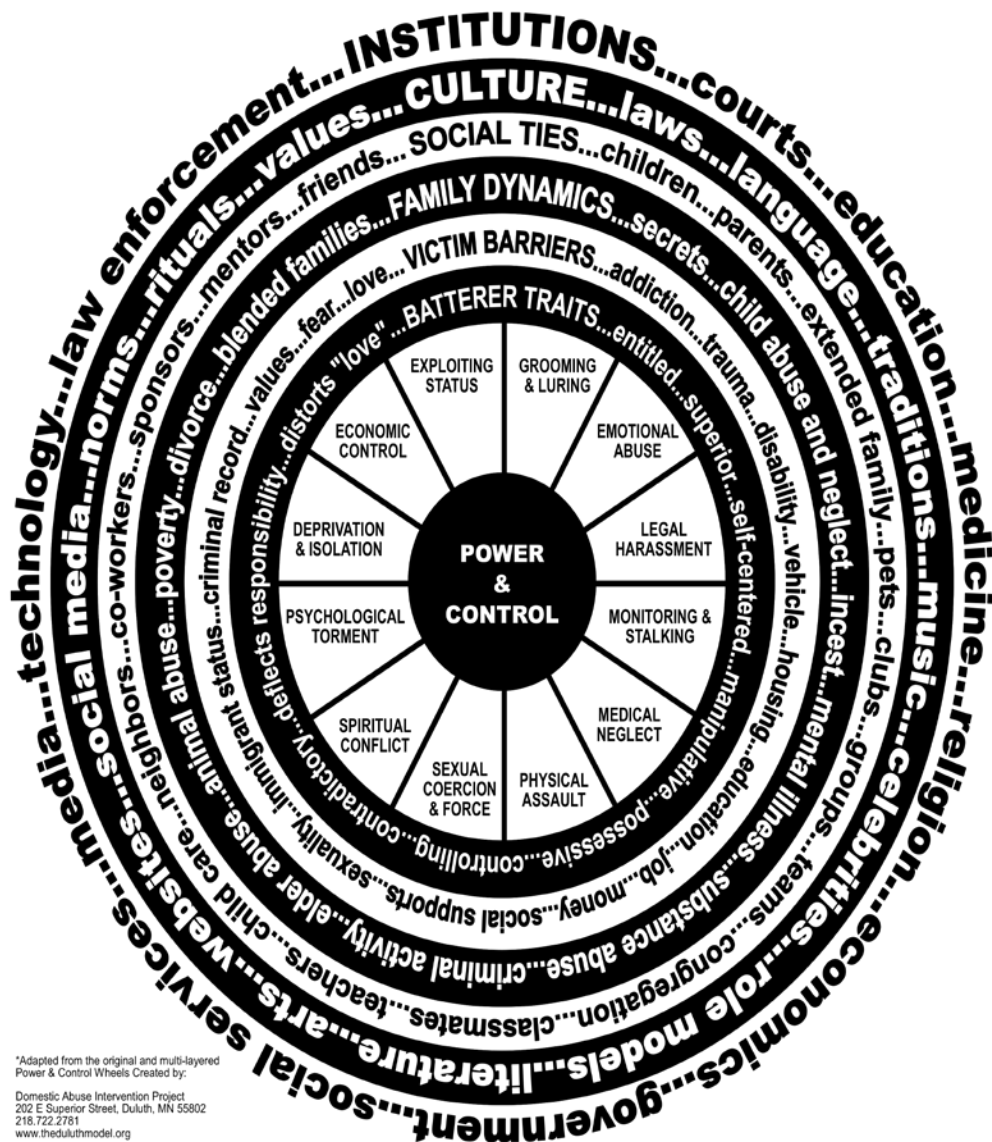
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THE MAZE of COERCIVE CONTROL

The Recreated (Power & Control) Wheel*

Created by Kathy Jones, Survivor and Advocate
 "Where Has Our Kathy Gone?"
 dvsur5n@yahoo.com



Psychological/Emotional:

- Put downs, public humiliation, shaming, ridiculing
- Insulting valued beliefs, religion, ethnicity, or class
- Telling the victim that s/he caused the hurtful act
- Isolating someone from friends or family
- Threatening the victim or victim's loved ones
- Punching walls or throwing things at partner
- Threatening to "out" partner
- Threatening suicide

In a single day in 2008, 1,028 victims of domestic violence received services in Colorado and 547 hotline calls were answered. Unfortunately, programs also reported 183 unmet requests for services, stating that they were experiencing a critical shortage of funds and staff to assist.

— *Domestic Violence Counts: the National Census of Domestic Violence Services, 2008*

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Economic

- Making all financial decisions without allowing input from partner
- Prohibiting a partner from working
- Controlling money or requiring partner to account for dollars spent
- Requiring partner to work but not allowing access to money
- Harassing partner at work, affecting job status

Physical

- Hitting, punching, slapping, shoving, kicking, biting, hair pulling, choking, stabbing, shooting, and beating with objects
- Physical intimidation, such as throwing objects, punching walls
- Locking someone in or out of the house
- Harming or threatening family pets
- Stalking or following the victim

Sexual

- Criticizing someone sexually
- Withholding sex and affection as punishment
- Accusing victim of affairs or (batterer) boasting about affairs
- Calling someone names like “whore” or “frigid”
- Coercing a person into any unwanted sexual acts
- Harming sexual body parts
- Forcing partner to have unprotected sex or sabotaging birth control
- Rape

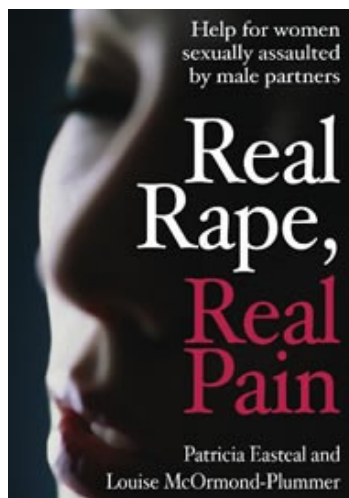
Survivors of sexual abuse by intimate partners can go without appropriate support services, because their special needs have not been incorporated into service provision models. Because intimate partner sexual violence and/or marital rape are only recently recognized as crimes, service providers might miss the opportunity to engage survivors around this issue and provide advocacy services and trauma-informed care specific to intimate partner sexual violence.

Considerations When Providing Advocacy Services

- Because rape is often falsely characterized as non-consensual sex between two strangers, survivors may have difficulty identifying IPSV as a crime.
- If you work for a dual domestic violence/sexual assault agency, blend intimate partner sexual violence assessment questions into your normal screening procedures. These questions can assist your agency in providing appropriate services and/or referrals, but should have a purpose and not be voyeuristic. Let the client know that s/he doesn't have to answer the questions if s/he is not comfortable. Sample questions may include: Have you ever been intimate with your partner because you were afraid of him/her? Has your partner ever forced or pressured you into doing things that you weren't comfortable with? Has your partner ever made you have sexual experiences with other people when you didn't want to? Has your

* * *

RECOMMENDED READING



*Real Rape, Real Pain: Help
for Women Sexually Assaulted
by Male Partners*
Patricia Eastal and Louise
McOrmond-Plummer
Hybrid Publishers, 2006
ISBN 187646234

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partner ever made you have a sexual experience when you have had too much alcohol or drugs so that you were unable to consent? How can I help?

- Individualize agency assessments and support plans so that you are facilitating victim-centered screening. Include the ability to assess past experiences with the ability to vary communication styles. Assess needs (transportation, access to medicine, child care, etc.) as well as assets and strengths.
- If possible, avoid using words like “rape” and “sexual assault,” because the victim may not identify with these terms immediately. Follow her or his pace and body language while being aware of your feelings and reactions (do not show horror or disgust). Screening questions can be used with phrases such as “sexual activity” or “intimate experience.” Persons asking questions should first receive training in how to discuss sexual histories and experiences in a non-threatening, non-judgmental manner.
- As you get to know a survivor, ask about other violence within the relationship that may not have been disclosed at the beginning. If your client is speaking of rape, find out if there is other physical or emotional abuse happening. This will give you a better picture of the survivor's situation and help you provide more comprehensive services.
- An advocate must be careful not to judge a survivor's decisions, including a decision to remain with the perpetrator. Someone who is being sexually assaulted in a relationship may have conflicting feelings about the perpetrator. While s/he may hate the abuse, s/he may also feel love and concern for the abuser. S/he may be financially dependent on the abuser, believe that the perpetrator will harm the children or threaten to file for custody of the children, or fear that s/he would be in greater danger if s/he tried to leave. S/he may have religious convictions that marriage is for life and/or requires submission to the spouse. The perpetrator may threaten to reveal information that the victim considers private, such as substance abuse, criminal history, sexual behavior, etc.
- In cases involving intimate partner rape, the victim may frequently play an active role in requesting the charges be dropped. This action may be due to the dynamics listed above, or the victim may feel that there is little hope that s/he will be believed and can receive a guilty verdict (Eastal & Feerick, 2005). If the case does proceed to court, encourage the victim to make eye contact with the advocate or another support person as much as possible. Let the victim know that s/he can ask the judge for a “time out” to get a glass of water at any time.
- As appropriate, refer the survivor to local domestic violence programs and legal advocacy programs for counseling, shelter, and other forms of support. A 2005 National Institute of Justice study found that women sexually abused by intimate partners were more likely to have their abusers harass them at work and threaten murder. Women who had been sexually assaulted by an intimate partner were more likely to threaten or attempt suicide than women who were physically but not sexually abused. The study also found increased PTSD symptoms for victims of IPSV.

Safety Issues and Escape Planning

Research shows that women who are being raped as well as battered are in greater danger of being killed than women who are battered but not raped (Browne, 1987; Campbell, 1989). Since survivors of IPSV may be in an ongoing battering relationship or may be stalked, there are important safety issues to consider. These considerations need to be kept in mind at all times. Suggestions for the rape crisis advocate include:

- Establish clear guidelines with the survivor for telephone calls. It may not be safe for the client to receive calls from you at home, or it may be safe only at certain times of the day. Do not leave a message on an answering machine. Establish with the survivor what you should say or do if someone else answers the phone.
- For your safety as well as the client's, assess whether the perpetrator knows - or will try to find out - where advocacy services are taking place, and whether he or she would attempt to find the survivor there. Do not meet in the survivor's home or anywhere open to the perpetrator. Be aware of the presence of weapons, and try to ascertain whether or not the abuser is likely to be physically violent. Know and follow your agency's safety and ethics protocols.
- Provide assistance, if necessary, in explaining and/or obtaining a restraining order.
- If the survivor is no longer living with the perpetrator, help the survivor ensure that her or his environment is as safe as possible by reviewing such measures as securing doors and windows, and making certain that police and trustworthy family members, neighbors, and coworkers know about the situation.
- Do not attempt to "rescue" your client. While her or his situation may seem to you to be unbearable and extreme, you will be ineffective if you try to compel her or him to leave or overstep ethical and safety boundaries.
- Get supervision and support. Keep in touch with your supervisor, especially if your client is leaving an abusive situation, filing for divorce, attempting to get custody of her or his children, or other actions that the perpetrator may perceive as a threat to his or her control over the survivor.
- If the survivor is still residing with the abuser, she or he may choose to leave. This may involve a quick departure or escape (such as in anticipation of being raped or just after an assault). Help the survivor devise a plan of action. The Colorado Coalition Against Domestic Violence (CCADV) and local domestic violence programs offer information on what to do and not do in the interest of security; their checklist of essential items to take when leaving, when possible, includes:
 - ✓ Identification (driver's license, birth certificate, Social Security card).
 - ✓ Financial (money, credit cards, checkbooks, savings account books, securities, current unpaid bills in survivor's name).
 - ✓ Legal (restraining orders, house deeds, rent receipts, passport, marriage license, divorce decree registration and insurance papers).
 - ✓ Keys (house, car, safety deposit box).

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- ✓ Other (medications, jewelry, other small valuables, personal photographs, clothing, address/phone book).

Remember that for most victims of intimate partner violence, the time immediately after leaving is the most dangerous.

Lethality Checklist

Certain behaviors can indicate to an officer that a batterer is capable of more severe or lethal violence. While research is being conducted to better predict potential for lethality, there is no precise formula. The following list includes risk factors that can alert an officer to the potential for increased violence.

- *Victim attempting to leave the relationship* - The victim is at greatest risk when attempting to separate from the batterer.
- *Past use of violence* - Domestic violence tends to increase in frequency and severity. Past assaults can be an indicator that the batterer is escalating to more extreme violence.
- *Substance abuse* - While drugs and alcohol do not cause abuse, they can heighten the degree of violence that a batterer employs.
- *Access to weapons* - Access to weapons increases the potential for lethal assault.
- *Threats* - In many domestic violence murders, the batterer has previously threatened to kill the victim. If the batterer commits suicide, it is likely that s/he will first take or attempt to take the life of the victim or a family member, including children.
- *Mental health issues* - Certain unregulated mental health problems, such as depression and schizophrenia, may increase the likelihood of extreme or lethal violence.
- *Noncompliance with court orders* - Offenders who have failed to comply with probation or other court-ordered sanctions may have a greater likelihood of utilizing severe or lethal violence.
- *History of restraining orders* - Earlier record of restraining orders requested by the victim or others.
- *Sexual assault/strangulation* - By the perpetrator on the victim. In fact, sexual violence is one of the key indicators of potential for lethality.
- *Obsession or possessiveness with victim* - A perpetrator who has intense fantasies or whose obsessive thoughts interfere with everyday functioning may resort to homicide or suicide when faced with losing control of the victim.
- *Animal Abuse* - Those batterers who kill or mutilate pets are more likely to kill or harm family members.

There is also research which indicates that unemployment and a history of the criminal justice system ignoring or minimizing the offender's crime can contribute to potential lethality. Keep in mind that in some cases none of these

risk factors may be present. If your instinct tells you that a situation is potentially lethal despite the absence of objective risk factors, treat the situation as such.

Ask the victim what they fear. If they tell you that they are afraid the perpetrator will kill them, trust that fear. If the officer or victim advocate concludes that the batterer is likely to kill or commit life-threatening violence, extraordinary measures should be taken to protect the victim and children.

These measures may include:

- notifying the victim of your concerns
- assisting the victim in contacting a domestic violence program
- recommending that commensurate bail be set for the defendant
- recommending additional conditions on bail/bond
- encouraging the victim to apply for a restraining order, etc.

Resource for Advocates

Private Nightmares, Public Secrets: Sexual Assault by Intimate Partners

Training curriculum available through Jane Doe, Inc.

www.janedoe.org

Resource for Survivors

IPSV Survivor Support website: www.aphroditewounded.org

Drug-Facilitated Sexual Assault

Drugs and alcohol are used by some people to “prey” on others. Despite what the general public may believe, alcohol, not other drugs, is the most common drug used to facilitate sexual assault, also called alcohol-facilitated sexual assault (AFSA). Perpetrators often take advantage of someone who is intoxicated and had voluntarily taken recreational drugs and/or used alcohol. A perpetrator may also secretly put a drug into someone’s drink, with the result that the person is drugged to the point of practically or literally passing out. The victim is rendered either too weak to resist an attack or unconscious. In this incapacitated state, the victim is easily victimized. These drugs also often cause amnesia, so the next day the victim is unable to remember details of what happened.



Victims of drug-facilitated sexual assault may “come to” with a confused, groggy feeling. They may have partial or complete lack of memory of the situation and be slow to put the pieces back together. Not knowing what happened, their reactions may understandably be more exaggerated than victims who remember the details. They may feel a sense of helplessness, undirected

anger, guilt or shame, and tremendous anxiety about unknowns. Because drug-induced scenarios are difficult to prove and prosecute, they may experience even more frustration with the legal process than other victims.

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Considerations When Providing Advocacy Services

- **Consent:** Choosing to drink alcohol and/or take drugs does not mean you consented to have sex. While we all have responsibility for our behavior, no one is responsible for a crime that someone else commits. Having sex with someone who is unable to consent after drinking or using drugs is a crime.
- **State of Mind:** Victims may be in an especially agitated or confused state. They may have no recall of the details – a terrifying experience. They may not have heard of drugs used to facilitate sex assault. Take extra time to validate their feelings and experience and make sure they are safe and know where their current location. Victims of drug-facilitated sexual assault often have additional responses including but not limited to:
 - Partial or complete memory loss of the situation
 - Memories of being helpless to stop the assault
 - Undirected anger, guilt, a sense of helplessness, uncertainty, and tremendous anxiety
 - Self-blame or self-doubt (especially in cases of voluntary drug or alcohol use)
- **Evidence Collection:** In drug-facilitated sexual assault cases, physical evidence is extremely time sensitive because evidence may quickly be (or have already been) lost. If the victim is willing, encourage her or him to get to a hospital as soon as possible. If more than 72 hours have passed since the assault, the chances of collecting evidence will diminish, but some drugs may still be detectable. Follow regular protocol in preparing victim for hospital visit (do not wash mouth, urinate, change clothes, etc.). It is also prudent to inform the survivor that if s/he goes to the hospital to get tested for drugs in his/her system and the results are negative, this does not necessarily mean they weren't drugged. Furthermore, in choosing to perform these tests, all drugs that the victim may have taken voluntarily will show up in the results and could potentially be used against him/her in a sexual assault case.

Other Resources:

NSVRC (National Sexual Violence Resource Center) Online
<http://www.nsvrc.org/publications/drug-facilitated-sexual-assault>

Elder Abuse

Originally adapted from the "Older Women Survivors" section of "Supporting Survivors of Sexual Assault" by the Massachusetts Department of Public Health, in collaboration with the Massachusetts Coalition Against Sexual Assault, September 1997.

Sexual assault may present the older person with a number of issues that are different from those experienced by younger survivors, due to age and life experiences. As a rape crisis advocate, it is important to recognize the possible distinctions and work to overcome barriers that can prevent older survivors from accessing the services they need. Many older individuals may have been raised in a culture and during a time when sexual matters were not openly discussed. The term *sexual abuse* may even be unfamiliar.

Analysis of data from a 2000 study on sexual abuse of nursing home residents indicated the following:

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Sexual predators can be aware of all these factors, and target victims least likely to be able to defend themselves or to report the crime.

- Someone other than the victim reported the rape to an official.
- Unless the rape was witnessed, the report was delayed.
- Clues, such as a sexually transmitted disease, assisted in the disclosure of a rape.
- The victim typically had an impairment which affected their ability to communicate.
- Offenders were either nursing home employees or other residents.
- Physical or forensic evidence was missing if the examinations were delayed.

Elder abuse, in general, is grossly underreported in our society. Since sexual abuse is generally underreported and carries a legacy of secrecy, it stands to reason that sexual abuse of older citizens is extremely underreported. Identification of older survivors and education of our communities are two first steps needed to provide services to this largely silent group of survivors. Many factors influence the age at which a person might consider themselves "older," such as health, culture, family structure, and lifestyle. Government agencies and private entities use different terms (*elder*, *senior*, and others, as well as *older*) and start such age categories at 55, 60, 65, and higher.

Advanced age does not protect one from sexual assault, but rather increases risk in many ways. Older people may be vulnerable to sexual abuse for a number of reasons. As people age, they generally lose some of their physical strength. For some people, bones become more brittle, making the threat of injury more serious. Age-related illnesses – such as arthritis, heart disease, osteoporosis, and Alzheimer's Disease – can contribute to physical vulnerability. They may be less willing to use self-defense against an attacker if they fear that by fighting they are likely to withstand further bodily harm. Older people who are physically fit and active often still are *perceived* as vulnerable simply because of age.

Societal attitudes toward sex and the elderly have a profound effect on a survivor's ability to disclose, report, prosecute, and seek advocacy services. Survivors who are older can be reluctant to discuss their assault because of general reticence about the subject of sex, or because of embarrassment that such a crime could happen "at their age." Distaste or fear of being judged not only by one's peers, but also by members of the professional community (such as doctors, police or social workers) can be overwhelming. Indeed, many younger people may falsely assume that those who are older are devoid of sexuality, causing judgments based on this stereotype.

Like other victims of sexual assault, older people can suffer physical, sexual, and emotional abuse at the hands of their partners and others. Some victims, however, may be reluctant to risk losing longstanding social status and have a lower comfort level with explicit language. They may also face barriers in the social services network. Many are not aware that they can seek assistance. The *generation gap* - that is, the age difference between older people and many service providers - further increases their sense of isolation. When they do seek help, the professionals and agencies to which they turn may not be aware of the needs of these survivors. Additionally, many older women who experience sexual abuse by intimate partners have years invested in their lifestyles, their families, and their communities and the abuse may have been ongoing over the years. They may not be able or willing to give up their investment and/or loss of financial security to remove themselves from the abusive situation.

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Economic independence from their abuser may be difficult to achieve, as older women are less likely to be working outside the home; many rely on a spouse's social security income or other family members' support.

Socially and/or physically, older people may depend on caregivers. If these caregivers are sexually abusive, the survivor may lose the assistance s/he needs if s/he reports the abuse, or in effect be silenced.

Considerations When Providing Advocacy Services

- Be alert to older survivors' daily concerns, including issues related to subsidized housing, home-based medical care, nutrition programs, and elder services. Become familiar with community resources available to meet these needs. Find out from the older survivor what expressions and words are comfortable, since they may find it difficult to speak about sexual issues or body parts.
- Work on your own attitudes and stereotypes about older people that you may have internalized. Remember that ageism is a form of oppression.
- Help the caller identify and strengthen her/his support network. Offer rape crisis services to family members and friends who want to learn ways to support the survivor.
- Be aware that some older survivors may have been sexually abused as children, before there was widespread societal recognition of the problem. They may have kept this secret or may not have identified the experience as abuse.
- Be sensitive to the possibility that, if an older person was abused or is being abused by a family member, their children and/or grandchildren also may be victims of abuse. The dynamics for each family are unique, but the problem could be expressed through secrecy, splits in the family, isolation, substance abuse, or other ways that may impose challenges in the healing process.
- Remember that, as with individuals of other ages, safety planning should be explored if the older person is experiencing ongoing abuse.

Other Resources:

- Guardianship Alliance of Colorado provides information, instruction, and guidance about guardianships of adults in Colorado
303-228-5382
- Colorado Coalition for Elder Rights & Adult Protection
www.ccerap.org or 1-800-773-1366
- To report elder abuse in Colorado:
Colorado Nursing Home Elder Abuse or Long Term Care – (800) 773-1366 or Domestic/Community Elder Abuse – (800) 773-1366
- *Sexual Violence in Later Life: A Technical Assistance Guide for Advocates* (National Sexual Violence Resource Center, 2010): This guide thoroughly investigates the complexity of the topic and includes information on signs and symptoms, special issues facing older victims, and primary prevention techniques. Accessible here: <http://www.nsvrc.org/publications/nsvrc-publications/sexual-violence-later-life-technical-assistance-guide-advocates>

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Human Trafficking

Special thanks to Lauren Croucher for her help with this section.

Human trafficking is defined as the recruitment, harboring, transportation, provision, or obtaining of a person for labor OR sex trafficking in which a commercial sex act (an act where anything of value is exchanged) is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age. The commercial sexual exploitation of children (CSEC) is sexual abuse of a minor for economic gain.

We often think of force when we think of human trafficking, but it is far more common for victims to be fraudulently led into what they believe is legitimate work or coerced into things they don't want to do through promise of money, safety, shelter, or other forms of support. For example, individuals experiencing homelessness or runaway youth who are in the position of surviving on their own may be forced to exchange sex for survival needs, such as housing or shelter. This can lead to recruitment into the commercial sex industry or a more organized or regular trading of sex for money, shelter, or things of value.

Human trafficking can occur domestically or internationally, and be based in sex or labor. It can be seen in: agricultural labor and migrant farmwork; hospitality work, including restaurants and hotels; traveling sales crews; domestic servitude work, such as nannyng and house cleaning; servile marriage; commercial sex work including prostitution, stripping, massage, escort services, pornography, and phone sex lines; as well as in other forms. Many populations that can be vulnerable to human trafficking – undocumented migrants, displaced peoples, persons living in poverty, LGBTQ youth, the homeless, and individuals in the sex industry, amongst others – are also vulnerable to sexual assault due to the presence of rape myths and victim blaming in our society. Victim shame, self-blame, and the exploitation and targeting of vulnerabilities are methods used by perpetrators of sexual assault and human trafficking.

Though these crimes have similarities, there are also distinct differences. Sex trafficking must involve a commercial sex act, where a victim is forced or coerced into the action for the exchange of money, goods or services, or where a third party, such as a pimp, will earn money, goods or services. In addition, we may also see women trafficking other women, or acting as the overseer of women who are being forced to sell sex. We can also see the forced involvement of minors in the commercial sex industry, often being controlled or managed by someone else. It's important to note that the majority of individuals who purchase sex are men – while the adults and children who are sold for sex are male, female, transgender, or gender non-conforming, which places responsibilities on service providers to create systems and support structures that will support victims, no matter their gender.

Below is a list of potential indicators that you might be working with a victim of human trafficking or a minor victim of commercial sexual exploitation:

- Sexually exploited children and youth often express interest in, or are in relationships with, adults or older men.

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- Evidence of controlling or dominating relationships, including: repeated phone calls from a “boyfriend” and/or excessive concern about displeasing her or his partner.
- Not in control of her or his own money.
- Use of lingo or slang from “the life” among peers, or referring to a boyfriend as “Daddy.”
- A tattoo that he or she is reluctant to explain may be the result of tattooing or branding by a pimp. Pimps and other sexual exploiters often tattoo or brand children and youth, particularly girls. Youth are commonly branded with their exploiter’s name tattooed on the neck, chest, or arms. However, tattoos of a name are not a warning sign in and of itself.
- Exhibit secrecy, “hyper-vigilance” or paranoid behavior, oftentimes concerning ability to account for whereabouts.

If you suspect you could be working with a victim of trafficking, please call the Colorado Network to End Human Trafficking (CoNEHT) hotline. They are staffed 24/7 with volunteer advocates who can help you diagnose a case, contact a case manager for immediate assistance, provide resources and referrals, connect you with appropriate law enforcement, or just to discuss possible red flags and next steps in a situation. The CoNEHT hotline also has tele-interpreters in over 130 languages if you have a possible human trafficking victim that needs language support. Contact the CoNEHT hotline at 1-866-455-5075.

★ DISCUSSION QUESTIONS ★

What needs to be considered when providing advocacy services?

1. A 28-year old female from Japan meets an American man through an agency with a website that connects single men to single women. They exchange information and eventually, he comes to Japan to propose to her and brings her to America on a fiancé visa. Once they arrive, he doesn’t allow her to leave the house, won’t let her contact her family or make friends here, and forces her to cook and clean the house while he works. He forces her to have sex, saying that this is what is expected of an American wife. He tells her that if she tries to leave him, he will call immigration to come and arrest her and that she can only stay in America by being with him, and immigration will arrest her and she will be imprisoned for months, possibly years.

2. A 15-year old identifies as a transgender man. He was born female but is transitioning to a male gender identity. He has been suffering physical abuse at the hands of his parents for years as a result of his transgender status when he finally decides to leave the home. He runs away and uses money he has saved up to catch a bus to Denver, Colorado. Once there, he finds that he cannot stay in a shelter without parental permission, and there are no shelters that would accommodate

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him unless he would stay on the “female” side of the shelter because that was his biological sex. He meets other young people living on the streets and stays with them. After a few days, he notices some of the other youth will be gone for a night or two and then return with food. When he asks about this, he is told that selling sex, also called “survival sex,” is the only way to get shelter and food and there are men willing to take him home for the night. He is told that it is normal and acceptable and the best way to get off the streets for a few nights.

3. A 14-year old female from Guatemala comes to the United States on a student visa to stay with her aunt and some other family members so that she can attend high school. After the first month of school, her aunt tells her that she needs her to help around the house since they are giving her food and shelter in the home. She gets a list of daily chores, which steadily increases, including all cooking, cleaning, caring for the two small children and other jobs around the house. She is not permitted time to do her homework or school activities and is only permitted 5 hours of sleep each night. Soon her grades begin to fall behind and at the end of the semester; the aunt tells her that she cannot return to school because there is too much work to be done around the house. The aunt begins to hire contractors for some repairs in the home, and after the first job is complete, she locks the girl in the bedroom and tells the contractors they can have sex with her in exchange for their work.

Incarceration and Sexual Assault

Sexual abuse is a deeply traumatic crime, regardless of the location of victimization. Due to lack of personal power and control in an incarceration setting, victims of this crime are in great need of easily accessible and confidential medical, legal, and advocacy services. The Department of Justice estimated that 216,600 inmates were sexually abused in 2008. This number is based on anonymous surveys by the Bureau of Justice Statistics, conducted directly with prison and jail inmates. In some prisons, nearly 9% of the population reported abuse. However, due to fear of reprisal and shame of reporting victimization, these numbers may not indicate the full scope of the problem.

While anyone can become the victim of sexual violence, the most marginalized members of society also tend to be the most vulnerable during incarceration. In particular, inmates who are gay, transgender, young, mentally ill, or incarcerated for the first time and for non-violent offenses are at highest risk. Survivors of sexual abuse behind bars experience the same emotional pain as other victims. The absence of confidential counseling and advocacy services place prisoner rape survivors at high risk of developing serious long-term problems, including post-traumatic stress disorder (PTSD), depression, and alcohol and other drug addictions. The high rates of HIV and other sexually

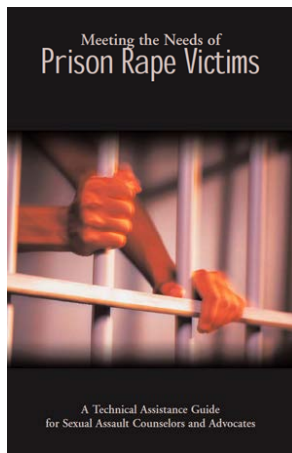
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* * *

RECOMMENDED READING



***Meeting the Needs of Prison
Rape Victims: A Technical
Assistance Guide for Sexual
Assault Counselors and
Advocates***

[www.pcar.org/sites/default/files/
file/TA/PrisonRapeGuide.pdf](http://www.pcar.org/sites/default/files/file/TA/PrisonRapeGuide.pdf)

Victims of prison rape are largely underserved. This guide is intended to support rape crisis counselors and advocates in providing services to victims of prison rape. To that end, the guide includes an overview of the problem of prison rape, outreach strategies, ethical discussions, and things to keep in mind when working in a prison setting.

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transmitted infections in detention place incarcerated survivors at great risk for infection. Once released from incarceration, survivors must continually deal with emotional trauma and medical conditions.

The trauma of a rape can be incredibly devastating to someone who already feels isolated and without power and choices. The Prison Rape Elimination Act (PREA) was passed in 2003. The main goal of this federal law is to reduce, eliminate, and prevent rape within correctional facilities. Survivors of prison rape are not to be blamed for their victimization. It is not a part of their punishment, and they are entitled to medical and counseling services during incarceration.

For more information about the Prison Rape Elimination Act in Colorado, please contact CCASA or the Office of the Inspector General, PREA Manager, at 719-226-4696. If you are working with a client who is experiencing (or has experienced) sex assault while incarcerated, advocates can order or download copies of *Hope for Healing: Information for Survivors of Sexual Assault in Detention* by visiting this website: <http://www.justdetention.org/pdf/HopeforHealingweb.pdf>.

Male Victims/Survivors

Originally adapted from the Male Survivors of Sexual Assault section of "Supporting Survivors of Sexual Assault" by the Massachusetts Department of Public Health, in collaboration with the Massachusetts Coalition Against Sexual Assault, September 1997.

While survivors of sexual assault share many of the same feelings, there are issues that are unique to the male survivor. Like many survivors, male survivors may experience rage, self-blame, guilt, and other familiar reactions. They may also develop special concerns about their own sexuality and a particular reluctance to seek help. The advocate should be aware of these issues that may affect male survivors and the approaches that can help in recovery.

Issues for Male Survivors

Our society conditions men to see themselves as strong, in control, and able to defend themselves in the face of danger. *See Chapter 2.* In addition, men may internalize the same myths and stereotypes about rape that burden female survivors, with the additional concern that those misconceptions apply to them.

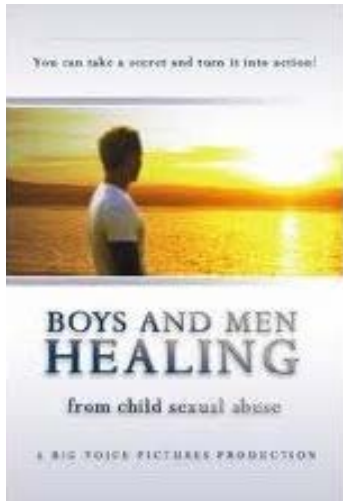
Humiliation

Intense feelings of humiliation may accompany these self-directed questions. These feelings are similar to those felt by all survivors, but may be more centered on issues around victimization in a world where it is more common to perceive women as victims of sexual violence. These unique perceptions may haunt the male survivor, on top of other reactions that produce depression, bottled-up rage, lack of self-esteem, self-hatred, sexual anxieties or compulsions, substance abuse, feelings of helplessness, traumatic memory loss, panic disorders, and a fear or distrust of people appearing similar to the perpetrator.

Confusion

Male survivors may feel that something bad or weak about them caused the perpetrator to "target" them. When sexually abused by another man, the male survivor may become confused about and mistrust his own sexuality.

* * *
**RECOMMENDED
FILM**



Boys and Men Healing is a documentary about the impact the sexual abuse of boys has on both the individual and society, and the importance of healing and speaking out for male survivors to end the devastating effects. The film portrays courageous non-offending men whose arduous healing helped them reclaim their lives—while giving them a powerful voice to speak out, and take bold action toward prevention for other boys. For more information, please visit www.bigvoicepictures.com. This video is also available to borrow from the CCASA resource library.

Website: www.lin6.org: Their mission is to help men who have had unwanted or abusive sexual experiences in childhood live healthier, happier lives. This includes providing resources for people who care about them.

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Male survivors' concerns about sexual orientation may arise in different ways after an attack. If the survivor identifies as gay, he may believe the assault proves the myths about homosexuals being weak, inferior, and/or deserving of punishment – thus severely affecting his self-esteem. If the survivor is heterosexual, he may wonder if the assault makes him homosexual, or may believe his attacker must have been homosexual (if male), reinforcing the myth that homosexuals are predatory. Increased attention is just beginning to be paid to the concerns of men who have been assaulted by women at some point in their lives.

Males can respond physically to stimulation (get an erection) even in traumatic or painful sexual situations. Therapists who work with sexual offenders have identified that one way a perpetrator can maintain secrecy is to label the victim's physical response as an indication of his willingness to participate. For example, a perpetrator may tell a victim, "You liked it, you wanted it." Many survivors feel guilt and shame because they experienced physical arousal while being abused. Physical (and visual or auditory) stimulation does not mean that the victim wanted the experience, or understood what it meant at the time (*adapted from www.malesurvivor.com*).

Male survivors who are incarcerated face special problems. A man in prison may feel reluctant to disclose his history of having been victimized, whether in childhood or adulthood, for fear of appearing to be "a victim" and, therefore, more vulnerable as a target for sexual assault. Prisoners incarcerated as rape perpetrators can also be targeted for sexual assault as "punishment" for their crimes. This serves to perpetuate the myth that a rape victim can somehow "deserve" the attacks inflicted upon him.

Considerations When Providing Advocacy Services

A male survivor who calls a rape crisis center looking for help should be honored and respected for taking this step. He should be commended for showing strength by asking for information and support, coming forward to face the pain and/or to stop a perpetrator from abusing others. This positive reinforcement can help counteract the shame, fear, and guilt that can result from an assault. Providing advocacy services may require a great deal of patience. Learning to trust and be open is an important aspect of healing, but this may take time, especially for men who have been socialized into believing that they should be strong, in control, independent, and not show any vulnerability.

The specific goals of advocacy for each survivor will vary and depend on the goals communicated by the survivor. They may include:

- Ending denial by telling people who are safe for and important to the survivor.
- Building a support network.
- Addressing any coping mechanisms that have negative consequences.
- Addressing other effects that the violence has had on the survivor's life.

If an advocate has effective listening skills and the ability to create a safe place for the survivor, gender may not matter. For some survivors (and for some advocates), gender may create un-intended obstacles and barriers in establishing a positive advocacy relationship. The client should be given the

A 2005 study conducted by the U.S. Centers for Disease Control, on San Diego Kaiser Permanente HMO members, reported that 16% of males were sexually abused by the age of 18.

18 million men in the U.S. have histories of childhood sexual abuse which is more than 4 times the number with heart disease, the leading cause of death among men.

– Dube, S.R., Anda, R.F., Whitfield, C.L., et al., 2005

choice, whenever possible, and the option to change advocates. A survivor who feels extremely uncomfortable or insecure with his advocate is not likely to develop trust or work through the issues that caused him to seek help.

An advocate can offer information to help the survivor understand the dynamics of rape and to accept that he can move on from his pain to develop strength and reclaim his life. In particular, a survivor may need reassurance that having to make a choice to "submit" - a survival decision - did not provoke the attack, make the attack his fault, or make him "less of a man."

As in working with any other survivor, an advocate should keep in mind differences in upbringing and culture, without making assumptions. Some men have been conditioned to feel disgrace about not having control over every situation. This can be especially problematic for men who are raped. Men can experience increased shame when the perpetrator is someone with whom they have developed an emotional attachment, such as parent or other trusted person. Those who strongly identify with a cultural group may struggle with feelings of "betraying one of their own" by identifying a perpetrator from the same group. Sexual assault survivors may have conflicting feelings toward a perpetrator. The advocate can assure the survivor that a range of reactions is normal, and that it is possible to feel more than one emotion at any one time, particularly if the perpetrator was a parent, other caretaker, or partner.

Coping with Anger

Male survivors, like female survivors and significant others, may verbalize feelings of wanting to retaliate against their attackers. Expressing such feelings may allow a mental and spiritual "taking back" of power. It is important to validate and sympathize with these feelings but also to use caution and not encourage violence or other potentially harmful or illegal behavior.

If you sense an immediate threat to someone's safety or an actual plan to take violent action, assess the possibilities very carefully. Ask how the threat would be carried out and whether the client has the means to commit the act. Seek supervision immediately whenever you sense such a situation.

There are support groups in many communities that help break the isolation that many survivors face, while providing an opportunity for sharing common reactions and recovery strategies. Referrals to such groups and other organizations that provide encouragement to men to seek help may prove beneficial.

Through increased attention to the concerns of *all* survivors, there is now a growing awareness among male survivors that they are not alone. Some men have found it important to their healing process to share their experiences through activism and advocacy. The rape crisis advocate can provide encouragement and information for such survivor initiative, as part of the effort to see that all survivors receive the understanding, assurance, and services they need.

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★ DISCUSSION QUESTION ★

1. Does your agency serve both women and men? If so, does your agency name and marketing materials (brochures, posters, website, etc.) reflect that services are available and accessible for victims who identify as male?

Reproductive Health Services

In regards to callers/clients who may have become pregnant as a result of a sexual assault, what matters most in the context of advocacy is that clients receive accurate information and support that is *totally neutral and supportive* about whatever decisions they choose. It is critical that regardless of your personal beliefs, you are able to offer unbiased and nonjudgmental advocacy.

Advocates must be able to provide a pro-choice perspective, recognizing that such a perspective respects the decision of a woman to terminate or to continue a pregnancy. This means being able to answer inquiries about birth control, abortion, adoption and any other reproductive issue. It is important that you have information about abortion, adoption, and pregnancy support resources in your community. Please note that Crisis Pregnancy Centers are often faith-based agencies. They may only be an appropriate referral for certain clients wishing to continue their pregnancy.

Considerations When Providing Advocacy Services

Be familiar with Colorado legal requirements! Currently, the state of Colorado:

- Requires parental notification for abortion services. However, parents do not have to consent to a minor receiving advocacy services. If a minor is obtaining a forensic exam, healthcare providers must make a reasonable attempt to notify a parent or guardian. There are also Title X protections in the case of a minor who needs care for issues related to STI's, pregnancy, physical abuse or sexual abuse.
- Allows minors to bypass parent by obtaining a court approval for abortion services. This may be an important option in cases where it may not be safe for the parent to know that the victim is pregnant or if the parent is who sexually assaulted the victim leading to pregnancy. The option that allows minors to petition the court for a judicial bypass of parental notification of abortion procedures can be found in the Colorado Rules of Civil Procedure/Chapter 23.5 – Rules of Procedure for Judicial Bypass of Parental Notification.
- Allows abortion in medical emergency without parental consent.
- Victims need to be informed that if they disclose to their physician that their pregnancy is a result of a sexual assault, the physician is legally obligated to report that a crime has occurred.
- Know your regional hospitals' policies on emergency contraception. The results of a telephone survey conducted with emergency department personnel in 58 large urban hospitals across the country (including 28 Catholic hospitals) showed that nearly half (12) of the

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Catholic hospitals reported policy that prohibited staff from discussing emergency contraceptives with rape victims. Some Catholic hospitals prohibited their physicians from prescribing contraceptives. Seventeen of the surveyed Catholic hospitals indicated that their pharmacies were prohibited from dispensing contraceptives (Smuger & Spina, 2002).

- It is important to have resources in your area available to refer to the client. As with all other decisions, let the survivor direct her or his own course of action and choose the services that fit best with her or his comfort level and belief system.

Abortion Resources in Colorado:

- Planned Parenthood of Rocky Mountains
www.pprm.org
- List of Centers in Colorado: <http://www.plannedparenthood.org/health-center/findCenter.asp>, 1-800-230-PLAN
- For information or referrals to qualified abortion providers, call the National Abortion Federation's toll-free hotline: 1-800-772-9100, weekdays 9:00-7:00, Eastern time.
- Colorado State Law from NARAL Pro-Choice America Website:
<http://www.prochoiceamerica.org/government-and-you/state-governments/state-profiles/colorado.html>
- If a survivor has financial concerns limiting her access to an abortion, here are some Abortion Funding Options:
 - Pro-Choice Colorado:
<http://www.prochoicecolorado.org/reproguide/abortion03.shtml>
 - The Freedom Fund Colorado:
<http://www.fundabortionnow.org/funds/freedom-fund-co>

Adoption Resources in Colorado:

- Colorado Department of Human Services Adoption Webpage:
<http://www.cdhs.state.co.us/childwelfare/Adoption.htm>
- List of Adoption Agencies in Colorado:
http://www.myadoptionagencies.com/adoption-search/colorado_adoption_agencies.html

Pregnancy Centers in Colorado:

Crisis Pregnancy Centers as referrals should be reserved for certain survivors who have clearly communicated that they wish to continue their pregnancy.

- Ramah International – Below is a link that lists several pregnancy centers throughout the state of Colorado:
<http://ramahinternational.org/colorado.html>

Sexual Assault During Pregnancy

Pregnant women can also be survivors of sexual assault. Particularly in situations where there is ongoing abuse, a pregnant woman may continue to be assaulted, even sexually, during her pregnancy.

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According to the Colorado Rural Health Project, of Colorado's 64 counties, 24 are considered rural and 23 frontier (defined as less than six persons per square mile). Eleven of Colorado's frontier counties have two or fewer persons per square mile.

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Considerations When Providing Advocacy Services

Follow the same kinds of advocacy procedures you would with other survivors, helping the woman to empower herself and seek forms of support that feel available and accessible to her. It is also important to encourage her to seek medical care. Again, it is important to inform her that when she goes to the hospital or her private doctor, medical professionals have an obligation to report that a crime has occurred; however, it is essential that she seek medical care.

Rural Populations

Special thanks to Pat Tessmer for her help with this section.

Responses to sexual violence, the range of available options, and capacity to take action will all be affected by the sociocultural dynamics of the place in which a survivor lives.

Sexual Assault in Rural Communities

Excerpt below by Susan H. Lewis, Ph.D., with contributions from Ellen Reed

When sexually assaulted in a rural community, victims often find that opportunities for medical, legal, or emotional services are very limited, or even non-existent. Their economic situation and geographic isolation may further limit their options. Strong community ties in rural areas mean that a victim is more likely to be acquainted with the perpetrator than in urban settings. Finally, rural culture tends to be close-knit, self-contained, often conservative and unlikely to turn to "outsiders" for assistance. Together these characteristics result in low rates of reporting, limited opportunities for victim services, and difficulties for service providers. In other words, a victim of sexual violence in a rural community is not likely to report to police or to locate or access services.

Considerations When Providing Advocacy Services

- Build strong relationships with local law enforcement! In many rural areas, police are first responders and play an important role in community relations. Encourage your agency and local law enforcement to participate in sexual assault training. The Ending Violence Against Women Project (<http://www.cdacweb.com/EVAW/AboutEVAW.aspx>) is a great Colorado resource for trainings in non-urban areas.
- Be extremely sensitive to confidentiality concerns. Survivors in rural areas may be more likely to know your agency staff, law enforcement, or medical personnel on a personal level. Be sure that your agency is following best practice protocol to strive for client confidentiality. For more information on best practice confidentiality protocol, the Confidentiality Institute is an excellent resource. Their website is www.confidentialityinstitute.org.
- Because of lack of confidentiality and anonymity in rural areas, there may be an increased need for safety planning with your client(s).
- Be aware of possible sources of funding to help with travel assistance. Victims may need financial assistance for transportation to the nearest center, clinic, or hospital.

"Many of these areas have poor highway conditions, unpaved roads, or roads that are impassable when it rains or snows. Victims may have to take long periods of time off from work to travel to services, assuming that services exist and they have transportation."

*-Donna Bailey
Violence Prevention Coalition in
Durango, Colorado*

- Many programs in rural areas deal with both domestic violence and sexual assault. They may also find themselves addressing other intersectional issues, such as child abuse. Take the opportunity to "cross train" by learning about the dynamics of these situations and how these issues may intersect.
- Because programs in rural areas often provide both domestic violence and sexual assault services, be sure that your agency openly advertises that they provide advocacy services and assistance for sexual assault victims and not just those in intimate partner violence situations. Sometimes dual programs are mistakenly identified as only providing shelter services.
- Think about innovative ideas for community outreach and collaboration. Alliance with community groups and agencies can help raise awareness of sexual assault services. Partnerships also help to increase community presence and trust.
- Pass around or set out your business cards or agency contact information at community events and businesses. Even if a victim does not seem interested in talking, s/he may call later if the situation is more confidential.
- Don't underestimate the importance of a grassroots, human-to-human, personal approach to working with clients and providing advocacy services!

Rural survivors of sexual assault face many barriers and challenges, as do sexual assault response advocates and service providers. However, the greatest strength of rural communities is their ability to offer really innovative ideas on how to do things more creatively. People living and working in rural areas routinely develop creative and innovative strategies to compensate for limited options and resources inherent to rural areas. This "out-of-the-box" approach can enable rural communities to develop strong survivor-centered sexual assault response programs utilizing available resources that include medical services, advocacy, investigation, prosecution, treatment, and monitoring.

★ DISCUSSION SCENARIO ★

1. You are an on-call advocate and respond to a hospital call, where you meet Tina. She came to the hospital and asked for emergency contraception. She then told the emergency room nurse that she needed it because her boyfriend "forced her to have sex with him the night before." In order to fulfill her mandatory reporting obligation, the nurse called law enforcement. You have a few moments to talk with Tina before the officer arrives. Tina is frantic when she hears that a police officer is coming. The perpetrator's father works for the police. She just wants to get the emergency contraception and leave. What advocacy options may be available to Tina and how can you support her at this time?

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**RECOMMENDED
READING**



*Setting the Stage:
Strategies for Supporting
LGBTIQ Survivors*

The Winter 2010 edition of the Washington Coalition of Sexual Assault Programs' newsletter focuses on working with LGBTIQ survivors. Articles focus on creating safe space, interrupting problematic language, and Sexual Assault Nurse Examiner (SANE) protocol for working individuals who identify as LGBTIQ.

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Providing services to LGBTQI victims

As we've discussed throughout this manual, sexual assault can happen to anyone regardless of race, ethnicity, class, age, gender, gender identity and expression, or sexual orientation. While the LGBTQI (lesbian, gay, bisexual, transgender, queer/questioning, and intersex) community is at approximately the same risk as heterosexuals of being sexually assaulted by someone they know, homophobia, biphobia, and transphobia put LGBTQI people at a greater risk of being a victim of violence, including sexual violence.

A hate crime occurs when a perpetrator targets a victim because of his or her actual or perceived membership in a certain group. Perpetrators may use sexual violence "to punish" and humiliate someone for their sexual orientation or gender identity/expression.

- Transgender people are often targeted for hate violence based on their non-conformity with gender norms and/or their perceived sexual orientation. Hate crimes against transgender people tend to be particularly violent. For example, one expert estimates that transgender individuals living in America today have a 1 in 12 chance of being murdered whereas the average person has about a 1 in 18,000 chance of being murdered (Human Rights Campaign, 2010).

- A 2008 report shows a substantial increase in reports of anti-LGBT hate violence in the Midwest and the West Coast (National Coalition of Anti-Violence Programs, Anti-LGBT Hate Violence Report).

Barriers to Seeking Services

- Survivors who identify as LGBTQI, like all survivors, often feel fear, self-blame, anger, shame and/or shock after an assault.
- Because of oppression and prejudice, victims who are assaulted by someone of the same sex may be less likely than victims assaulted by someone of the opposite sex to report the assault to the police or to seek support services.
- Survivors may fear exposure to insensitive or homophobic, biphobic, and transphobic responses from the criminal justice system, medical responders, and other support services.
- Survivors who identify as LGBTQI often have to educate those they reach out to for assistance about issues specific to LGBTQI victims.
- Feelings of isolation can be especially traumatic, because LGBTQI victims may already feel isolated from the "mainstream" or fear being isolated from other members of the LGBTQI community.
- There may be a fear of being "outed" (having one's sexual orientation or gender identity discussed or revealed without one's consent) if they approach their family, the police, or other service providers for assistance. For people who were not already out, this can lead to a multitude of complications related to employment, housing, education, immigration, financial safety, personal safety, privacy, and personal relationships.
- An additional barrier is having their experiences sensationalized or their

LGBTQI people are targets for hate crimes, verbal harassment, hate mail, acts of violence including assault, sexual violence, and murder. According to the FBI, in 2007 16.6% of single-bias crimes reported had resulted from sexual orientation bias. Approximately 10% of hate crimes against gay men and lesbians include sexual assault.

– Comstock, *Violence Against Lesbians and Gay Men*, 1991

LGBTQI identity unnecessarily focused on by service providers.

Frequently Asked Questions

Are LGBTQI people more likely to perpetrate sexual violence?

The damaging myth that most perpetrators of sexual violence are LGBTQI is rooted in homophobia. In the vast majority of sexual assaults, offenders are heterosexual men. A groundbreaking study of sexual abuse offenders concluded that a heterosexual adult is more likely than a homosexual adult to be a threat to children (*Men Who Rape*, Plenum Press, NY, 1979).

Do people identify as “LGBTQI”?

LGBTQI is a “catch all” term and is not often used as a personal label. For example, a woman who primarily has romantic relationships with women might refer to herself as “lesbian” or as “queer” but most likely not “LGBTQI;” instead, she may identify as being part of the LGBTQI community. Each individual self-identifies differently and for this reason, it is important to give people space to let you know how they identify before applying labels to them that may or may not fit with their own experience.

Is it appropriate to use the term “Queer”?

The term “queer” has been re-claimed by many youth and adults and is used without shame and stigma. However, there are LGBTQI people who may find the word to be offensive. As with any survivor you work with, refer to them as they refer to themselves. It is always best to err on the side of caution—don’t use it if you’re not sure. Even if you use the term with good intentions, if your audience isn’t familiar with the context, it may be interpreted as derogatory. If you wish to use this word, you might take time to explain the context if it is not understood.

How should I respond when I am unsure of a survivor’s gender identity?

It is a best practice for advocates answering a call or responding to the hospital to use gender-neutral pronouns and not to assume the gender identity of the survivor or the offender until the survivor has identified the pronouns themselves. No matter who the caller is, always mirror the language and pronouns the caller uses and don’t make assumptions about any survivor’s identity. Also be mindful that a survivor’s gender identity shouldn’t lead to assumptions about their sexual orientation; these are separate identities and issues.

One’s gender identity refers to how they see and identify their own gender and how they present their gender to others. A survivor’s gender identity may be the same or different from that which they were born. Gender identity is not connected to one’s sexual orientation, which refers to who one’s primary emotional, sexual, and romantic attractions are toward. A person’s attraction could be to the same gender, opposite gender, or all genders, and this identity can be fluid and change over the course of a lifetime. For example, a person could have been born female, have a gender identity that is male, be primarily attracted to men, and identify as a gay transgender man.

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How do I ask about a survivor's sexual orientation or gender identity?

When you are working with a survivor, be sure to separate what you want to know about them from what you need to know to best advocate for them. Knowing their gender identity and/or sexual orientation may not be relevant to the services they are receiving. Likewise, just asking a survivor about what pronouns they prefer is appropriate but asking them if they have had sex reassignment surgeries is likely not relevant to what you need to know to advocate on their behalf. If it is necessary for your advocacy, be sure to explain why you are asking this, how the information will be used, who it will be shared with, and why the information is important to your work with them. They should always have the option to decline to disclose without repercussions in their working relationship with you.

Transgender communities often face a great deal of violence on interpersonal, institutional, and cultural levels. The following guide was developed by Forge Forward, a progressive organization whose mission is to support, educate and advocate for the rights and lives of transgender individuals. Take a few moments to read the “Quick Tips” below. How can your agency assist in removing barriers in accessing services?

Quick Tips: Trans Inclusion A Guide for Service Providers

This guide was created by Forge and reprinted with their permission. Please visit www.forge-forward.org for more information.

1. Language

Use the name and pronoun preferred by your clients, even when they aren't around. If you are unsure which pronoun a client prefers, ask. If you need to discuss “gendered” body parts with a client, echo the terms they use (such as “chest” rather than “breasts”).

2. Manners

If you wouldn't discuss your genitals with a colleague, it's probably inappropriate to ask a client about theirs. A person's genitals do not determine their gender for the purposes of social behavior, service provision, or legal status. Do not discuss a person's transgender status with others unless it is absolutely necessary to provide them with appropriate care or services (Think: HIPPA).

3. Focus

Focus on what services the client is asking for. Most of the time, the services a transgender person is seeking is unrelated to their gender identity. Transgender clients should not be used as educational opportunities for yourself or colleagues.

4. Policies

Make sure your agency has a written policy of non-discrimination on the basis of sexual orientation and gender identity. Ensure all staff know about and follow the policy.

5. Confront

Ensure your agency has, shares with clients, and enforces a “safe space” policy in which prejudicial behaviors and statements by all staff and all clients are not permitted.

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Additional Resources for Understanding Advanced Topics in Advocacy!

Sexual assault clearly happens in the context of varied settings and circumstances. This chapter does not address the many intersections of advocacy needs that advocates may encounter. The list below provides excellent additional resources for advocates. We urge you to continue in building your knowledge base regarding advanced topics in advocacy!

Opening the Door: An Advocate's Guide to Housing and Sexual Violence
National Sexual Violence Resource Center, 2010
This guide is available by visiting www.nsvrc.org.

Poverty and Sexual Violence Building Prevention and Intervention Responses: a Guide for Counselors and Advocates
Pennsylvania Coalition Against Rape, 2007
This guide is available by visiting <http://www.pcar.org/sites/default/files/file/poverty.pdf>.

The Vulnerable Women's Project Good Practice Guide: Assisting Refugee and Asylum Seeking Women affected by Rape or Sexual Violence
The Refugee Council, February 2009
This guide is available by visiting <http://www.refugeecouncil.org.uk/Resources/Refugee%20Council/downloads/researchreports/RC%20Vulnerable%20Women%20GPG%20%20v2b.pdf>.

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6. Paperwork

Intake forms and other documents that ask about gender should allow clients to write-in a response, or include a transgender option. Make sure questions appropriately distinguish between sexual orientation (the gender(s) someone is attracted to) and gender identity (the internal sense of being female, male, or something else).

7. Know & Tell

If you need to ask a client a personal and/or sensitive question, tell the client why that information is needed before you ask. If you don't know why the information is needed, it is likely not pertinent to care and should not be asked.

8. Empower

Although some clients need service providers to "take charge," many desire and are capable of helping direct their own care or services. If appropriate for that individual, ask transgender clients how they would like you to handle service provision issues.

9. Be Creative

Transgender people may not fit into existing systems or forms. Respect your client by adapting the form or system to fit their needs, rather than forcing the client into a pre-determined and ill-fitting box.

10. Advocate

Whenever possible, advocate for system, policy, and form changes so they better fit clients of every gender identity. If you aren't able to advocate for system change within your agency/field, consider volunteering your time at/for a transgender organization or event.

* * *

Resources

Colorado Anti-Violence Program (CAVP)

The Colorado Anti-Violence Program has been dedicated to eliminating violence within and against the lesbian, gay, bisexual, transgender, and queer communities in Colorado, since 1986. We provide direct services including crisis intervention, information, and referrals for LGBTQ survivors and victims of violence 24 hours a day through our hotline. We can also help arrange emergency needs such as food, transportation, and emergency shelter for survivors of violence. We respond to incidents of hate violence, partner abuse, police misconduct, random violence, sexual assault, and HIV-motivated violence. For LGBTQ people in need of further assistance, CAVP can help with court accompaniment, system advocacy, and short and long term case management. We identify and coordinate resources, as well as maintaining lists of therapists, service agencies, and attorneys who have experience with LGBTQ people and issues. For more information on training and education programs including our Branching Seedz of Resistance youth organizing project, call staff at 303-839-5204 or visit our website at www.coavp.org.
Metro Denver / Boulder: 303-852-5094
Statewide Toll free: 1-888-557-4441

**-Continued -
Additional Resources for
Understanding Advanced
Topics in Advocacy!**

***Sexual Violence and HIV: A Technical
Assistance Guide for Victim Service
Providers***

National Sexual Violence Resource
Center, 2008
[http://www.nsvrc.org/sites/default/files/
Publications_NSVRC_Guides_Sexual-
Violence-and-HIV_A-Technical-
Assistance-Guide-for-Victim-Service-
Providers.pdf](http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Guides_Sexual-Violence-and-HIV_A-Technical-Assistance-Guide-for-Victim-Service-Providers.pdf)

***Strengthening Military-Civilian
Community Partnerships to Respond
to Sexual Assault***

[http://www.sapr.mil/index.php/training/
training-civilians](http://www.sapr.mil/index.php/training/training-civilians)
PCAR, 2011
Developed with the intention of
educating community-based sexual
assault service providers on how they
can establish a collaborative, working
relationship with military installations
at the local level.

Existe Ayuda Toolkit

OVC, 2011
<http://www.ovc.gov/pubs/existeayuda/>
Replicable Spanish-language tools and
resources to help improve the cultural
competence of service providers and the
accessibility of services for Spanish-
speaking victims of sexual violence.

The Deaf Queer Resource Center

The Deaf Queer Resource Center (DQRC) is a national nonprofit internet resource center devoted to providing up-to-date information by, for and about the Deaf Queer community. <http://www.deafqueer.org/about.html>

The Gay and Lesbian Education Network (GLSEN)

GLSEN strives to assure that each member of every school community is valued and respected, regardless of sexual orientation. They welcome as members any and all individuals, regardless of sexual orientation or occupation, who share this philosophy. <http://www.glsen.org/>

LLEGÓ, The National Latina/o Lesbian, Gay, Bisexual & Transgender Organization, is the national nonprofit organization representing Lesbian, Gay, Bisexual and Transgender (LGBT) Latinas/os. LLEGÓ's purpose is the organization of LGBT Latina/o communities from grassroots to national levels through mobilization and networking in a culturally sensitive environment in order to overcome social, health and political barriers faced due to sexual orientation and ethnicity status. Also publishes La Guia: A Directory for LGBT Latinos/as. <http://www.llego.org/>

National Coalition of Anti-Violence Programs

The National Coalition of Anti-Violence Programs (NCAVP) addresses the pervasive problem of violence committed against and within the lesbian, gay, bisexual, transgender (LGBT) and HIV-affected communities. NCAVP is a coalition of programs that document and advocate for victims of anti-LGBT and anti-HIV/AIDS violence/harassment, domestic violence, sexual assault, police misconduct and other forms of victimization. <http://www.ncavp.org/> or (212) 714-1184.

★ DISCUSSION QUESTIONS ★

1. A survivor who identifies as heterosexual was assaulted by someone of the same sex and is focused on “not being gay.” This individual uses derogatory language and name calling directed at homosexual people when discussing the assault. How would you advocate for this survivor? What are your thoughts on addressing his or her homophobia? How would you address this situation if the survivor is in a shelter and/or in a support group?

2. The only “out” queer-identified staff member in your agency is routinely referred all of the LGBTQI-identified survivors. How could your agency address “tokenization” of this one staff person? What resources are available for training all staff to be able to best respond to LGBTQI survivors? In your agency, should survivors be able to identify or have input in determining which advocate (LGBTQI-identified or not) that they work with while receiving services?

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3. A survivor calls your hotline and discloses a sexual assault, but does not use gendered pronouns to describe the assailant. Through their disclosure, you suspect that they may be LGBTQI-identified. What might be some of the concerns that the survivor has about disclosing a same-sex sexual assault and how could you address those concerns if they did disclose this information? What are some examples of culturally-sensitive screening questions you could ask (i.e. "What is the name of the person who harmed you?" "What is your relationship to this person?")?

4. An advocate in your agency is avoiding providing services to LGBTQI-identified survivors, because s/he feels that s/he doesn't know how to talk about some aspect of an LGBTQI person's identity, anatomy, or experience. How would you address this issue with this advocate to be sure that the survivor receives quality services in the immediate situation? How would you address this outside the immediate situation (opportunities for training, debriefing, etc.)?

5. Although current staff in your agency have all had training specific to responding to LGBTQI survivors of sexual violence, you have heard that there is a history of poor responses to LGBTQI survivors by your agency and a distrust of your agency by the LGBTQI community? What can you do to make your agency a safe place, improve your agency image with the LGBTQI community, and address the past issues with homophobia, transphobia, and/or biphobia?

Sexual Harassment

As an advocate, you may encounter clients struggling with sexual harassment in their school or place of work. Our society still holds on to many myths regarding sexual harassment. For example, researchers gathered a sample of college students (324) to serve as mock jurors in a sexual harassment case in which a male employee accused his female employer of sexual harassment. The purpose of the study was to measure the jurors belief in the merits of the case based on the attractiveness of the litigants (Wuensch, 2004). Results showed:

- Jurors were more certain of the guilt of the female defendant when the male plaintiff was attractive.
- When the male was attractive, jurors were more than twice as likely to find in his favor and were somewhat more certain of the guilt of the defendant than when the male was unattractive.
- Male jurors' verdicts were most significantly affected when both the plaintiff and defendant were attractive than when the defendant was not attractive. Female jurors were most influenced when the defendant was unattractive, but not when the defendant was attractive.

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Five Things You Can Do to Combat Workplace Sexual Violence

By: Southern Poverty Law Center and Esperanza: the Immigrant Women's Legal Initiative

1. Know the definition of sexual harassment. Sexual harassment is an unwanted sexual act against an employee. A sexual act can be physical or verbal. A man or a woman may suffer from sexual harassment committed by a coworker, supervisor, boss, or third party (like a customer).
2. Find out if you have a workplace anti-harassment policy. If your workplace does have one, find out where you should report abuse if you experience it or witness it. It is important to follow the policy. If your place of work does not have one, it should (ask your manager). You should still make a report to a supervisor, human resource manager or another person in authority at your workplace.
3. Trust your instincts. If it feels wrong, then it probably is wrong. Talk to a trusted friend or co-worker if you feel that you have been the victim of sexual harassment. You need, and deserve, support.
4. Stand up for victims of sexual harassment and violence in the workplace (and every place). It may feel awkward or scary to intervene. It might also change someone's life for the better. Don't encourage or condone offensive or harassing behavior at work or anywhere.
5. Use your voice. Talk to your friends and family members about the fact sexual harassment and other forms of discrimination do real damage to victims – and are against the law.

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The *National Association for Working Women: 9 to 5* may be an appropriate referral for individuals encountering workplace sexual harassment. The organization began in 1973, when a group of office workers in Boston got together to talk about issues which then had no names. These issues included sexual harassment, work/family challenges, and pay equity. Now in its fourth decade, 9to5's mission is to build a movement to achieve economic justice by engaging directly affected women to improve working conditions. 9to5 envisions an economically just world where poverty and discrimination have been eliminated, the contributions of women are recognized, and women and their families thrive.

9 to 5's Colorado chapter was founded in 1996 and is dedicated to the issues that directly affect women in the workplace. They operate the toll-free Colorado Job Survival Helpline (1-800-522-0925) providing callers with no-cost, confidential information – in Spanish and English – about job problems and workplace rights. The organization can also be contacted for more information about filing a complaint with the Equal Employment Opportunity Commission (EEOC). This federal agency is charged with enforcing Title VII of the 1964 Civil Rights Act, which prohibits sexual harassment in the workplace. For more information about 9to5 Colorado, contact their office at 303-628-0925 or via email at 9to5colorado@9to5.org. *Information retrieved and adapted from www.9to5.org.*

Sexual Harassment and Immigrant Women



Article retrieved at <http://www.splcenter.org/what-we-do/immigrant-justice/in-this-section/immigrant-women> on 4/21/11.

Immigrant women are among the most vulnerable and exploited people in our society. They plant, harvest and pack the fruits and vegetables we eat. They process our meat, poultry and seafood. They clean our houses and hotel rooms, cook our food, serve us in restaurants and perform many other jobs at the lowest rungs of the economic ladder. Yet, in addition to the many abuses faced by their male counterparts, they're often the target of sexual violence and gender discrimination in the workplace.

Many of these women have traveled far and taken great risks to build a better life for their families. But all too often, they're forced to sacrifice their dignity to obtain even a small measure of economic security.

These women are largely voiceless, isolated and afraid. They do not know their rights. They often fear that reporting abuses will lead to job loss and, in some cases, deportation and separation from their children. Some feel too much shame to report harassment or sexual violence, leaving them extremely vulnerable to exploitation by male co-workers or supervisors.

Because of the many obstacles arrayed against them – fear, poverty,

shame, lack of access to legal resources, language barriers, immigration status and cultural pressures – few immigrant women ever come forward to speak out against the wrongs committed against them.

Though few studies have been done to measure the extent of the problem, the U.S. Equal Employment Opportunity Commission in the mid-1990s found that among California farmworkers “hundreds, if not thousands, of women had to have sex with supervisors to get or keep jobs and/or put up with a constant barrage of grabbing and touching and propositions for sex by supervisors.” The farmworkers, in fact, referred to one company’s field as the “fil de calzon,” or “field of panties,” because so many women had been raped there by supervisors.

In 2008, the SPLC interviewed more than 200 low-wage Latinas working in five southern states. Roughly three-quarters of these women said sexual harassment was a major problem in the workplace, and seven in 10 said they believe women are the victims of discrimination at work.

Esperanza: The Immigration Women’s Legal Initiative of the SPLC

Through our Esperanza program, the SPLC is working to give these women a voice and to protect their rights. We’re filing civil lawsuits against employers and others who break the law; educating women about their rights; helping women pursue justice by supporting them through criminal investigations against perpetrators of sexual violence; and raising public awareness about this pervasive problem.

The SPLC is working extensively with community advocates to broaden its impact. We are also working with local, state and federal agencies to improve worker protections and enforcement of the employment and civil rights laws protecting these women.

The SPLC is one of the leading organizations in the U.S. providing both direct legal representation and legal advocacy specifically to farmworker and low-wage immigrant women who have been subjected to workplace sexual violence. In 2006, we organized a national network of advocates to address this issue. We have also created sexual violence prevention materials and curricula for use by grassroots organizations, legal advocates, social service providers, law enforcement and other agencies, in addition to providing technical assistance to organizations across the country.

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In 2007, we launched the Bandana Project, bringing community groups, students and other organizations together to focus public attention on this problem by decorating and displaying bandanas. The bandana was adopted as a symbol of solidarity because many farmworker women use them to cover their faces in an attempt to ward off unwanted sexual attention.

Each year, bandanas are decorated and displayed across the country. To date, more than 3,000 bandanas have been decorated nationally and internationally. The program, now administered by the Dolores Huerta Foundation, has continued to grow as more people learn about the plight of immigrant women.

For more information contact the Esperanza Project at 1-800-591-3656.

Sexual harassment can also occur in the educational settings. In a sample of 712 students attending a large suburban/rural high school in Massachusetts, 35% of the 332 students who worked part-time reported experiencing sexual harassment (Fineran, 2002). Advocates have the opportunity to work with their local school districts in developing appropriate prevention curriculum and response services. In fact, Colorado has specific academic standards for health education that mandate instruction on bullying, harassment, sexual assault, and teen dating violence. For more information, please contact CCASA.

Stalking

While legal definitions of stalking vary from one jurisdiction to another, a good working definition of stalking is *a course of conduct directed at a specific person that would cause a reasonable person to feel fear*. In Colorado, stalking is currently defined by Colorado Revised Statute 18-3-602 in three ways:

- Credible threat by repeatedly following, approaching, contacting or surveillance
- Credible threat with repeated communication
- Repeated actions that cause serious emotional distress

The 1998 *Stalking in America* study provided valuable insight as to the likeliness that victims of stalking decide to engage with law enforcement in

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"It's not easy to describe the fear you have when you see the stalker, or signs of the stalker, everywhere you go. I have given up all hopes of ever having a safe life. For the rest of my life, I will be looking over my shoulder, expecting to see him there."

It's going to take getting a bullet put in my head before people understand how serious it is."

- *Statement of stalking victim Peggy Klinke one month prior to her murder by her stalker in January 2003*

response to the crime. When asked why they chose not to report their stalking to the police, victims were most likely to state that their stalking was not a police matter, they thought the police would not be able to do anything, or they feared reprisals from their stalkers (Tjaden & Thoennes, 1998).

Research shows a direct correlation between sexual assault and stalking victimization (BJS, 2009). In the 1998 *National Violence Against Women Survey*, 31% of women stalked by her intimate partner were also sexually assaulted by that partner.

Considerations When Providing Advocacy Services

- Listen and believe! Telling the story allows the survivor to remember more details and put all the pieces in place.
- Advocates can help the victim with proper documentation of stalking incidents. Victims are encouraged to keep a log of all stalking behaviors including emails and phone messages. The log, as well as any gifts or letters the stalker sends the victim, can be collected and used as evidence. The evidence will help prove what has been going on if the victim decides to report the stalking to the police or apply for a protective order. Visit the National Stalking Resource Center (NCVC) to download copies of Stalking Incident and Behavior Logs at www.ncvc.org/src.
- Discuss phone services with victims (distinctive ring, call trace, call blocking), safety plan around TTY devices, cameras for safety can be put up around the home. Encourage using a "safer" computer at the library, save all harassing and suspicious emails, passwords: use variations of #s and letters, talk to schools about records, work with your client to search their name to see what is available and accessible online.
- Refer clients to the **Colorado Address Confidentiality Program (ACP)**. This state program helps survivors of sexual offenses, intimate partner violence and stalking keep their addresses confidential after they have relocated to escape possible or former abusers. It is available to men, women and children and there are no financial eligibility requirements. For more information, please visit http://www.acp.colorado.gov/ACP_home.html.

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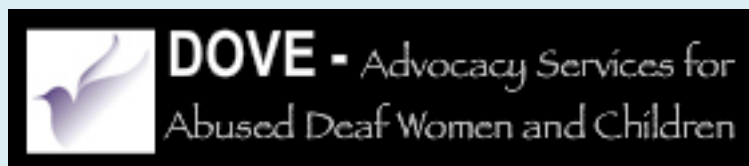
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Agency Spotlight!



DOVE is a non-profit organization dedicated to providing services to Deaf, Hard-of-Hearing, Late-Deafened and Deaf-Blind victims of sexual assault and domestic violence. DOVE's purpose is to provide free services and education to Deaf victims, victim service providers, and the general public. DOVE's mission is to provide culturally accessible services that empower and offer hope to deaf and hard of hearing individuals. In 2009, DOVE served 201 victims of sexual assault, domestic violence, and bullying; 24 of these individuals served identified as male.

DOVE provides the following services:

Community Advocacy Program:

- * 24-Hour crisis line

- * Crisis Intervention for domestic violence/sexual assault

Provide support in emergency situations. Victim advocates will come help deaf victims when they call or email for help.

- * Legal Advocacy

Help victims about court process (restraining orders, court orders, testifying) and make sure there is an interpreter.

- *Medical Advocacy

Go with victims to hospitals, give emotional support and ensure that there is an interpreter.

- * Peer Advocacy

Victims get together for groups where they help and talk about feelings.

- *Community Resources

Workshops are given to help victims with personal growth (self-defense, self-esteem, crafts and skills).

Outreach:

- *Deaf, Deaf-Blind, Late-Deafened, Hard of Hearing communities

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- *Criminal Justice service providers

- *Human Services providers

- *Legal Professionals

- *Medical Professionals

- *Schools

Information and Referral:

- *Materials relating to domestic violence/sexual assault within the deaf community

- *Americans with Disabilities Act (ADA) information

- *List of resources and agencies that are deaf-friendly

- *Technical Assistance for service providers

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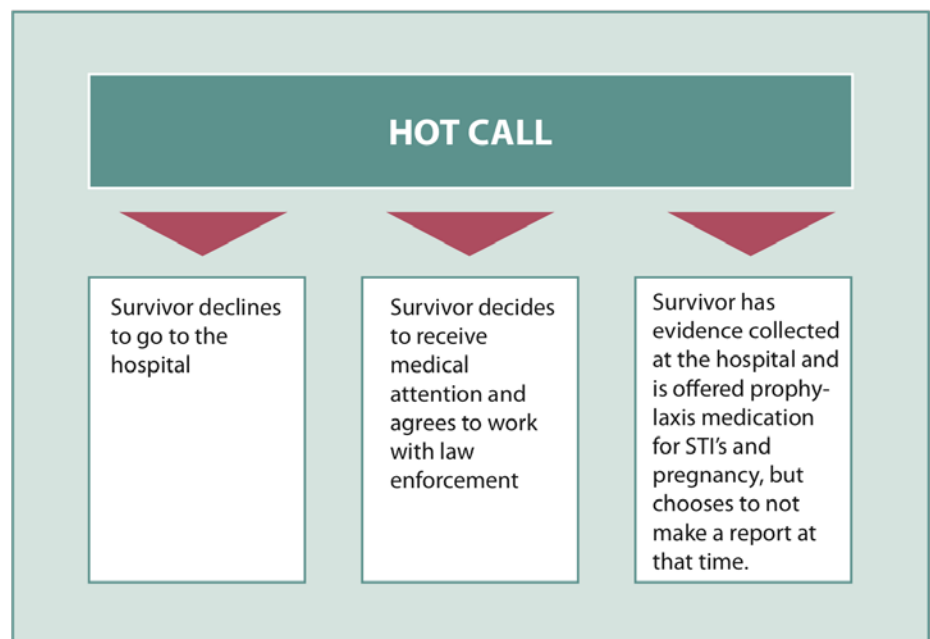
Chapter 9 – From the Hospital to the Police Report: Advocacy Services through the Medical and Evidence Collection Procedures

Overview

This chapter covers the role and responsibilities of the sexual assault victim advocate in the event of what is usually referred to as a “hot call.” A hot call is a sexual assault that has occurred within 96-120 hours (4-5 days) from the time the victim seeks help. In that time period, physical evidence has the greatest chance of being present. However, it may be more likely to obtain forensic evidence within 72 hours after an assault.

Survivors of recent sexual assault may or may not decide to go to a hospital or to report the crime to police. In either case, you are an invaluable resource to them at a very critical time. However, if they do decide to report the assault, physical evidence can be collected, and they may have a much greater chance of successfully pursuing their case through the criminal justice system. It is very important that you make the victim aware of these options at the early stages of your communication.

There are three primary paths of options leading from a hot call, a call from the survivor immediately after the sexual assault. In the first, the survivor declines to go to the hospital. In the second, the survivor decides to receive medical attention and agrees to work with law enforcement. In the third option, the survivor has evidence collected at the hospital and is offered prophylaxis medication for STI's and pregnancy, but chooses to not make a report to law enforcement at that time.



“Completed documentation, or chain-of-evidence, is essential and must include the signature of everyone who had possession of the evidence from the individual who collected the evidence to the individual bringing the evidence into the courtroom. If this proper chain-of-evidence is not maintained, the evidence will be inadmissible.”

- Sexual Assault Nurse Examiner
Development & Operation Guide
(Ledray, 1999).

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Different Communities, Different Systems

In order to ensure that services are as effective and community-specific as possible, there is no single statewide victim advocate protocol for responding to hot calls in Colorado. Your agency will instruct you about the protocol for your local area. At some rape crisis agencies, victim advocates will support the client from the initial call through the hospital visit, the police report, and subsequent legal and bureaucratic processes. At others, the victim advocate will be summoned directly by the hospital or police. And in some localities, a different victim advocate, from the local law enforcement agency or even the hospital, will take over at the hospital. If this is the case, it is important to keep in mind that a “systems-based” advocate will not have the same confidential communication privilege as the community-based advocate. This chapter will examine the advocates’ role in the post-assault process.

The Choice to Report

As the diagram on page 1 illustrates, victims of sexual assault have a choice as to whether they wish to work with law enforcement. However, due to the fact that medical providers in Colorado are mandated reporters, law enforcement will typically be notified. It is critical that victims are aware of potential interaction with law enforcement, as well as their right to make the personal decision regarding cooperation with an investigation.

After a sexual assault medical forensic examination is performed at a hospital (or a clinic or community-based program), the evidence is released to law enforcement and sent to forensic laboratories. In non-reporting cases, the sexual assault evidence collection kits may not be submitted to law enforcement and the evidence may be stored for two years. If the victim decides to report and the kit is tested, the evidence may be used by the prosecution pursuing the case.

The victim’s choice to report to law enforcement can be a difficult decision. The sexual assault forensic evidence collection process can be a lengthy, invasive and embarrassing experience for the victim, and it is understandable that they may wish to forego it. *S/he can also refuse any single or multiple steps of the kit at any time during the exam.*

Any physical evidence collected during a sexual assault medical forensic exam or documented in writing in the assault history can provide valuable evidence against an assailant in court. It is important for survivors to also understand that the medical forensic exam doesn’t necessarily “prove” that a rape occurred. For example, when an assault has occurred, there may not always be evidence of tearing and/or bruising, and it is actually common for there to be a lack of physical evidence in sexual assault cases due to the nature of the tactics used by the perpetrator (coercion, threats, intimidation, and alcohol/other drugs). While the choice always belongs to the victim/survivor, s/he should be given full information of the potential benefits and challenges of reporting. Reporting can be an overwhelming decision to make when an assault is recent, but it can also be very important for the recovery process.

Hot Call Protocol

Originally adapted from Moving to End Sexual Assault—MESA—in Boulder, CO.

Hot calls are generally the exception to the case, because many survivors will wait a period of time from the time of the assault to disclose. However, in the first 96-120 hours after a sexual assault, forensic evidence is more likely to be preserved. Hot calls can be very intense for you and the survivor, so it is critical to know how to handle one.

Hot calls can come directly from a victim or, more often, from a law enforcement or medical representative who is with a victim in the aftermath of a sexual assault. With a hot call, safety of the victim is the most important concern. As we discussed in Chapter 7, it is paramount that the advocate tries to decipher the victim's safety level.

Victims may also be reluctant to go to the hospital. As an advocate, you can explain what will happen if s/he chooses to go to the hospital. However, you must realize that you cannot make this decision for the victim.

Hot Call Procedure

Questions to Ask Immediately:

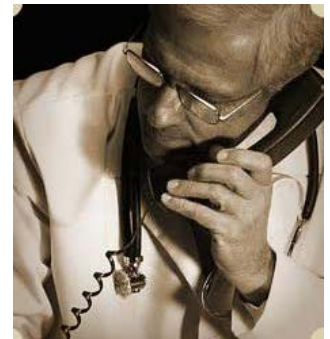
- A. Are you safe now?
 - Get details, including phone number in case you are disconnected.
- B. Where are you now?
 - In case you need to send police or ambulance.
- C. Is there anyone you want to notify?
 - Write down full names and phone numbers.
- D. Name of victim.
 - If victim discloses that s/he is under the age of 18, you will need to explain that social services or law enforcement will have to be notified.
- E. Does s/he want you to meet at the hospital, rape crisis center or law enforcement agency?
 - Get specific location.
 - Estimate how long it will take you to get there and let the victim know. Suggest things for her/him to do while waiting for you, such as:
 - Write a detailed description of the suspect and other things they can remember about the assault.
 - Get clothes ready to go to the hospital (don't change clothes, as they may contain evidence).
 - Contact supportive friends or family.

NOTE: In some agencies, the hotline advocate may not be the person who responds to the hospital or other location. Be sure to explain this to the survivor and provide details about the person who will be meeting her or him. Follow agency protocol for transitioning between advocates.

- F. If going to the hospital, tell the victim (if possible) not to:
- Bathe, shower, douche, change clothes, or straighten the room (if that is where the sexual assault occurred) to preserve evidence.
 - Brush teeth, use mouthwash, drink any liquids, or smoke, if oral sexual contact was involved. Inform the victim that any of the above can destroy evidence.
 - If the victim has removed any clothing or other items, have her/him enclose them in a brown paper bag; plastic bags can destroy evidence.
- G. Let the victim know that doing a rape kit does not mean s/he has to make up her mind about proceeding with a full investigation. S/he will have to give a brief account to a doctor, nurse or Sexual Assault Nurse Examiner (SANE) who records the medical forensic exam, or “rape kit,” evidence. Sometimes law enforcement will do a quick interview before the sexual assault medical forensic exam and a longer interview a day or so later. The victim does not have to cooperate with law enforcement to have the cost of the medical forensic exam paid for by law enforcement or the Division of Criminal Justice. However, if there is medical care given in addition to the exam (including medication, emergency room fee, etc.), the survivor will be billed for those costs.
- H. If you are speaking to a victim over the phone, and s/he does not feel safe, inform them that law enforcement can be called to check the area immediately. This does not mean s/he must talk with them, only that they’ll check the area.
- Get as complete a description of the suspect as possible.
 - Hang up, send police and call victim back.
 - **BE SURE TO TELL THE DISPATCHER TO TELL THE POLICE NOT TO CONTACT THE VICTIM, IF THE VICTIM HAS EXPLICITLY REQUESTED NOT TO BE CONTACTED YET.**

Before you leave to meet the victim at the hospital:

1. Make sure you have directions and maps with you.
2. Follow your agency’s protocol in communicating with your Supervisor. Be sure that s/he knows where you will be and when you will check in again. **TAKE SOMEONE WITH YOU IF YOU FEEL UNSAFE OR UNSURE.**
3. It is best practice for the advocate to always be at the hospital and for the survivor to have the option to accept or decline contact.



Hospital Checklist

Recommended Items to Bring to Hospital:

- Notebook/pad (follow your agency protocol regarding safe and confidential record keeping)

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- Pen
- Kleenex
- Your Crisis Team/Hotline phone list
- Maps/GPS of your region
- Brochures and written resources
- Extra forms/Release forms required by your agency
- Spare clothes for the survivor if these are not already available at the hospital or clinic.

Optional Items to Bring:

- Food
- Feminine Hygiene Products
- Book/Magazine
- Jacket/Sweater
- Information about local suicide prevention organization

Facilitating the Best Physical & Psychological Care for the Survivor

Empowerment & Control

When a person is sexually assaulted, they have had their power and control taken away from them. Should they decide to report the crime in the immediate aftermath and undergo a sexual assault medical forensic examination, they have a right to maintain as much of a sense of control as possible within that process. To the degree that you can help empower the survivor as s/he negotiates the medical and law enforcement settings, you will be providing an immensely important service to them.

Survivor empowerment means informing survivors with all accurate information available and encouraging individuals to make decisions and participate whenever possible. Medical and law enforcement personnel may not always make the survivor aware of the choices, and they may not always be aware themselves. Some examples of information the advocate can provide include:

- ◆ *If an adult victim (over age 18) is at a medical facility, they can choose not to report or not to pursue an investigation with law enforcement. However, physicians and nurses may, because of mandatory reporting requirements, have an obligation to notify law enforcement.*
- ◆ *Though a police officer may be very persuasive about the need to have a sexual assault evidence collection kit, it is always the victim's choice.*
- ◆ *Healthcare personnel should continue to provide informed consent at every step of evidence collection. The client always has the right to opt*

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out of any part of a kit. However, it is very important for the victim/survivor to know that all evidence is essential for their case.

- ◆ *Family members may try to insist on being with a victim, but s/he has the right to refuse visitors.*
- ◆ *If a victim suspects they have been drugged, a specimen for drug testing should be collected by healthcare providers as soon as possible.*
- ◆ *While obtaining the exam is of no cost to the victim, there is the possibility that s/he may be charged for other medical services, such as the cost of medications that may be dispensed, emergency room fees, etc.*
- ◆ *Many of the larger law enforcement agencies often have a Spanish speaking officer. Spanish speaking advocates or Spanish speaking translators can be very helpful for the police interview. Hospitals also have access to 'certified healthcare translators.' However, if a certified translator is not available at the time of a sexual assault exam, an ATT language line may be the only accessible resource.*
- ◆ *Under Title X protection in the case of a minor who needs care for issues related to STI's, pregnancy, physical abuse or sexual abuse, the health care provider has the option to provide services without parental consent. However, because of Colorado's mandated reporting laws, the Department of Social Services and/or law enforcement will be notified. For a list of health care clinics that receive Title X funding, please visit <http://www.opaclearinghouse.org/search/index.cfm>.*

Part of your role is to make the survivor aware of the choices s/he has, while also helping facilitate communication between the various parties involved. Remember: at the hospital, you may be switching back and forth from conversations with the victim and loved ones, the law enforcement officer, and the medical professional involved. This can be extremely challenging, and it is crucial to call for additional support from other advocates whenever necessary. *Remember, the victim's expressed needs always come first.*

Medical Advocacy Considerations for Transgender Clients

In February 2011, the National Center for Transgender Equality and the National Gay and Lesbian Task Force released *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey* (available at http://transequality.org/PDFs/NTDS_Report.pdf). Nearly 6,500 people responded to this questionnaire. Here are some highlights relating to people that are transgender and health care:

- 28% had been subjected to harassment in a medical setting
- 26% had been physically assaulted in at least one health care setting
- 24% had been denied equal treatment at a doctor's office or hospital
- 19% had been refused medical care due to being transgender or gender non-conforming (the rate was higher for transgender people of color)
- 13% had been denied equal treatment at an emergency room
- 10% had been sexually assaulted in at least one health care setting
- 48% had postponed medical care because of inability to afford it
- 28% had postponed medical care because of fear of discrimination in health care setting

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Q. Who Should Pay for the Exam?

A. If a victim contacts the law enforcement agency directly or if she/he comes to a medical facility that provides forensic medical exams for sexual assault cases and wants to report the crime, the law enforcement agency where the crime occurred would pay for the exam. If a victim does not want law enforcement involved but wants to have a forensic medical exam done in case she/he wants to have the crime investigated at a later date, the Division of Criminal Justice (DCJ) Fund would pay for the exam.

★ DISCUSSION QUESTION ★

1. How can research like the “Injustice at Every Turn” survey help enhance your advocacy knowledge and skills?

Rights

Like any crime victim or hospital patient, people who survive a sexual assault have the right to be treated with respect and dignity by the personnel with whom they come into contact. At times, you may need to ensure that those rights are respected; you are literally advocating on behalf of the victim. In the event that they are not, you or your agency may want to make a complaint. See Chapter 10, “Rights of Victims of Crime in Colorado.”



Respect and Sensitivity

Sexual assault victims need to know that they have the assurance and support of another person during an extremely stressful time.

Reminding them of their rights and supporting their choices is a big part of this, but so is simply being present with them and allowing them to articulate their feelings. There may be family or friends at the hospital who are already suggesting the victim was somehow at fault for the assault. Reassuring the victim that the assault was not their fault can be a powerful form of support. An ear to listen, a sympathetic voice, or a shoulder to cry on can mean everything at such an overwhelming time.

Sensitivity also means respecting the survivor’s personal boundaries. A person who has been assaulted may recoil at the slightest physical touch. *Therefore, be sure to ask the person what they are comfortable with before extending any kind of physical contact.* Do not press them to talk about their emotions, thoughts, feelings or memories. However, be receptive if such things do arise, even at strange times.

It is normal for a survivor of sexual assault to behave in ways that may seem inappropriate to others. For example, they may:

- chatter, mumble, ramble
- laugh nervously
- remain totally silent
- act like nothing happened
- suddenly deny that the event occurred
- rock back and forth
- appear “zoned,” have a flat affect, or be strangely calm
- act in a childlike manner

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Q. How will the payment work?

A. If law enforcement is involved with the case prior to the forensic exam being requested or if the victim presents at a medical facility and requests an exam and wants to cooperate with the investigation of the case, then the medical facility will bill the law enforcement agency directly as is done currently.

If the victim does not want to cooperate with law enforcement, then the medical facility will send the bill to DCJ. When DCJ gets the bill, it will contact the law enforcement agency that picked up the kit to ascertain whether the victim has chosen to cooperate with the investigation of the case at this point in time. If the victim has decided to cooperate with the investigation of the case, the bill will be sent to the law enforcement agency for payment to the medical facility. DCJ will notify the medical facility that law enforcement will be paying the bill.

If the law enforcement agency tells DCJ the victim has not contacted them to pursue the investigation of the case, DCJ will pay the medical facility for the forensic medical exam.

- watch television if available
- yell or scream
- react extremely to external stimuli
- decide to leave
- have an overwhelming need to shower, smoke, change clothes, etc.
- be distracted and text or talk on their cell phones

Understand these behaviors are all natural reactions to trauma and shock. It may be necessary to inform even medical personnel and especially significant others of that fact so that they may be more supportive of the victim. The victim, too, may need the reassurance that what he or she is experiencing is normal, human, and understandable and that you are there for them.

Medical Advocacy

Once the victim arrives at the hospital, you will be advocating on his or her behalf. The following are important points to remember:

- Sexual assault patients will be triaged after patients with life threatening injuries or illness. Thus, the survivor may have to wait a long period of time to be seen.
- Sexual assault patients should be provided anonymity in the healthcare facility and possibly identified as “Code R” or “Anonymous.”
- The hospital cannot refuse to treat sexual assault victims if they choose to forego reporting. However, in some cases the victim may be responsible for payment if s/he is treated for additional injuries.
- Patients should be taken immediately to a private interview area or examination room.
- A friend or support person should be present unless the victim declines.
- Law enforcement officers **should not** be in the examination room during either the assault history or physical examination processes of the medical forensic exam. However, some law enforcement believes in order to uphold the chain-of-evidence, they should be present when the rape kit exam is conducted. If this happens, suggest to the officer that the licensed healthcare providers are responsible for maintaining the custody of chain-of-evidence. If the law enforcement officer is in the exam room for either the assault history or the exam, it could make the medical professional’s testimony inadmissible in court and therefore negate the purpose of the exam. It is best to have these conversations and to work out this protocol prior to hospital response. Multi-disciplinary Sexual Assault Response Teams (SARTs) are a great place to engage in these conversations before the intensity of responding to a hot call.
- To help the patient regain a sense of control, give him or her every opportunity to make decisions. Never speak for survivors. Defense attorneys can unfortunately misconstrue the rape crisis advocate as “putting words in the survivor’s mouth.”

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In a 2002 study, 73% of the women surveyed reported that they were “extremely fearful” or “concerned” about contracting HIV as the result of a rape. Women who were raped by a stranger were significantly more likely to express fear or concern about HIV exposure than women who were raped by partners or acquaintances. Over 80% of the women surveyed indicated that they wanted more HIV/AIDS related information during post-assault medical care.

- Resnick,H.,Monnier,J.,
Seals,B, et.al., 2002

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Hospital staff are not a homogenous group. Some may be insensitive, while others may be supportive toward sexual assault victims. The treatment of victims in emergency departments may vary, depending on awareness, resources, and training. Victims may request to be attended by a female doctor and the hospital may provide this if they can accommodate the request.

Treatment of Physical Injuries

The emergency needs of sexual assault victims fall into three general categories: medical, psychological and legal. The role of the hospital in meeting these needs is as follows:

Medical

The hospital staff is responsible for immediate treatment of physical injuries; prophylaxis for pregnancy and Sexually Transmitted Disease antibiotic prophylaxis (if the patient desires); and appropriate referral for follow-up care.

Psychological

The hospital staff can help survivors psychologically by minimizing immediate stress and making referrals to appropriate sources for further emotional counseling, and/or by contacting a victim advocate to come to the hospital to provide support.

Legal

The hospital staff has legal responsibility in a sexual assault case. This includes the collection of evidence, maintenance of a legal record, ensuring the chain of evidence and later offering testimony in court.

The hospital's primary concern will be for the healthcare of the victim/patient, and the evidentiary needs. If possible, forensic evidence should be collected *before* treating injuries, as medical treatment can result in the loss of potentially valuable trace or biological evidence. However, most hospitals will not collect evidence until a patient is medically cleared first as some evidence can be collected up to seven days post-assault. The staff should never force a survivor to undergo an examination if they are emotionally too distraught or unfit. The presence of an advocate, a family member or friend may help the patient relax before being examined.

Other items the healthcare provider (not the advocate/volunteer) should review with survivor:

- Some medication used for emergency contraception may result in some nausea. Medication can be provided to combat nausea.
- If the suspect/perpetrator HIV status is known, baseline HIV status and information regarding retroviral therapy should be discussed with healthcare provider. Otherwise, the survivor should be referred to a facility that provides anonymous testing and counseling.
- A survivor should consider a follow-up gynecological exam 10 days to two weeks after the medical forensic exam.



INFORMATION ABOUT FORENSIC MEDICAL EXAMS FOR VICTIMS WHO DO NOT WANT TO COOPERATE WITH LAW ENFORCEMENT (HB 08-1217)

This handout was retrieved from the Colorado Division of Criminal Justice, Office for Victims Programs and is available at http://dcj.state.co.us/ovp/Documents/Forensic%20Exams/Information_for_Victim_Service_Agenciesweb.pdf.

The Violence Against Women Act (VAWA) is a federally funded program that promotes a coordinated, multidisciplinary approach to improving the criminal justice system's response to victims of sexual assault and domestic violence. The State of Colorado receives approximately 1.7 million dollars annually from the U.S. Department of Justice, Office on Violence Against Women to provide grants to victim services, law enforcement, district attorneys, and court agencies that address domestic violence, sexual assault and stalking.

In order to continue to be eligible to receive VAWA funds, states must meet all applicable requirements, including certifying that they are in compliance with the statutory eligibility requirements of the Violence Against Women Act. The 2005 reauthorization of the VAWA statute included, among other provisions, a requirement that forensic medical examinations be afforded to all sexual assault victims regardless of their decision to participate in the criminal justice system and/or cooperate with law enforcement and that victims are not charged with the expenses related to the exam.

In the 2008 legislative session, the General Assembly passed HB08-1217, which enables victims of sexual assault to receive a forensic medical exam without having to participate in the criminal justice system or cooperate with law enforcement. In addition, such victims do not have to pay the cost of the forensic medical exam.

Underreported/Unreported Nature of Sexual Assault Cases

There are many reasons why a victim of a sexual assault may want a forensic medical exam but not want to go forward with the investigation of the case.

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Sexual assault victims rarely report to law enforcement first; usually they first go to a close friend or relative, a health care provider, or a victim advocate.

Law enforcement is more likely to be notified of sexual assaults that are committed by strangers than by someone the victim knows.

Victims are often unwilling to report a sexual assault for fear of not being believed or being blamed for the crime. Victims do not report for reasons including:

- (1) they knew or are related to their assailant;
- (2) they are intimidated by the assailant's position, power, or social status;
- (3) they engaged in drug or alcohol use or willingly entered the assailant's car or apartment;
- (4) fear of retaliation from the offender;
- (5) fear of being blamed by others;
- (6) fear of their names being made public by the news media.

If victims of sexual assault do report the crime, it is common for them to postpone reporting the incident to law enforcement or anyone else. Victims often delay reporting a sexual assault for days, weeks, months, or even years, and many never disclose it to anyone, including their closest friends.

How This Statute Will Help Victims of Crime

At times, victims of sexual assault do not immediately want to cooperate with law enforcement due to the very personal nature of the investigation and because they may want to consider all of their options before proceeding. This legislation allows sexual assault victims the opportunity to obtain forensic evidence while allowing them time to consider the options as to cooperating with the investigation of the crime.

Evidence collected during the forensic examination has been found to hold a direct correlation to a successful prosecution. Not only the actual evidence, but also the circumstance in which it was collected plays a critical role in the future of the case well before it enters the courtroom. Obviously, physical evidence connecting the suspect to the crime is a critical variable that prosecutors consider when determining how and whether they will proceed with a case.

A timely, well-done forensic examination also has the potential of addressing many of the concerns of sexual assault victims and can increase the likelihood, through the documentation of visible injuries and evidence collected, of the successful investigation and prosecution of

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sex offenders, should victims decide to cooperate with the investigation of the case.

What Should I Do?

If a victim of a sexual assault contacts your agency, it is important that they have the following information:

FORENSIC EXAM: The victim can go to a medical facility/hospital that provides medical forensic exams and receive the exam at no cost to them. The State of Colorado – Division of Criminal Justice (DCJ) will pay only the cost of the forensic exam. **Any additional medical expenses will be the responsibility of the patient.**

LAW ENFORCEMENT WILL BE CONTACTED: Let the victim know that under Colorado law, medical personnel are required to report the crime to a law enforcement agency. If the victim knows the location of where the assault occurred, that law enforcement agency will be contacted. If the location is unknown, the law enforcement agency local to the hospital will be contacted. HB 08-1217 does not change the mandatory reporting law outlined in C.R.S. § 12-36-135 and does not allow for anonymous reporting. As such, the name of the victim will be provided to law enforcement. **The only change as a result of HB 08-1217 is that the victim of a sexual assault crime who does not want to cooperate with law enforcement can receive the exam without being required to participate in the criminal justice system or cooperate with law enforcement.** If the victim decides that she/he would like to discuss the crime with the law enforcement agency, she/he will need to contact the law enforcement agency directly.

VICTIM COMPENSATION: Let the victim know that Colorado has a victim compensation program that provides assistance with medical bills. One of the requirements of receiving victim compensation is that the victim has cooperated fully with law enforcement officials in the apprehension and prosecution of the assailant. The victim compensation board can waive this requirement for good cause. Victims of sexual assault who want a forensic medical exam but do not want to cooperate with law enforcement will need to contact the victim compensation program in the jurisdiction where the crime occurred and discuss her/his situation with the victim compensation administrator about whether the board may or could waive this requirement. Victims can contact the Colorado Division of Criminal Justice to locate the appropriate victim compensation administrator by calling 303-239-5719.

FORENSIC EVIDENCE COLLECTION KIT: Let the victim know that the forensic evidence collection kit will be turned over to the appropriate law enforcement agency. The victim will be notified by the medical facility of which law enforcement agency received the kit and that it will be stored at the law enforcement agency for two years. (HB 08-1397 Concerning the Evidence Collected in Criminal Cases was passed after HB 08-1217 and may affect the length of time evidence needs to be held, however the time would be longer than 2 years).

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DOMESTIC VIOLENCE CASES: In a domestic violence case, other pertinent domestic violence laws may affect the actions taken by the law enforcement agency.

Please contact the Colorado Division of Criminal Justice for further information at 303-239-5719 or email Debbie.kasyon@cdps.state.co.us or check our website at <http://dcj.state.co.us/ovp/VAWA>.

Forensic Evidence Collection

Survivors of sexual assault usually receive an evidentiary exam from one of three medical providers:

1. specially-trained Sexual Assault Nurse Examiner (SANE), or
2. medical personnel who have not received SANE or forensic exam collection training, or
3. medical personnel who have received some training on best practices in forensic exam collection.

When a medical-forensic exam is conducted, other people in the room should be kept to a minimum. Healthcare providers are concerned about providing confidentiality for the patient/victim, preserving the proper chain of custody and attending to the physical, emotional and legal needs of the victim. This can be difficult with other people present.

Where SANEs are unavailable (which is often the case in more rural areas), hospital staff will perform the medical forensic exam according to the rape kit instructions and general training they have received. In all cases, the patient/victim should know that s/he may have an advocate in the room to provide additional support to the victim.

Advocates can also attend to some of the needs and concerns of family members and significant others of the victim. This may include providing information about the exam process, about victim's compensation, and what significant others can do to support the victim.

Informed Consent

Obtaining a survivor's written consent prior to conducting a medical examination or administering treatment is standard medical practice. However, informed consent should be a continuing process that involves more than obtaining a signature on a form.

When under stress, many survivors may not always understand or remember the reason for or significance of unfamiliar, embarrassing and sometimes intimidating procedures. Therefore, all procedures would be explained as much as possible by the healthcare providers, so that the survivor can understand what the attending medical personnel will do and why.

When written consent is obtained, it should not be interpreted as a 'blank check' for performing tests or pursuing questions. If a survivor expresses resistance or would like to decline a step in the normal procedure, the medical personnel should immediately discontinue that portion of the process and

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consider going back to it at a later time in the examination, if the survivor then agrees. **In either event, the survivor has the right to decline one or more tests or to decline to answer any question.** Regaining a sense of control is an important part of the healing process for survivors, especially at the early stages of examination and initial interviewing.

It is important to remember that consent to have a support person or advocate present must be given by the survivor/patient prior to the introduction of the person. In addition, at any time throughout the treatment and evidence collection process, the survivor should be able to decline further interaction with the designated support person and/or request that the support person leaves.

Clothing as Evidence

Clothing frequently contains the most important evidence in a case of sexual assault. The reasons for this are as follows:

1. Clothing provides a surface upon which traces of foreign matter may be found, such as the assailant's semen, saliva, blood, hairs and fibers as well as debris from the crime scene. This foreign matter can often be found intact on any one thing for a considerable length of time following the assault.
2. Drainage of ejaculate from the vaginal or anal cavities may collect on the panties/underwear. Bacterial action and breakdown does occur although it happens at a slower rate than in the body cavities.
3. Damaged or torn clothing may be significant. It may be evidence of force and can also provide laboratory standard for comparing trace evidence from the clothing of the survivor with trace evidence collected from the suspect and/or the crime scene.



The Sexual Assault Exam

In a sexual assault exam, evidence is collected for the following reasons:

1. To capture/retrieve survivor control specimens and DNA.
2. To capture suspect/perpetrator DNA.
3. To corroborate the victim's story.

An uncomplicated exam, without injuries, can take 1 to 5 hours to complete. However, it will more likely take 2 to 4 hours.

There are 5 essential components of a forensic evidence collection exam by a SANE or other medical professional:

Part of the evidence collection component is a patient history, which will include medical and sexual history in addition to the specific assault history. As the rape crisis advocate, be sure to tell the victim before the exam that what is said during the medical-forensic exam will be documented.

Essential Exam Components

- History
- Assessment of injuries
- Forensic evidence collection
- STD evaluation and preventive care
- Pregnancy risk evaluation and prevention
- Crisis intervention

The person conducting the exam will:

1. Obtain a history of the assault from the survivor, including:
 - date, time and location of the assault(s)
 - events leading up to and after the assault
 - identity or description of the assailant
 - use of force or threats
 - which orifices were assaulted (mouth, anus and/or vagina)
 - what was the penetrating object
 - whether a condom was used
 - whether and where the assailant may have ejaculated
 - physical injuries or pain
 - what the victim did after the assault (changed clothes, douched, brushed teeth, etc.)
2. Obtain medical and sexual history. This may include:
 - medications, contraceptive use, allergies and past medical history
 - date of last menstrual period (to evaluate possibility of pregnancy)
 - date of last voluntary sexual intercourse (necessary for the discrimination of DNA evidence)

As an advocate for the survivor, you may be able to suggest questions the survivor can ask the provider or health-care facility regarding what information regarding the evidentiary exam will be shared with law enforcement and what is specific to the patient's medical record only.

Below we provide a complete, detailed description of a sexual assault forensic evidence collection procedure. *Note: The Evidence Collection Protocol Handbook uses feminine pronouns, assuming that the majority of victims and SANEs identify as female.*

Sexual Assault Examination Adult Victim Collection Procedure

Adapted from Colorado Forensic Evidence Collection Protocol Handbook, CCASA, and Colorado Bureau of Investigation, December 2000.

Complete and separate procedures for male and female victims are provided in the Colorado SIRCHIE kit (the sexual assault medical forensic exam kit). NOTE differences to Steps 8 and 9 for male and female victims.

1. **CLOTHING**
The nurse examiner will unfold 2 drapes, laying one on top of the other. She (or he) will have the patient disrobe on the top drape. Each garment will be placed in a **separate paper bag**, making sure any blood or semen stains are dry before packaging. She will seal and label the bags. The top drape will be refolded to contain collected debris; it will be sealed and returned to kit. The bottom drape will be discarded. **Sanitary napkins and/or tampons should be air-dried; placed in a paper bag or envelope; sealed and labeled.**

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Alcohol and toxicology screens requested by the reporting or referring law enforcement agency should be considered part of evidence collection, significant in the investigation of the crime. If the victim is cooperating with a law enforcement investigation, the requesting police agency will pay for the toxicology tests. If the victim is not cooperating with an investigation and the time of evidence collection, s/he can still have these tests completed if needed. The Division of Criminal Justice will pay for the toxicology testing in this situation.

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NOTE: If any damage to clothing is noted by medical personnel, document and advise law enforcement. Also, indicate if clothing collected was worn at time of assault.

2. TRACE EVIDENCE

Any extraneous hairs, fibers, plant material, soil, glass, paint, etc. when found on the victim, or left on the examination table, will be placed in bindle. Bindle will be folded to contain trace evidence; placed in envelope; the envelope sealed and label completed. Evidence from each area will be separately collected and packaged. Location(s) of recovery will be noted.

Additional blood should be obtained and processed per hospital procedure. This includes pregnancy testing and blood alcohol testing of victim. These samples must be kept separate from forensic samples.

4. ORAL EVIDENCE COLLECTION (for oral intercourse)

With 4 cotton tipped swabs held together, examiner will rub around gum line and buccal area. She will prepare smear slide; label as "oral" and *air-dry*. This is placed in oral slide holder and labeled. Swabs are *air-dried* and placed in envelope, sealed and labeled. Patient should rinse mouth after this step. Wait 15 minutes to collect Step 12.

5. PUBIC HAIR COMBINGS

Examiner will open bindle and place under pubic area. Using clean and unused comb, she will comb pubic region for foreign material; fold paper to contain any debris collected and comb. She will place the bindle in envelope, seal and label.

6. PUBIC HAIR CONTROL

Examiner (**or patient, if she chooses**) will pull (not cut) 25 pubic hairs from various areas of the pubic region. Hairs are placed in paper bindle; bindle is folded containing hairs; placed in envelope, sealed and labeled.

7. ANAL CONTENTS (for anal penetration)

Examiner will sample anal crypt with 4 cotton-tipped swabs HELD TOGETHER. Swabs may be dampened with sterile water to minimize discomfort. She will prepare smear slide; label as "anal" and *air-dry*. She will then place in anal slide holder; seal holder and complete label. Swabs will be *air-dried*, placed in envelope, sealed and labeled.

8. VAGINAL CONTENTS/PENILE SWABBINGS

Female victim – Examiner will sample vaginal vault with 4 cotton-tipped swabs HELD TOGETHER, She will prepare smear slide; label as "vaginal" and *air-dry*. This is placed in vaginal slide holder, sealed and labeled. She will prepare a wet-mount slide and examine for motile sperm. This is labeled as "vaginal motility"; slide is *air-dried*, placed in vaginal motility slide holder, sealed and labeled. She will *air-dry* all swabs, place in envelope, seal envelope and complete label.

Male victim – Examiner will use 4 cotton-tipped swabs HELD TOGETHER dampened with sterile water to swab the exterior of the

penis and scrotum, avoiding the urethral opening. This is swabbed, placed in envelope, sealed and labeled.

8. CERVICAL CONTENTS

Female victim – Examiner will swab the cervix with 4 cotton-tipped swabs HELD TOGETHER. She will prepare a smear slide; label as "cervical" and air-dry. This is placed in cervical slide holder, holder sealed and labeled. All swabs are air-dried, placed in envelope, sealed and labeled.

Male victim - NOT USED

9. FOREIGN STAINS ON BODY

4 cotton-tipped swabs are HELD TOGETHER, dampened with sterile water to remove possible semen, saliva, urine, etc. deposited on the victim's body by the assailant. Examiner will check for bite marks. Swabs are air-dried, placed in envelope, sealed and labeled. Each area is swabbed and packaged separately.

10. FINGERNAIL Clippings

Examiner will scrape under nails of each hand with clean toothpick; place scrapings and toothpick in bindle to contain debris; return bindle to envelope. Envelope is sealed and labeled.

11. BUCCAL SWABS

Examiner will rinse patient's mouth and allow nothing in mouth for 15 minutes prior to collecting this sample. Holding 4 swabs together, she will swab both inner cheeks. Swabs are air-dried, placed in envelope, sealed and labeled.

12. HEAD HAIR CONTROL

Examiner (**or patient**) will pull (using fingers) 25 head hairs from various areas of the head. Place hairs in paper bindle; fold bindle to contain hairs; place bindle in envelope. Envelope is sealed and labeled.

13. ADDITIONAL ENVELOPE

One additional envelope is included in the Colorado SIRCHIE kit. This envelope is for the collection of other samples as needed. Each sample must be packaged separately Envelope is sealed and labeled when used. Examiner will indicate type of sample and its location on victim.

Laboratory Data



Alcohol and toxicology (drug) screens are not routine forensic protocol for victim/survivors of sexual assault. Blood and/or laboratory screening for determining toxicology in cases of sexual assault should only be done in the following situations:

- the victim/survivor or an accompanying person (such as a family member, friend or police officer) states that the victim was involuntarily drugged by the assailant/perpetrator;

And/or

- if in the opinion of the attending healthcare personnel, the patient's medical condition or history of events appears to warrant toxicology screening for optimal care and forensic considerations.

Treatment and Referral Plan

All survivors should be given information about the possibility of contracting sexually transmitted infections (STI) or diseases from the assault. Only follow-up testing at a later time will confirm any transmission. Prophylactic treatment for sexually transmitted infections should be offered routinely at the time of the initial exam. STI testing after prophylaxis usually takes place 10-14 days after medication.

STI cultures in adults are not needed as part of forensic evidence collection during an exam that takes place immediately after a sexual assault. If a patient has signs or symptoms that indicate an STI is present, cultures and treatment can & should be provided.

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If the patient is at risk for pregnancy, prophylactic treatment for pregnancy (usually in the form of emergency contraception) should be discussed and offered.

Post-examination information

Many hospital emergency rooms may provide a written “patient information sheet” or discharge instructions.

Discharge instructions from the healthcare facility should include:

- referrals for testing and follow-up procedures for sexually transmitted infections and/or pregnancy
- list of medications given
- case number and law enforcement contact
- victim compensation and information. *See Chapter 10.*
- advocacy and counseling referrals, including the agency’s hotline telephone number

Some patients may prefer to go to a private physician for post-assault treatment. If this is the case, suggest that they call ahead of time to ensure that the physician is prepared and willing to treat them.

The discussion of follow-up services for both medical and counseling purposes is an important treatment aspect for sexual assault survivors. Before leaving the hospital, the survivor should be encouraged to obtain follow-up tests for possible pregnancy, sexually transmitted infections, and other infections. These tests should take place within four to six weeks after the initial hospital visit. It is vital that both written and verbal information be provided, including the locations of public health clinics or referrals to private physicians for medical follow-up.

The patient should be encouraged to seek follow-up counseling, however the decision to do so must be voluntary. Survivors are more likely to participate if counseling has been coordinated with the examination process. Again, it is vital that both written and verbal information be provided for follow-up services.

Many survivors would like to wash after the examination and evidence collection process. If possible, the healthcare facility should provide the basics, such as mouthwash, soap and a towel and washcloth.

If garments have been collected for evidentiary purposes, the survivor should be provided with suitable clothing. Friends or family can be asked to return with clothes. Additionally, your agency may want to consider partnering with volunteer community organizations to help supply some necessary items.

Care should be taken to insure that the survivor has a safe place to return to following the examination. Community referrals may need to be made regarding a safe house or facilities to accommodate survivors and their children if necessary.

Victim Compensation

The costs of a sexual assault medical exam that are not related to the collection of evidence (for example, treatment of injuries and other medical services) can be submitted for consideration by the local Victim Compensation Board. These Boards exist for the purpose of providing some financial assistance to victims of crime. The funds they distribute come from assessments (fees) collected from people who have been convicted of crimes.

You may need to assist sexual assault victims in filling out Victim Compensation forms at the hospital, so take care to become familiar with those materials beforehand. Requests for compensation are reviewed by a board of private citizens appointed by the District Attorney. Applicants are supposed to be notified in writing of the Board's decision within approximately 60 days.

Unfortunately, a Board will sometimes decline compensation to victims based on criteria that they identify or on the problem of increasingly limited funds. In such cases, your agency can ask the hospital to "write off" the costs as a public service. If not, the victim or their insurance may be required to pay. This is an extremely problematic and distressing situation. Until funds are located to cover such scenarios, all you may be able to do is sympathize with the survivor's frustration and help them resolve the situation as best as they can. You can also contact the Colorado Organization for Victim Assistance (COVA) regarding their Emergency Fund to see if they are able to provide additional assistance.

Tips for Supporting A Survivor When the Victimization is Reported to Law Enforcement

*Originally adapted from the Moving to End Sexual Assault (MESA) Manual, April 2000.
Special thanks to Anthony Antuna for his help with updating this section.*

If law enforcement is contacted and the victim chooses to report, a statement is taken from the survivor. The primary responsibilities of the responding officer are to ensure the immediate safety and security of the survivor, to obtain all the physical evidence that would be taken at any crime scene, and to advise the survivor of the availability and importance of seeking an immediate medical examination.

The officer(s) investigating the incident will ask the survivor many questions, some of which seem embarrassing. This information is necessary for the investigation. Encourage the survivor to ask why an answer to a question is important, if she does not understand its relevance. The officer should be able to explain his/her reasoning for the line of questioning.

- It is important to keep in mind that the survivor may be upset by the intensive, and often lengthy, interviews by law enforcement. The advocate's role during police interviews is to create a safe environment for the client. If in the middle of an interview you notice the client becoming upset or agitated, ask the officer or detective if you might take a break.
- Sometimes law enforcement will ask specific questions about alcohol/drug consumption or prior sexual contact that a survivor may have had with the offender. Be sensitive to the fact that this may upset the client.
- Sometimes law enforcement will not want a rape crisis counselor to be present during a police interview. If this is upsetting to your client, have

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the client articulate this to the law enforcement officer. However, law enforcement has the final say as to who is in the interview.

- If there are any cuts and bruises as a result of the assault, the police may request that pictures be taken. While a survivor can deny that request, it can be very important evidence. Chances are the physical wounds will be healed by the time the case gets to the trial stage and thus need to be catalogued early.
- The police will also want to examine the crime scene to look for any evidence, such as fingerprints, blood, DNA, stains, etc. Be careful not to move, touch or remove any items until the police have finished their investigation.
- If a suspect has been taken into custody based on a description furnished by the survivor or a witness, the survivor may be asked to identify the suspect at a live line-up, a photo line-up, or even by confrontation. The appearance of the alleged rapist may have changed considerably from the time the picture was taken and a survivor might not be able to do a positive identification.
- If the alleged rapist is a juvenile, the rules for arrest are different than they are for an adult suspect. The survivor should talk with the police officer or the prosecutor to obtain an explanation of any special juvenile procedures.

Some Important Things to Know About Police Investigations

1. Law enforcement may want to re-interview the survivor several times. It is important that the survivor is made aware of this.
2. Just because law enforcement has interviewed a survivor, that doesn't mean the offender in the case will be arrested.
3. Law enforcement may have to collect evidence from the site of the assault.
4. Law enforcement may ask the survivor to participate in a photo or live line-up to make a positive identification of the offender.
5. If the victim knows the offender, law enforcement may also ask the survivor to participate in a pre-text telephone call, or other communication with the suspect, as a means of possibly garnering a confession or other statement from the suspect.
6. Law enforcement may take weeks or months to investigate a case and determine if an arrest should be made.
7. Often sex assaults where the survivor knows the offender (or if drugs/alcohol are involved) are very difficult to prosecute and lengthy investigations are required. It is important to let the survivor know that even though they are believed there may be other barriers to prosecuting the case.
8. It may take weeks or months for CBI to analyze the evidence in the kit.

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Frisco: St. Anthony's SANE Program Goes Beyond Emergency Room Sexual assault Victims Get Help through Tough Process

By Kathryn Corazzelli, February 28, 2011

Summit Daily News

Victims of sexual assault might feel lost about where to turn after such an event occurs. At St. Anthony Summit Medical Center in Frisco, the Sexual Assault Nurse Examiner program aims to help put victims at ease.

The SANE program provides specialized care to people who have been assaulted. Specially trained nurses are on-call 24/7, every day of the year, to give patients one-on-one care. SANE has a special waiting room and exam room within the hospital.

SANE programs can be located all over the country, but there are only 13 in Colorado. St. Anthony's SANE program coordinator Jennifer McConnell said the program was initially started because it became apparent sexual assault victims needed special attention within the hospital setting.

"They've been cut, they've been beat-up, and they're sitting in a waiting room with people staring at them," she said. "They already don't want to be there. We take them out of that situation."

Victims are taken directly to a private waiting room within the hospital. When the on-call SANE nurse arrives, a medical and forensic interview is conducted and a head-to-toe injury assessment is taken. Nurses collect trace evidence and take photos if necessary. STD and pregnancy prevention are also provided.

McConnell said the program provides a standard of care above and beyond the normal emergency room.

"I think the fact that we're one-on-one and we can give them 100 percent attention, it really puts them at ease," McConnell said.

Colorado is a mandatory report state, meaning the hospital must report all cases of sexual assault to the police. Once the victim comes in, law enforcement and the Advocates for Victims of Assault — who support victims of abuse — are called. McConnell said the three groups work closely together to provide appropriate care for the victim after an assault takes place.

"It's a whole circle of care," she said. "We're taking them out of a horrible situation and helping them start the healing process."

Everything is completely free for victims. Law enforcement pays for the exam and evidence collection. The Colorado Department of Public Health pays for sexual assault kits. SANE also provides victims with compensation that helps pay for pregnancy prevention and loss of work.

Since the center's opening last summer through the end of last year, McConnell said they saw seven victims. She attributes the low number to the fact that no one really knew they existed.

Amy Jackson, executive director at Advocates for Victims of Assault, said her program sees 25-45 sexual assault victims in a year's time. McConnell said one

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in four Colorado women will be sexually assaulted in their lifetime, and only 32 of every 100 assault cases are reported.

Jackson said the hope is that a victim-friendly program will encourage more people to report and feel comfortable with prosecution. McConnell said statistically, having a SANE nurse perform the exam leads to a higher prosecution rate because of their specialized training in dealing with victims.

“We love the fact that victims are treated so well,” Jackson said. “Hopefully we’ll see an increase in the number of sex assault cases where the presence of the SANE program is aiding in prosecution.”

McConnell said the response from victims using the SANE program has been very positive.

“I haven’t had a victim leave that hasn’t hugged me,” she said.

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**Peggy Moore-McCoy
and Major Alisa Englert**

*The military can
mandate training,
which is really
different than the
civilian world.
Because of the
mandate, we
have seen a
metamorphosis
in awareness and
accountability.*

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Advocate Spotlight!

Peggy Moore-McCoy is a Sexual Assault Response Coordinator for Buckley Air Force Base and a Department of Defense civilian employee. Maj. Alisa Englert is a military member serving as Sexual Assault Response Coordinator for the Colorado National Guard. In order to utilize resources, they are partnering to create joint services for sexual assault response.

Why did you become Sexual Assault Response Coordinators?

Peggy: There was a need! I started out my career with a community-based domestic violence program. I also facilitated the offender program. Within that environment, there was usually an element of sexual assault. That work gave me a basis and foundation for my current position as a Sexual Assault Response Coordinator for the U.S. Air Force. When the military began their program in 2005, it seemed like a natural transition. I also had a former career in the Air Force in electronic maintenance, so I was familiar with military culture. This position seemed like a great way to help the military, so I made that transition from community to military.

Alisa: Up until 2008, I was a traditional Guardsman; I worked a civilian job in corporate America while serving my country. As an officer in the National Guard, I have had many challenges throughout my career, but nothing quite like this one. I saw it as an opportunity to support and help our service members who fall victim to this crime. This new program was the next chapter in my career. It is a non-typical position and a way of impacting the Colorado National Guard and all of our service members.

Describe a “typical” day as a rape crisis advocate. What is a day like if you are not called?

Peggy: We educate our personnel on cultural and societal beliefs about offenders, victims, etc. The military can mandate training, which is really different than the civilian world. Because of the mandate, we have seen a metamorphosis in awareness and accountability. While it is not as much as we would like to see, we believe it is a good start.

Alisa: We are often in meetings, briefings, trainings, and working on program development. We are responsible for training all military personnel and all Department of Defense employees in Colorado. For all DOD and military personnel, we train on prevention—with a big focus on bystander intervention. The military’s new slogan is, “Hurt One, Affects All: Preventing Sexual Assault is Everyone’s Duty.” Peggy and I also train all Victim Advocates with 40-hour training. We also train military Victim Advocates nationally. Awareness of available resources is a large component of our training. We are fortunate to have seen a huge turn in Senior Leadership. They are now very supportive, and this work has to start at the top.

What is the process once you do receive a call? What is it like for you while on-call?

Peggy: It depends. We have one hotline number for the region, and it's for all branches of the military. We have created a Joint Services Sexual Assault Response Team. As a result, all military personnel in this area have access to the helpline. We call it a helpline rather than "hotline," because we think that "hotline" may insinuate that it's only for people in immediate crisis. We want people to call for referrals, program information, or response assistance even if they are not in immediate crisis. We will respond in person, at the Emergency Room, etc. We don't initially pass on to another community-based agency, because we want individuals with specific military expertise to respond first.

Alisa: In answering the helpline, we ask the typical, necessary questions like: "Are you safe?" or "Do you need medical attention?" Safety is our number one concern. But we provide services for anyone that calls at any time and wants to talk, regardless if the assault happened years ago, if they are calling for a friend, etc. In responding to the helpline, we explain the different types of reporting options available. Restricted reporting means it's confidential in that the command will not be notified and there will not be an investigation. It allows the survivor to receive medical care, mental health counseling, community referrals, or whatever assistance she or he requires. The drawback is that the perpetrator is not held accountable for his/her actions. With an unrestricted report, survivors can receive all the same care, but command is notified. That notification will trigger formal investigation. We have to facilitate a good relationship with police departments, because police are involved at the hospital. We work with the police to ensure that they will honor the anonymity of the victim and not notify command, thus keeping it a restricted report.

Peggy: Because we have facilitated a good relationship with police, if police are responding to a sexual assault where the victim is in the military, the police will notify military Sexual Assault Response Coordinators (SARCs) immediately so we can provide military-specific advocacy services. The best practice is for police, hospitals, or community-based advocates to ask the survivor if s/he is currently serving. If so, those team members can let the victim know that a confidential SARC advocate can be there to walk through the process and ensure that command is not notified. The military clinic has that process. They know they have to notify civilian authorities, but they've developed good protocol to ensure access to advocacy services and confidentiality.

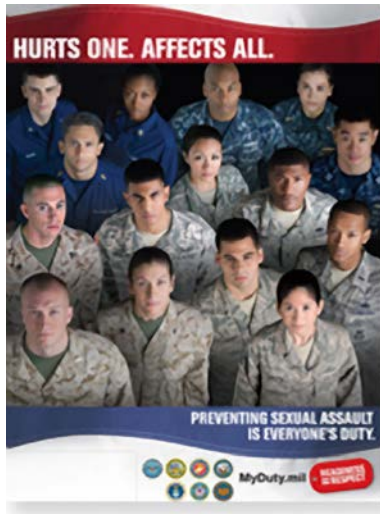
What are some of the pressing issues that you have become more aware of through your work as an advocate?

Peggy: Male victimization is definitely a pressing issue. Male victims certainly exist in the military, as well. Society often depicts victims as female. We've seen an increase in reports by male survivors. We need to ensure that we are paying attention and offering services to all survivors, regardless of gender.

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Alisa: I have been a soldier in the military. But it wasn't until doing this job and looking at the statistics before I realized the scale of the problem of sexual assault in the military. The people you serve with are your brothers and sisters and they become your battle buddies. But regardless of how close you are, people don't always talk about sexual assault. The statistics are astounding. Our numbers run the same as civilian society. About one in four women and one in twenty-three men are victims. I was familiar with the societal numbers, but members of the military often hold the military to a higher standard.

Peggy: There is just now data being gathered about previous trauma prior to military service. We have huge numbers of individuals coming into service with needs, vulnerability, etc. And then there is unfortunately re-traumatization.

Alisa: Offenders also come in with prior abuse history.

Peggy: We do mirror society. With this crime, we see that we are a microcosm of society. People often come into the military leaving a dysfunctional family and come in for that strong supportive climate.

Alisa: Because people rely on the military for so much, and it is often a culture, family and way of life - response services have to be impeccable. Victims often need A LOT of support.

What is your advice to anyone wanting to become an advocate?

Peggy: The Services you give must be survivor-based. It's what the Survivor needs and wants, and not what you want for him or her or what you think that person may need. You have to know yourself really well and be able to say "no" when your home life or work life requires it.

Alisa: In the military, this work becomes an additional duty. You have to be willing to put in time, and do your regular job. We tell new advocates, your middle name just became "flexible." Individuals doing this work must remain flexible. You have to put aside biases, cultural beliefs and be open to the survivor. Self-care is HUGE. You have to be able to take care of yourself or there's no way you can do this work.

Where would you like to see the Military's sexual assault prevention and response services in five to ten years?

Peggy: The military has a history of affecting social change. I want to see much more of how the shift in military practice can affect changes in general society. The military has been innovative with confidentiality options and mandating sexual assault prevention trainings. It would be great to see some of those best-practices adapted in civilian society. As SARCs, we are seeing an increase in recognition of who we are and what we do. Over the past six years we have seen a marked increase in leadership buy-in. Hopefully that will continue. The military continues to cultivate a "no tolerance" policy for sexual violence. Cultural change is a long process, but our senior leaders are the key to this change.

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Alisa: I want to see a climate where sexual assault is never seen as a joke or a laughing matter. People now know to come to us when an assault happens within their command. As a program, we are here to support our troops and family members. We have resources and want to see that we are being utilized. We want to see police, community-based advocates and medical responders always asking victims the question, "Are you currently serving in the armed forces or a spouse or a dependent of a member of the armed forces?" We also respond to spouses and dependents over the age of 18. Wishful thinking would be to see a military without sexual assault!

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Only a small percentage, less than 39%, of sexual assault survivors report the crime (Catalano, 2006) and a smaller subset of that group actually sees their case investigated or prosecuted (Kilpatrick, 2000).

Chapter 10 – Legal Procedures: Finding a Map Through Foreign Territory

After having undergone the trauma of a sexual assault, the prospect of navigating a long and tedious legal process can be unpleasant at best. Not surprisingly, only a small percentage of sexual assault survivors report the crime and a smaller subset of that group actually see their cases go to trial. These survivors deserve every opportunity to access quality services and make informed choices about the steps ahead.

This chapter provides an overview of the legal procedures involved in sexual assault cases. Depending on the scope of your agency's services, you may or may not have a support role to play. Some rape crisis advocates will follow a victim from the initial call all the way through the end of a trial; others do not. Here we review the services you can offer if you do participate as a legal advocate for the victim. A victim may work with several advocates during the course of a case's investigation and trial. Advocates have various and unique roles depending on their organization and background. At the end of this chapter, there are definitions of common legal terms and flow charts to help you (and through you, the victim/survivor) to better understand how the process works.

Victim/Witness Office Advocates

When a sexual assault is filed, an advocate from the District Attorney's Victim/Witness Office is typically assigned to the case. This person helps explain the legal process to the victim and provide support and assistance. He/she can answer questions, dispense information, assure that the victim's input is considered in the case, and act as the main point of contact between the victim and the prosecuting attorney.

The Victim/Witness advocate plays a very important support role for the victim/survivor. As a rape crisis counselor you can often complement that support, especially during the more difficult and emotional steps in the legal process.

In the following pages, we identify the roles of both the Victim/Witness Office advocate and the hotline advocate at different critical stages. The model here was initially taken from the relationship between Moving to End Sexual Assault (MESA) and the Boulder District Attorney's Office. Please check the procedures in this manual with the policies in your office to confirm your roles and responsibilities in your area.

We begin with a flow chart and explanation of the rights of crime victims according to the Victim Rights Act in Colorado. Next is a flow chart of the criminal justice process. The remainder of the chapter breaks down the major steps of that process, with boxes to clarify the roles of the hotline counselor and the Victim/Witness Office advocate.

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Rights of Victims of Violent Crime in Colorado

*Adapted from El Paso County 4th District Attorney's Office web site,
<http://www.4thjudicialda.com/victimwitness.aspx>.*

Recognizing that victims are an inherent part of the criminal justice process, the voters of Colorado passed a resolution in November 1992 to include Victim Rights as a part of the State's Constitution. The Victim Rights Act mandates the Office of the District Attorney to provide certain information and rights to victims of violent crime. Victims have the right to be heard when relevant (as defined by statute), informed and present at all critical stages of the criminal justice system. Knowing victims' rights will help you be a better support as they negotiate the criminal justice process.

The Victim Rights Act covers the following critical stages of the criminal justice process. In addition to the right to be informed and present, the victim has the right, where indicated by an asterisk, to be heard at hearings or provide input to the court. The victim also has the right to provide input to the court (through the deputy district attorney) regarding continuances (see definitions at the end of the chapter).

- filing of charges
- the decision to not file charges
- preliminary hearing
- any bond reduction or modification hearing*
- arraignment hearing
- motions hearing
- any subpoena for records concerning the victim's medical history, mental health, education, or victim compensation
- disposition of the complaint or charges*
- trial
- sentencing hearing*
- appellate review or appellate decision
- sentence reconsideration or modification of a sentence
- probation revocation hearing
- the filing of a complaint, summons, or warrant by probation for failure to report or because location of a person convicted of a crime is unknown
- request for change of venue or transfer of probation supervision
- request for release from probation supervision prior to the expiration of original sentence
- attack of a judgment or conviction
- parole application hearing
- parole, release, or discharge from imprisonment
- parole revocation hearing
- transfer to or placement of a person convicted of a crime in a non-secured facility

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- transfer, release, or escape of a person charged or convicted of a crime from any state hospital
- any petition by a sex offender to terminate sex offender registration
- the execution of an offender in a capital case
- a hearing held pursuant to section 18-1-414 (2)(b), C.R.S.

The Victim Rights Act (C.R.S. 24-4.1-302.5) states that victims in Colorado are entitled to the following rights:

- To be treated with fairness, respect and dignity;
- To be informed of and present for all "critical stages" of the criminal justice process (Note: there are some critical stages where the victim has the right to be informed of the critical stage but not present.);
- To be free from intimidation, harassment, or abuse; and to have the right to be informed about what steps can be taken if there is any intimidation or harassment by a person accused or convicted of the crime or anyone acting on the person's behalf;
- To be given appropriate employer intercession services regarding court appearances and meetings with criminal justice officials;
- To be assured that in any criminal proceeding the court, the prosecutor, and other law enforcement officials will take appropriate action to achieve a swift and fair resolution of the proceedings;
- To be present and heard regarding bond reduction, continuances, acceptance of plea negotiations, case disposition, or sentencing;
- To consult with the district attorney prior to any disposition of the case or before the case goes to trial and to be informed of the final disposition of the case;
- To be informed of the status of the case and any scheduling changes, if known in advance;
- To prepare a Victim Impact Statement and to be present and/or heard at sentencing;
- To have restitution ordered and to be informed of the right to pursue a civil judgment against the person;
- To receive a prompt return of property when it is no longer needed as evidence;
- To be informed of the availability of financial assistance and community services;
- Whenever practicable, to have a safe, secure waiting area during court proceedings;
- Upon written request, to be informed when a person accused or convicted of the crime is released from custody, is paroled, escapes or absconds from probation or parole;
- Upon written request, to be informed of and heard at any reconsideration of sentence, parole hearing, or commutation of sentence;
- Upon written request, to be informed of the filing of a complaint, summons, or warrant by probation for failure to report or because location of a person convicted of a crime is unknown, request for change of venue

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or transfer of probation supervision, request for release from probation supervision prior to the expiration of original sentence;

- Upon written request, to be informed when a person convicted of a crime is placed in or transferred to a less secure correctional facility or program or is permanently or conditionally transferred or released from any state hospital;
- The right to be informed of the results of any HIV testing that is ordered and performed pursuant to section 18-3-415, C.R.S.;
- The right to prevent any party at any court proceeding from compelling testimony regarding the current address, telephone number, place of employment, or other locating information of the victim unless the victim consents or the court orders disclosure upon a finding that a reasonable and articulable need for the information exists. Any proceeding conducted by the court concerning whether to order disclosure shall be in camera;
- To be informed of any rights which the victim has pursuant to the constitution of the United States or the state of Colorado;
- To be informed of the process for enforcing compliance with the Victim Rights Act.

If a victim feels their rights have been violated, they should attempt to seek compliance at the local level. If all local efforts to obtain their rights have failed, they may request assistance from the Coordinating Committee:

**Colorado Department of
Public Safety**

Division of Criminal Justice

700 Kipling Street, Suite 1000

Denver, CO 80215-4442

1-888-282-1080 Toll Free (if calling from outside of Denver metro)

303-239-5719 (within the Denver metro area)

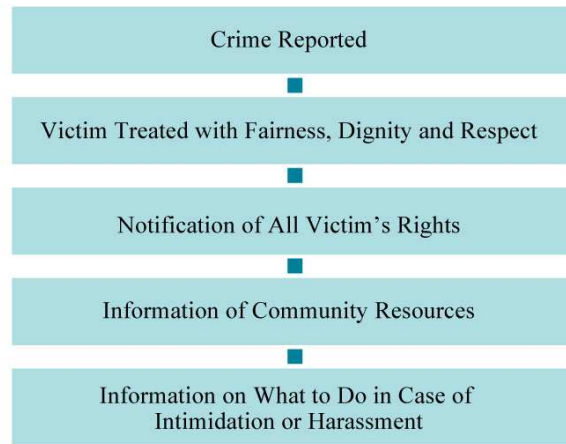


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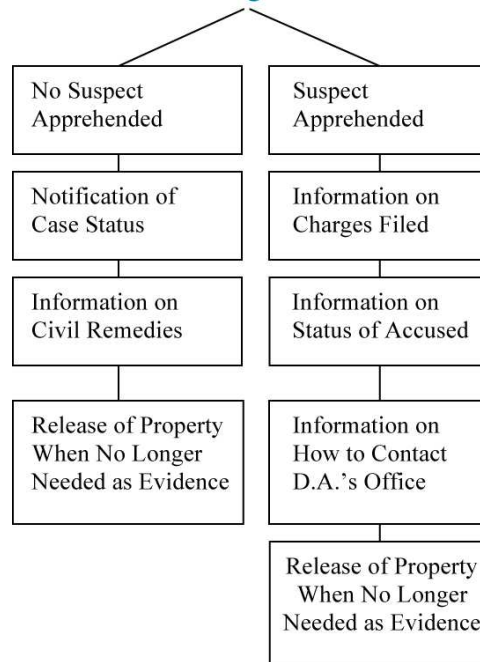
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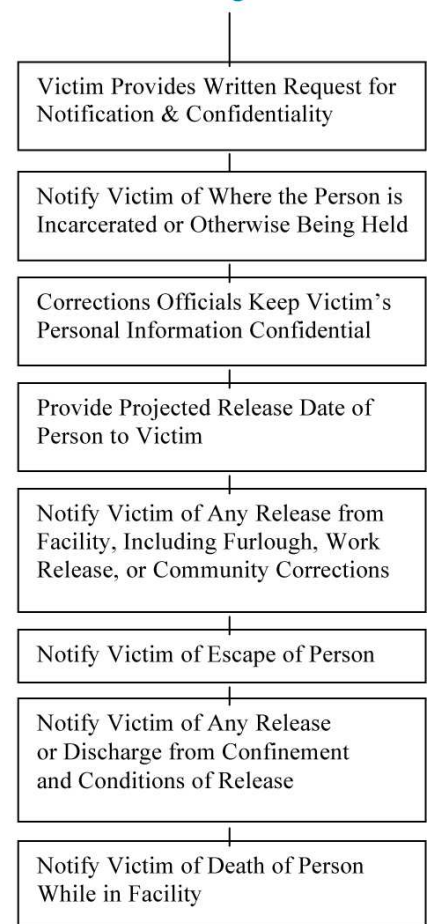
Colorado Crime Victim Rights Amendment



Pre-Conviction Investigation



Post-Conviction Investigation

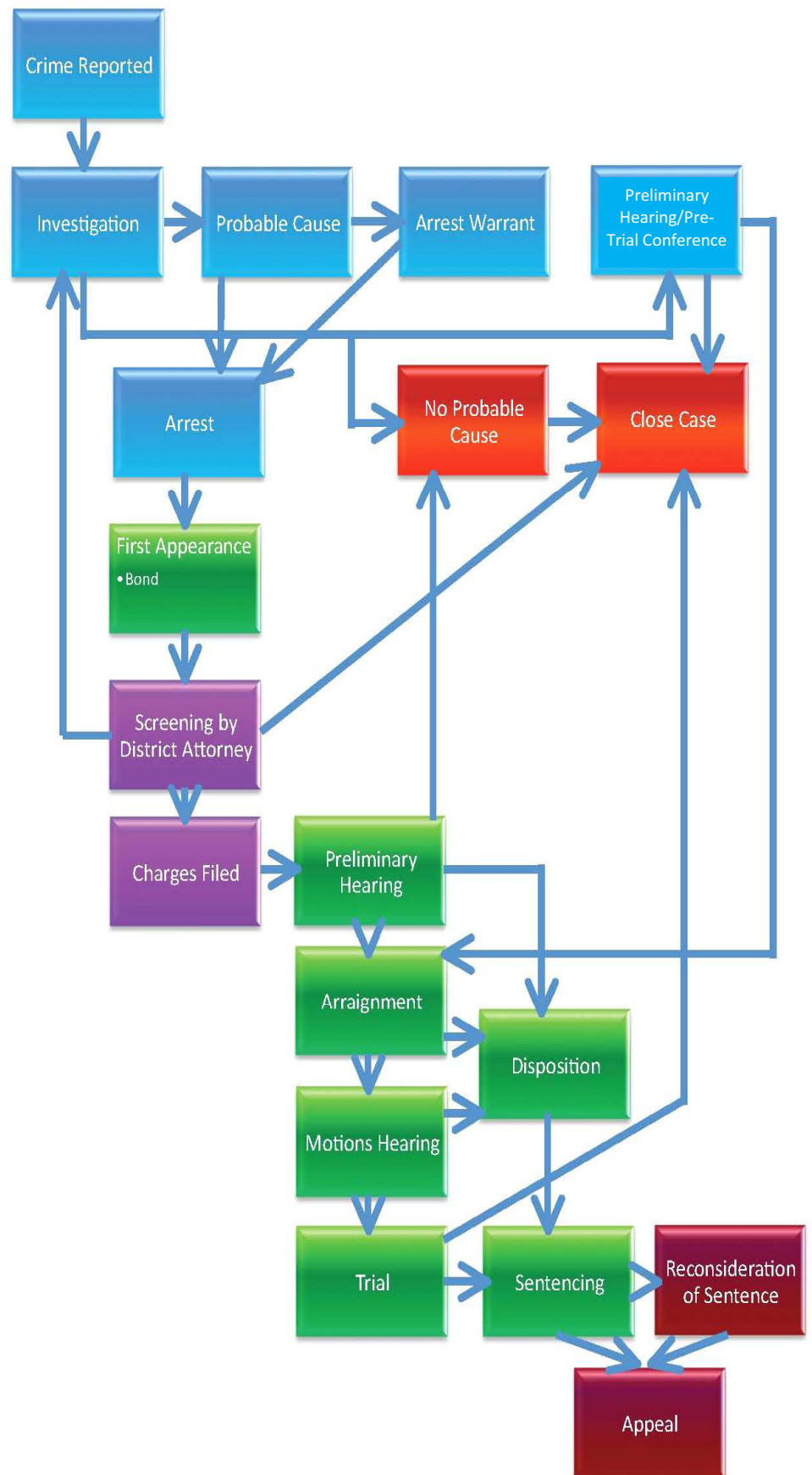


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Criminal Justice Flow Chart



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Law Enforcement Responsibilities

Once a sexual assault is reported, law enforcement is responsible for the investigation of a sexual assault case. They are also responsible for informing the victim about their rights and options as a victim of a crime.

Interviews and Evidence Collection

Once a sexual assault has been reported, law enforcement has many tools to help gather evidence. In all cases, law enforcement will attempt to interview the victim and any witnesses who saw what happened. This initial interview may be brief to allow law enforcement to build an investigation. More in depth interviews of the victim and witnesses may be done by law enforcement at that time or at a later time. Law enforcement may record these interviews. The investigator will ask for a recounting of the assault, including what level of force, threats, or weapons the assailant may have used. The investigator will also inquire about everything said or done by any participant in the crime and anything that would aid in identifying the offender. Questions about what happened before and after the assault may be asked. The investigator should provide contact information to the victim, but the victim is encouraged to get the investigator's name, badge number, and contact information, including cell phone and e-mail address.

As explained in the last chapter, law enforcement may also suggest the victim undergo a medical forensic exam or a SANE (Sexual Assault Nurse Examiner) examination. In addition to medical evidence collected from the victim, law enforcement may collect physical evidence from the crime scene. It is extremely important that the victim refrain from moving or altering anything at the scene of the crime, including clothing and other items. If a struggle occurred and the crime scene is later altered, the prosecution of the case might be negatively affected.

The physical evidence collected may include fingerprints, hair, clothing fibers, body fluids, and items such as bed sheets or couch cushions that may contain trace evidence linking the assailant to the scene. The victim may also be asked to provide a DNA sample. This is usually done through the taking of buccal swabs (the collection of saliva and cells from the mouth in a non-invasive collection). The victim should try to remember anything the assailant may have touched, such as glass, windows, tabletops, etc. This can aid in the detection of fingerprints or DNA. The victim should also try to remember anything the assailant said or did before, during, and after the assault.

Law enforcement will often interview the first person who spoke with the victim after the sexual assault. They will also interview any eye witnesses or others who may be able to confirm the victim's description of the assault.

Reporting and Interviews

Rape Crisis Advocate Role:

- Accompany victim to meet with police.
- Possibly sit in on interview.
- Explain Victim/Witness Office.
- Explain process of a medical forensic exam (if applicable)

Victim/Witness Office Role:

- Contact victim as soon as possible to explain services.

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Statements from the victim and witnesses, and all medical and physical evidence are used to develop the legal case for prosecution. Law enforcement then prepares the written reports for the prosecuting attorney.

Information Law Enforcement and the District Attorney are Required to Provide to the Victim

Law Enforcement agencies have the responsibility to provide the victim written information about:

- A statement of the victim's rights under the statute.
- Information concerning the availability of victim assistance, medical, and emergency services.
- Information concerning the availability of compensatory benefits provided by law and the name, address, and telephone number of any person to contact to obtain those benefits.
- The availability of protection for the victim from the person accused of committing a crime against the victim, including protective orders.
- The availability of public records related to the case.

In addition, law enforcement agencies are responsible for providing the following information:

- The business address and telephone number of the District Attorney's Office.
- The file number of the case and name, business address and telephone number of any law enforcement officer assigned to investigate the case.
- Unless this information would compromise the criminal investigation, whether a suspect has been taken into custody and, if known, whether the suspect has been released from custody and any conditions imposed upon the suspect.
- In cold cases, information concerning any changes in the status of the case. And upon written request, law enforcement shall provide annual updates to the victim of the status of the cold case.
- Any final decision to not file misdemeanor charges against a defendant.

The District Attorney and Law Enforcement each have the responsibility to inform a victim of the following services:

- Follow-up support for the victim and the victim's immediate family.
- Services for child victims and elderly victims, and services for victims who are persons with disabilities, which are directed to the special needs of such victim.
- Referrals to special counseling facilities and community service agencies providing the names and telephone numbers of such facilities and agencies which provide services including crisis intervention services, victim compensation funds, victim assistance resources, legal

Arrest and Charge

Rape Crisis Advocate Role:

- Call victim to see how they're doing and give appropriate referrals.
- Accompany victim to line-up if appropriate to the case, and if victim wishes.
- Make sure that victim provides input regarding bond conditions to Victim/Witness Advocate and finds out conditions of bond after the hearing.
- Follow up with victim to determine what charges were filed.
- Keep telephone contact (every 2 weeks) prior to preliminary hearing or next court appearance

Victim/Witness Office Role:

- Inform victim/witness of arrest.
- Notify victim/witness of bond conditions.
- Notify victim/witness of preliminary hearing date.

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resources, mental health services, social services, medical resources, rehabilitative services, financial assistance, and other support.

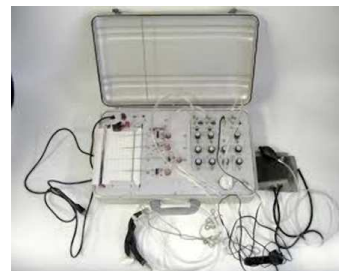
- Transportation and household assistance to promote the participation of any victim or the victim's family in the criminal proceedings.
- Assistance in dealing with creditors and credit reporting agencies to address any financial setbacks caused by the crime.
- Interpretation services and information printed in languages other than English.
- Child care services to enable a victim or the victim's family to give testimony or otherwise cooperate in the prosecution of the case.

Polygraph

A polygraph is a machine that measures bodily functions such as heart rate, breathing rate, and blood pressure. The person administering the exam first asks questions that have nothing to do with the assault and then ask questions concerning specific details of the assault. The changes in heart rate, breathing rate, and blood pressure are used to indicate truthfulness.

A law enforcement agency, prosecuting officer, or other government official may not ask or require a victim of a sexual offense to submit to a polygraph examination or any form of mechanical or electrical lie detector examination as a condition to proceed with the criminal investigation or prosecution of a crime C.R.S. 18-3-407.5(2) (2008). A victim may voluntarily consent to a polygraph examination but only after being provided informed consent. This means law enforcement must provide a written document informing the victim of their right to refuse to submit to an examination. Law enforcement must also orally advise the victim about the potential uses of the results of such an examination.

The results of polygraph examinations are not admissible in court, however the defendant may ask to be given a polygraph test to try to corroborate their statements. The results of a polygraph test alone are not used to make decisions about discontinuing a law enforcement investigation.



Arrest and Charge

The procedure for arresting and charging the suspected offender (defendant) differs based on the defendant's age and the nature of the offense. The procedures differ for prosecuting a juvenile and prosecuting an adult. If the defendant is under the age of 18 years and was under the age of 18 years at the time of the offense, in most cases the defendant is tried as a juvenile. Otherwise, the defendant is charged as an adult. The adult procedure is addressed in this guide.

Following an investigation by law enforcement, if there are sufficient facts to allow law enforcement to believe that the crime happened and can identify the offender, law enforcement may proceed by making an immediate arrest or seeking an arrest warrant from a judge. Once an arrest warrant is signed by a

judge or law enforcement develops probable cause, they can arrest the suspect and place him/her in jail.

Sometimes the victim may be asked to identify the offender from a line-up of several persons. This line-up can be done by viewing an array of photographs or it can be conducted by using live individuals at a secure facility. In the instance of a live line-up, the victim can ask that the people in the line-up do or say something to help recall how the offender looked or sounded during the assault. Law enforcement will ensure the victim cannot be seen by the people during the line-up procedure.

Within a reasonable time following an arrest, the suspect will be brought before a judge and informed of:

- The charges being brought against him/her.
- The defendant's right to an attorney (one will be appointed if the defendant cannot hire one).
- The right to remain silent.
- The date of the preliminary hearing or next appearance.

Since the United States legal system operates on the principle that an accused person is innocent until proven guilty, most defendants can be released from jail on bail or the promise that he will appear in court. This decision is made by the judge. The judge can also order the defendant not to contact the victim in any way. If this order is violated, the defendant's bail can be increased or he can be returned to jail. If the victim is contacted by the defendant, the defendant's friends or family, or is threatened in any way, she should immediately contact police (including calling 911) as well as inform the detective assigned to her case or the prosecuting attorney.

Prosecution Procedures

Investigation

A sexual assault case is often assigned to a detective who conducts in-depth interviews with the victim and proceeds with an investigation. This may include interviewing witnesses, conducting photographic or live line-ups, and examination of evidence. Suspects may be asked to submit to a polygraph.

In most counties in Colorado the victim is contacted by an advocate with the police department or the District Attorney's Office or some other victim service agency. Depending on the area, this may or may not be the same person who was with the victim if a medical examination was done at the hospital. This advocate helps expedite filing for Victim's Compensation if requested and provides information and referrals to the victim for services in the community. The victim has the right to be informed of any arrests made. If an arrest warrant is obtained by law enforcement, it will often contain an order prohibiting a defendant from contacting the victim. A victim or their advocates should be certain that the District Attorney's Office requests a "no contact" condition on any bond imposed in the case. A sexual assault victim may additionally get a temporary civil protection order against the alleged perpetrator; however this process must be initiated by the victim and is not initiated automatically by the prosecuting attorney or the courts.

Preliminary Hearing

Rape Crisis Advocate Role:

- Accompany victim and give referrals, when requested.
- Assist with Victim Impact Statement.
- Explain plea bargaining.

Victim/Witness Office Role:

- Contact victim prior to the hearing.
- Explain criminal justice process.
- Show courtroom at victim's request.
- Set up meeting with D.A. at either D.A. or victim's request.
- Accompany victim to court.
- Follow-up after hearing.
- Explain outcome.
- Help victim with Impact Statement, if requested.

Prosecuting Attorney

In Colorado, a criminal charge is started by the prosecuting attorney filing charges against a person on behalf of the state. This includes a charge of sexual assault. The prosecuting attorney prosecutes sexual assault cases in criminal court. The victim is a witness for the state. The state, and not the victim, is the prosecuting party. The prosecuting attorney makes all critical decisions about the case and is required pursuant to the Victim Rights Act to consult with the victim about the disposition of the case. The prosecutor or District Attorney is not the victim's personal attorney. The victim does have the right to obtain their own attorney, and advocates should be prepared to talk to victims about this option and offer low-cost referrals, if possible.

One of the most important roles of the prosecuting attorney is to determine what action should be taken in criminal cases. The prosecuting attorney learns whether the victim wants the case to proceed to a criminal prosecution, evaluates the victim as a potential witness, and evaluates the evidence to determine whether guilt could be proven beyond a reasonable doubt. The prosecuting attorney is not required to automatically prosecute a crime. He or she may decide to begin a criminal prosecution, order further investigation, take an alternative to formal prosecution, or decide to not prosecute the case.

The decision about whether to prosecute is made several times during the progression of the case. The factors considered include whether there is enough evidence to convict, the probability of conviction, the nature of the crime, the wishes of the victim, and the character of the offender.

Preliminary Hearing

The purpose of the preliminary hearing is to determine whether there is enough evidence for a judge to decide that a crime was probably committed and that the defendant probably committed the crime. This is called probable cause. If probable cause is found, the case will proceed to arraignment and trial and the defendant will remain on bail or in jail if bond was not posted. If probable cause is not found, the case is dismissed and the defendant is released from bail bond or jail. If a court finds there is no probable cause, the victim may request that the case be taken to the Grand Jury, but this course is rare and the decision to recommend the case to the Grand Jury is ultimately made by the prosecuting attorney. If the District Attorney's Office decides to seek an indictment from the Grand Jury, the defendant remains out of custody.

The preliminary hearing involves the prosecution calling witnesses. Often a preliminary hearing can be done without calling the victim as a witness. However, there are times when the victim must be called at the hearing. During the hearing, witnesses are first asked questions by the prosecution and later cross examined by the defense. The defendant has a right to be at the hearing but will probably not testify.

Grand Jury

The Grand Jury is a group of sixteen women and men selected for jury duty who meet to decide whether there is enough evidence to make a formal charge against the defendant. Not all jurisdictions in Colorado use a Grand Jury – in fact, most counties in rural Colorado do not. The Grand Jury is a very different process than open court. The prosecuting attorney will call the Grand Jury to hear evidence in a case. The Grand Jury meets in private to listen to testimony and review exhibits to determine whether to issue an indictment, or charges,

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against a defendant. If the victim testifies, it is done privately to the Grand Jury so neither the defendant nor the defense attorney is present. The prosecuting attorney questions the victim and/or police officer about the crime. If the Grand Jury decides that there is sufficient evidence for the case to go to trial, it will issue an indictment against the defendant and the case proceeds to arraignment (at least twelve of the sixteen must return the indictment). If sufficient evidence is not found, the case against the defendant is dropped. Even if a criminal case is not pursued, the victim may still pursue a civil suit (see *Civil Suit*, below).

Pre-Trial Information

The law requires a variety of procedures to be followed when a person is arrested and charged with a crime. These pre-trial procedures are discussed briefly in the following sections, followed by an overview of how a criminal trial is conducted. The people involved in the prosecution of the case, including the lawyers and judges, will often use certain legal words and phrases, which may be unfamiliar to the victim. A glossary of commonly used legal terms is provided below.

Advisement

Prior to arrest, a person who is wanted by the police for a crime is referred to as the *suspect*; later, when formal charges have been filed, the person is generally referred to as the *defendant*.



Following arrest, every person accused of a crime must be taken without unnecessary delay to the nearest county or district court to be advised by a judge or magistrate of the nature of the charges and of certain legal rights. Bond may be set at this time. This appearance often occurs on the next business day following a defendant's

arrest. In jurisdictions where court is not in session every business day, a defendant may be ordered to return to court in the near future for advisement. Depending on the severity of the crime and the amount of bond, some defendants may post bond and be released at this stage.

Formal charges must be filed against the defendant, generally no later than 72 hours following arrest, at which time the defendant will appear in court for a "second advisement." At the second advisement, the defense counsel may be appointed, bond considered and, if the defendant is charged with a felony, a preliminary hearing may be scheduled within 30 days of the filing of charges. Following the preliminary hearing, an *arraignment* is conducted in the assigned courtroom and the defendant is again informed of the charges and required to enter a plea to the charges.

Types of Pleas

The defendant may plead *guilty* to the crime, which means that he/she admits to committing the crime.

Plea Negotiations

Rape Crisis Advocate Role:

- Follow up with Victim/Witness office to determine plea entered and dates for motions hearing and trial.

Victim/Witness Office Role:

- Keep in regular contact as the case progresses.

The defendant may plead *not guilty* to the charge. If the defendant pleads not guilty, he/she is allowed to have a trial by jury or by judge. After the entire testimony is heard in the trial, the guilt or innocence of the defendant will be decided by the judge or the jury.

Even if a defendant confesses guilt to law enforcement or there appears to be overwhelming evidence of guilt, a defendant may still plead not guilty to the charge. This is allowed because under the law, the defendant is "presumed innocent until proven guilty". It is the duty of a prosecutor to prove a case beyond a reasonable doubt to a judge or jury when a defendant enters a not guilty plea. While an admission of guilt is a piece of evidence in the trial, it may not be all of the evidence, and more pieces must be presented to prove guilt.

Plea Negotiations

Not every case results in a trial; many are resolved by the defendant pleading guilty in exchange for some kind of a *negotiated concession*. This process is commonly referred to as a *plea bargain*. A negotiated plea is a means by which a defendant is convicted and punished, without having to resort to a trial. This outcome can be beneficial to all parties as it means that a victim would not have to testify at trial which can be very challenging for a victim to do. It can also bring a faster resolution to a case. While a defendant has a right to have a speedy trial, the setting of trial can be many months or longer after an arraignment. The defendant, through his/her attorney, has the ability to waive speedy trial, which can also postpone the setting of the trial.



The District Attorney does not enter into plea negotiations lightly, and must carefully weigh many pieces of information before offering the defendant a negotiated plea. First and foremost, the District Attorney's role is to consult with the victim and strongly consider the victim's opinions and feelings about a negotiated plea. Other considerations include the nature of the crime, the type and amount of evidence, and the defendant's criminal record.

After a negotiated plea is agreed upon by the District Attorney and the defendant's attorney, it is presented to the judge. The judge will then ask the defendant some questions about the plea to make sure that the defendant understands the plea and sentence and is entering the plea voluntarily. The defendant will then state that he/she is guilty in court. The defendant may be

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Trial

Rape Crisis Advocate Role:

- Accompany victim to court if s/he has to testify.
- Provide extra support and information before, during and after the trial.

Victim/Witness Office Role:

- Make sure victim is informed of the result of motion hearings, if relevant.
- Provide assistance before and after victim testifies; explaining process, providing emotional support, etc.
- Accompany and inform victim during trial.
- Act as a liaison between victim and prosecuting attorney.

sentenced that day, but sentencing is usually done at a later date. The victim has a right to address the court at the plea hearing and the sentencing hearing.

A *pre-sentence investigation* is done by the probation department to determine the defendant's history and to recommend a sentence to the judge. The judge takes many factors into account, including the victim's statement about the physical, economic and emotional impact of the crime when deciding the sentence. However, the sentence is ultimately up to the judge.

Delays and Continuances

Although a case may be scheduled for a hearing or trial on a certain date, the judge may allow certain delays when the defense or the prosecution asks for them. If the delay is granted by the court, the Victim/Witness Advocate assigned to the case will try to let the victim know of the delay beforehand. If the victim objects to the delay, the judge must take this into consideration when deciding whether or not to grant the delay, and the objection must be kept in the court records.

Motions

Prior to trial, the prosecuting attorney and defense counsel may file motions and request a hearing for the court to decide the issues contained in the motions. Motions are the way the parties communicate directly with the court above matters of law. They often address whether or not certain pieces of evidence would be prejudicial to the defendant before a jury of his/her peers. Motions filed on the part of the prosecution often deal with issues such as other acts of evidence (i.e., admitting other acts committed by the defendant to prove the case). Motions filed by the defense often deal with issues about whether statements by the defendant or evidence found can be admitted at trial. Motions can also address the victim's personal history or history of contact with the defendant.

The Trial

If the defendant wants a *trial by jury*, both the prosecutors and the attorney for the defendant will have the opportunity to question potential jurors so that both sides have a chance to pick a fair and impartial jury. In a misdemeanor trial, the attorneys will choose six jurors; in a felony trial they will choose 12. They will also swear in two alternates in case one of the chosen jurors must be excused during the course of the trial. Both the prosecution and the defense attorney are allowed to excuse a number of potential jurors from the jury panel. Once the jury has been chosen, they are given an oath by the judge to listen to all the evidence presented and fairly decide the case.

After the jury has been sworn in by the judge, the District Attorney presents an *opening statement* summarizing the evidence that will be presented in the case. Once the District Attorney is finished making the opening statement, the defense attorney can then make an opening statement. While the victim has a right to be present in the courtroom during all critical stages of a case, the judge has the ability to excuse the victim from the courtroom if the judge feels that is necessary to ensure a fair trial. A victim should communicate his or her desire to remain in the courtroom to the prosecuting attorney so that proper motions can be filed prior to the trial.

After the opening statements have been made, the District Attorney will call *witnesses* to present evidence in the case. These witnesses will testify to what

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they know about the crime. Normally, witnesses are “sequestered,” which means that they are not allowed in the courtroom to hear other witnesses’ testimony. Witnesses are also not allowed to talk about their testimony with each other. After the District Attorney is finished questioning a witness, the defense attorney may *cross-examine* the witness. When both sides have finished asking their questions, the judge may allow jurors to ask questions in writing of the witness. Following those questions, the judge will excuse the witness from the witness stand. This happens for each witness.

After the prosecution has presented all of its evidence, it formally *rests* or concludes its case. At that point, the defense may present evidence if it chooses to do so. The defendant may testify but is under no obligation. It is a fundamental principle of American law that the prosecution bears the entire burden of proof. In other words, the prosecutor must prove the defendant’s guilt beyond a reasonable doubt; the defendant does not have to prove his innocence. The law does not allow the jury to look negatively on the fact that the defendant chose not to testify, or that the defense did not call any witnesses. If the defense attorney calls witnesses, the District Attorney has the opportunity to cross-examine the witness, just as the defense attorney was able to do with the witnesses for the prosecution. After all of the defense witnesses have been called to the stand, the defense will rest its case.

If necessary, the District Attorney may call *rebuttal witnesses* after the defense rests its case. Rebuttal witnesses are called to argue against what was said by the defense witnesses.

After all the evidence has been presented in the case for both sides, the judge will read the *instructions* to the jury. These instructions will explain the law which the jurors must follow when deciding whether or not to convict



the defendant. Once all of the instructions have been read to the jurors both sides will deliver their *closing arguments*. The prosecutor argues first and is also allowed to respond to the defense attorney’s arguments. Closing arguments allow each side to argue the facts and the law to the jury. The prosecution will weave the facts and the law together to demonstrate to the jury that the burden of proof has been met and that the jury should convict the defendant. The defense will argue against conviction. The jurors will then move to the jury room to make their decision in private. Jury deliberations can take considerable time. They will review the evidence they heard in the case and view the pieces of evidence admitted (such as physical evidence, video or tape recordings, and scientific results). During deliberations, jurors are allowed to ask questions to the court to clarify what they are supposed to do. Under the law, a jury must reach a unanimous *verdict*. That means they must all decide whether a defendant is guilty or not guilty. If they cannot reach a unanimous verdict, the jury is considered a *hung jury*; a judge can declare a *mistrial* and the case will

Sentencing

Rape Crisis Advocate Role:

- At pre-sentencing investigation, discuss options.
- Accompany victim to meeting with Probation Officer.
- Help victim prepare statement regarding impact and practice role play.
- Provide support.

Victim/Witness Office Role:

- Stand with victim to provide emotional support while reading statement in open court, if relevant and requested.

be set again for another trial, called a *retrial*. However, if the jury reaches a unanimous verdict, they return to the courtroom to let the judge know their decision.

If the defendant is found "Not Guilty," the case ends, the defendant is released, and the case is closed. If the defendant is found "Guilty," then the judge will decide the sentence. Normally, the sentence is handed down at a later date. Once again, the judge may order a pre-sentence investigation to be done by the probation department.

Sentencing



After the defendant is found guilty by a judge or jury, or after the defendant pleads guilty, the judge will impose a penalty on the defendant. This is the time when the victim can tell the judge how the crime has affected their life. They may speak directly to the judge, or their written *Victim Impact Statement* may be given to the judge for him/her to read. Making a written or oral statement to the court should be the victim's decision. It is critical that the Victim Advocate clearly articulate the desire of the victim to the

prosecuting attorney and vice versa.

Restitution

At the time of sentencing, the judge may order the defendant to pay *restitution* to the victim in cases where the victim has "experienced damage to property and/or medical expenses." A *Victim Impact Statement* will be provided to the victim by the Victim/Witness Advocate assigned to the case. Part of this Victim Impact Statement will help the victim in keeping track of losses. It is important for victims to keep copies of all bills and receipts related to their medical expenses and monetary losses.

An order for restitution must be made in all cases. The judge must decide the amount of restitution to be paid. The district attorney will provide receipts and other information regarding monetary loss to the court. While restitution is an order of the court, a defendant may not be in a position to pay (for example, if they are in custody) but the court must make efforts to collect restitution from the defendant.

If the defendant is on probation and does not pay, the victim should contact the probation department so they can follow up on that issue. The probation department may file a complaint to revoke a defendant's probation for not paying restitution. The probation department should be able to help with the collection of restitution. If the probation department cannot help, a victim should contact the District Attorney's Office. If the defendant is sentenced to prison, there may be payment of small amounts of restitution taken from any money the defendant receives while in prison. The defendant must then continue the payment of restitution when the defendant is let out of prison and restitution will be a condition of parole. Repayment of restitution can take a very long time. The victim needs to keep the District Attorney's Office and the Clerk of Courts up to date on any changes of address to ensure that checks can be delivered to the victim's correct address.

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**Rape Crisis Advocate
Role:**

- Provide support and information.

Victim/Witness Office Role:

- None. It is not within the jurisdiction of this advocate to work with the victim regarding a civil suit.

Civil Suit

In addition to criminal prosecution, a victim can hire a private attorney and sue the assailant for personal injury in Civil Court. If the civil lawsuit is won, the assailant is ordered to pay money for damages caused, including medical expenses, loss of income, and pain and suffering. Punitive damages may also be awarded. Punitive damages are not to compensate the victim for actual injury, but to punish the offender.

“There can be some psychological benefits to this kind of suit: it gives the victim an outlet for their anger and lets them regain some of the power the assailant took from them.”

The victim/survivor is much more in control over this kind of proceeding as the victim is the one bringing suit. There can be some psychological benefits to this kind of suit: it gives the victim an outlet for their anger and lets them regain some of the power the assailant took from them. It is important to consider whether the assailant will be able to pay the monetary damages when a victim is thinking about filing a civil suit. Even if the victim is awarded damages from a civil suit, it can be difficult to collect those damages from the assailant.

Another alternative in filing a civil suit is to bring the suit against a person or business for failing to provide reasonable security when and where the sexual assault occurred. This kind of suit usually requires some sort of special relationship between the victim and the person or business that failed to prevent the assault (employee-workplace, student-campus, tenant-landlord, guest-hotel, etc.).

For further information, a victim should consult with a lawyer to learn the specific process and requirements to file a civil suit. Contact CCASA for referral information. Please note, the Supreme Court of Colorado issued a comprehensive directive in 2011 which provides for free and competent interpreter services in all criminal and civil proceedings, as well as court operations. For more information, please contact the Translation and Interpreting Center of Denver by calling 303-996-0976.

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Criminal Justice Glossary

Acquittal	A final judgment by a judge or jury that the prosecution failed to present evidence to prove the defendant's guilt beyond a reasonable doubt. This is a "not guilty" verdict.
Arraignment	An appearance before the judge by the defendant at which time the judge informs the defendant of the charges against him/her and asks if the defendant pleads guilty or not guilty. The accused must enter a plea.
Bond	Money or property held by the court to make sure that the defendant will appear in court as scheduled. The amount of bond is set by the court.
Continuance	A delay of the court proceeding which is granted by the court when either the defense attorney or the prosecuting attorney shows good cause for the delay.
County Court	Handles matters involving misdemeanor, petty offense, and traffic offenses. May also handle preliminary hearings in felony cases.
District Court	Conducts matters involving felony charges.
Felony	A more serious crime such as kidnapping, robbery, homicide, and sexual assault that is generally punishable by a penalty of more than one year in prison.
Hung Jury	Occurs when the jurors cannot agree unanimously on a verdict of either guilty or not guilty. This is followed by a judge declaring a mistrial. The case may then be retried by the prosecutor.
Misdemeanor	A less serious crime than a felony, generally punishable by a fine and/or a term of two years or less in the county jail.
Motions Hearing	A formal request by either the prosecuting attorney or the defense attorney for the judge to decide a disputed legal issue before the trial.
Plea Bargaining/ Negotiated Bargaining	A method by which the defendant's attorney and the prosecutor try to reach an agreement on how to resolve the case, under the supervision of the court. This agreement resolves the case, instead of it going to trial.
Preliminary Hearing	A hearing before the judge to determine whether or not there is probable cause to proceed with the case. This hearing does not decide the guilt or innocence of the defendant, it merely shows if there is enough evidence

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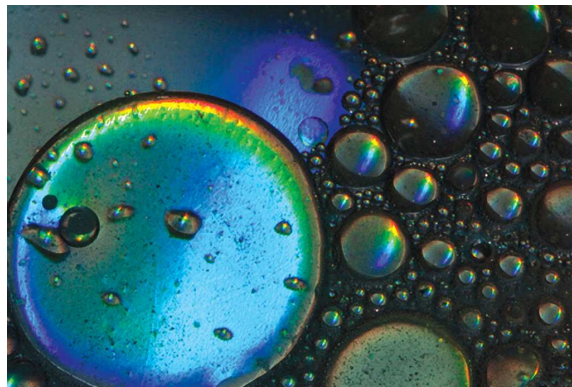
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Probable Cause	A reasonable belief that a crime has been committed by the defendant. This probable cause is determined at the preliminary hearing.
Probation	Granted by a judge if the defendant agrees to certain conditions, such as paying restitution, having no contact with the victim, completing specialized treatment, a jail sentence, etc.
Sentence	The penalty imposed by a judge upon the defendant after he/she enters a guilty plea or is found guilty by a judge or jury.
Subpoena	A mandatory legal notice to appear in court at the time and date specified on it. It can be given to a witness in person by a police officer or a court appointed official, or it can be mailed with a form to fill out and return. The form states that the witness agrees to appear to testify when called.
Trial	Presentation of the evidence regarding a specific crime to the judge and jury in order to maintain the defendant's innocence or ascertain his/her guilt.

Advocates and Law Enforcement: Oil and Water?

By Dr. Kim Lonsway, EVAW International Director of Research and Joanne Archambault, SATI Training Director and Founder of EVAW International



This article appeared in *Sexual Assault Report*, 11 (6), pages 81-82, 86-95 and was published by Civic Research Institute (2007).

While traveling and training for law enforcement, we are often questioned – and even challenged – about the role of victim advocates when responding to crimes of sexual violence. For example, Joanne recently provided training in a state where the county prosecutor stood up and stated quite strongly that his office did not want advocates participating in any part of the law enforcement interview. This was particularly disappointing because we were talking at the time about best practices for the multidisciplinary response. Rather than discussing the current policy and its underlying rationale, however, the prosecutor simply declared that their policy was not to include advocates. Not surprisingly, this shut down any further discussion of the issue.

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*We must provide
all victims of
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(and their loved
ones) with as
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as possible.*

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On another occasion, we were hosting a conference in San Diego. Joanne ended up talking to a group of officers who had attended a session she presented earlier in the day. They asked if they could talk to her about “those advocates.” They went on to say that the advocates and officers in their community were like “oil and water.” Apparently, there had been a feud many years ago and – although no one could remember what the feud was about – they still couldn’t seem to get along. To help both groups understand at least some of the source of the tension, Joanne asked them to think about their organizational histories. For example, although there are more women in law enforcement today than when Joanne first joined the San Diego Police Department in April 1980, police departments are still generally male-dominated, paramilitary organizations.

On the other hand, most sexual assault coalitions and community-based rape crisis centers were created as a result of the feminist movement, when women gathered together to demand better treatment for rape victims. It’s easy to see that these two perspectives might clash at times. In order to understand each other, it is therefore important for both groups to appreciate the unique history, experiences, roles, and responsibilities of each.

So, to start answering the question in the title of this article – whether advocates and law enforcement are like “oil and water” – we would like to ask each one of you reading this article whether you would like to see more sex offenders held accountable for their crimes. We assume the answer is “YES.” Yet we can only accomplish this when victims are able to successfully participate in the process of a law enforcement investigation and criminal prosecution. This, in turn, will only happen when victims are supported by friends, family members, advocates, and other professionals. In other words, to hold more offenders accountable **we must provide all victims of sexual violence (and their loved ones) with as much support as possible.**

Typically, the best way to provide meaningful support for victims to participate in the criminal justice process is to offer advocacy services as early and as often as needed. This is often the only way that victims will be able to draw together the emotional resources they need to participate in the investigation and prosecution of their sexual assault. We have all seen how difficult this process can be for victims, especially given the attitudes of doubt and blame that are seen in our society when it comes to sexual assault. This is why at least one expert has described the process of advocating for victims within the criminal justice system as holding their hand on a walk through hell (Weisz, 1999; cited in Koss, 2006).

Role of Advocates in the Criminal Justice System

Clearly, we believe that best practice is to notify an advocate any time a forensic examination or preliminary investigation is going to be conducted with a victim of sexual assault. This means that law enforcement agencies and forensic exam facilities must have written policies documenting their responsibility to notify victim advocates as soon as possible and specifying exactly how this will be done. **If this type of written policy is not yet in place in your community, this may be the most important place to begin working.** However, even when such basic policies regarding notification are in place, there is still a considerable amount of work to do to figure out exactly what advocates should DO once they respond during a forensic examination or

law enforcement interview. Many training materials for advocates – including our own – do not typically offer concrete, detailed, realistic guidance.

Worse, training for advocates is not standardized, and thus the content and quality varies dramatically across the country. In some communities, this means that advocates have problems with overstepping the appropriate boundaries for their role within the criminal justice system. On the other hand, we are concerned that many advocates have limited their role within the criminal justice system to the point where they may as well not be involved. To illustrate, an advocate in one of Kim's training workshops said that she always sat behind the victim during a law enforcement interview, so she wouldn't interfere with the investigation. Of course, she's right – this will minimize the likelihood of interfering with the investigation. However, this practice makes it virtually impossible for her to fulfill her role as an advocate, which is to provide meaningful information, assistance, and emotional support for victims. In this article, our goal is to discuss in some detail the advocate's role during the criminal justice process, with particular focus on their involvement during forensic exams or interviews. Next, we will address the fact that many law enforcement officers, forensic examiners, and other community professionals are reluctant to involve advocates in the process, so we address some of the common factors underlying this reluctance and offer strategies to resolve them.

Two types of victim advocates

Up until now, we have discussed advocates as if there were only one type. Yet of course there are two basic types of advocates who work with victims of sexual assault: (1) Community-based advocates; and (2) System-based advocates. A community may have neither, one, or both types.



Both types of victim advocates will typically provide direct services for individual victims – and push for reforms in community systems that serve the needs of all victims. However, in order to understand the role of victim advocates within the criminal justice system it is essential to discuss differences between these two basic types. When we use the term community-based advocacy, we are referring to those victim advocates who work for a private, autonomous, often non-profit agency within the community.

Community-based advocates may be volunteers

or paid staff, and they may describe themselves as rape crisis counselors, rape crisis advocates, victim advocates, or other similar terms. These services are offered for all self-identified victims of sexual assault (and support people), even if the sexual assault happened a long time ago or it was never reported to law enforcement. On the other hand, system-based advocates are employed by a public agency such as a law enforcement agency, office of the prosecuting attorney, or some other entity within the city, county, state, or federal government. Their roles and responsibilities will vary based on their host or governing agency, as will the specific term they use to describe themselves. Because of their status as government employees, system-based advocates are often better able to access information regarding the criminal justice processing of the victim's case.

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Advocates and other professionals must be familiar with the specific situation in their community, so they can provide victims with accurate information.

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Differences in privileged communications

For the present purposes, perhaps the most important difference between the two types of victim advocates relates to the question of confidentiality and privileged communications. Specifically:

System-based advocates typically never qualify for counseling privilege, so their private communications with victims – and their written records documenting services – can never be guaranteed to remain confidential.

In other words, if a system-based advocate is asked by a police officer or prosecutor about a case, the information will need to be shared, even if it was learned during a private conversation with the victim. This information will then be shared with the defense. The same is true for anything the system-based advocate observes or learns about the victim or case, not just what the victim says in their private communications. This is because system-based advocates are employees of the government (if they work within the law enforcement agency, prosecutor's office, or other governmental unit).

On the other hand, **community-based advocates across the country have varying levels of legal protection for the confidentiality of information that is learned during their communications with victims or documented in their written records.**

- In some states, victims enjoy “**absolute privilege**,” which means that community-based advocates can provide the assurance that anything the two discuss in private can be kept confidential.
- In others, they have “**semi-absolute privilege**,” so community-based advocates can reassure victims that most things they discuss privately will remain confidential, except in a few situations (e.g., mandated reporting).
- In still others, victims have “**qualified privilege**,” which means that community-based advocates cannot guarantee that their private communications will remain confidential, because the decisions are made by judges on a case-by-case basis. Obviously, advocates and other professionals must be familiar with the specific situation in their community, so they can provide victims with accurate information to be used when deciding what information to share with whom. One important source of confusion, however, is that:

Privilege never extends to communications that take place in the presence of a health care provider, law enforcement officer, or other third party.

This includes anything that is said, observed, or learned while the advocate is present during a law enforcement interview, forensic medical examination, or other investigative procedure such as a line-up or pretext phone call. In other words, anything that a community-based advocate sees or hears from the victim while a third party is present cannot be considered confidential.

When victims want to discuss something confidentially with a community-based advocate (in states where this confidentiality is legally protected), this must therefore be done outside the presence of a law enforcement officer, forensic examiner, or other third party.

Specific Roles and Responsibilities

As we noted in the introduction, we believe that best practice is to notify and involve an advocate as early as possible once a sexual assault has been disclosed. However, there are two challenges that communities often face that

we want to note at the outset. First, most communities only involve an advocate when there is a forensic examination. The problem with this is that only a small minority of victims disclose their sexual assault during the time period where a forensic examination is warranted. Therefore, it is important for communities to establish protocols and resources to provide advocacy for victims who do not have a forensic examination.

A second challenge stems from the fact that most community-based advocacy programs do not typically allow their advocates to respond to a field situation (e.g., the victim's home). Again, this limits the number of sexual assault victims who can receive advocacy at the earliest opportunity. Some communities do have advocates (whether community-based and/or system-based) who can accompany law enforcement officers when responding in the field. If not, this is another area where community professionals may need to work together to coordinate their multidisciplinary response – so advocacy services are offered to victims as early and as often as possible.

Specific responsibilities of advocates

At this point, we want to talk more about what victim advocates actually DO when they respond during the criminal justice process. However, it is important to note at the outset that the following recommendations constitute our personal and professional opinions on what constitutes best practice. There are many well-trained professionals who would disagree with some of these recommendations. In particular, many professionals would argue that we go too far in suggesting active involvement for victim advocates in the criminal justice process.

As we all know, defense attorneys have become increasingly aggressive in seeking access to written records and information from private conversations between sexual assault victims and advocates. There is certainly considerable cause for concern, and advocacy agencies are responding with practices to protect the confidentiality of victims with the hope of avoiding this devastating outcome for victims. On the other hand, many advocates are feeling inhibited from providing the services they know that victims need, because they are afraid of “interfering” with the criminal justice process and jeopardizing the confidentiality of records and communications.



This is also cause for concern, because only a very small percentage of sexual assault cases will ever go to trial; estimates range around 5%. Therefore, it is important to balance the need to advocate effectively for all victims of sexual assault, by implementing practices that will protect the 5% who will see a trial without sacrificing the needs for the 95% who will not.

With this issue in mind, we would like to discuss some of the specific responsibilities for advocates working effectively within the criminal justice context. Perhaps the most obvious situation arises when an advocate accompanies a victim during the forensic exam or law enforcement interview. In this situation, advocates can provide emotional support for victims, answer any questions that victims direct to the advocate, and ensure that the victim's

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rights are protected. In general, the advocate's role during an exam or interview will be non-verbal, by providing comfort and reassurance with their physical presence. However, depending on the situation, the advocate may need to speak to victims, forensic examiners, law enforcement investigators, or other community professionals.

In some situations, **advocates may decide that they need to speak with victims during an exam or interview, in order to check in with their emotional state, provide reassurance and validation, and ask if they need to take a break.** In general, these verbal communications will be addressed directly to the victim – not to the other professionals involved.

- To illustrate, questions that might be appropriate for an advocate to ask a victim during an interview might include: “Are you doing okay?” “Would you like to take a break?”
- In addition, it is both common and appropriate for advocates to provide verbal support and encouragement during an interview, with statements such as: “You’re doing great” or “We’re almost done now, hang in there.”
- Advocates also frequently help victims to utilize techniques for relaxation, such as releasing muscle tension, breathing deeply, or focusing on an object or image. Typically, this type of communication is not likely to create any concern or tension among the other professionals involved. However, other types of communications might do so, even if they are within the appropriate role for a victim advocate. For example, part of the advocate’s role is to monitor the victim’s verbal and nonverbal responses for signs of distress. In many cases, this distress is inevitable, due to the difficulties of disclosing a sexual assault and participating in a forensic examination and/or law enforcement investigation. Often the best response is to suggest taking a break and then addressing the victim’s questions or concerns in private. In other situations, however, **it may be appropriate for advocates to provide a prompt for the victim to clarify communication with the forensic examiner or law enforcement investigator.**
- For example, if it is clear to the advocate that the victim has misunderstood or misinterpreted something that the forensic examiner or law enforcement investigator has said, the advocate may provide the victim with a neutral prompt to help clarify, such as: “Would you like the nurse/officer to explain that again?”
- This type of situation often arises when a forensic examiner or law enforcement investigator asks a question that is necessary but sounds judgmental to the victim. For example, it is appropriate for forensic examiners to ask about recent consensual sexual contact and for law enforcement investigators to ask about the clothes the victim was wearing prior to the sexual assault. Both of these questions have a legitimate purpose, but may sound to victims as if the professional asking the question doesn’t believe them or blames them for the sexual assault. It might therefore be appropriate in this situation for the advocate to ask the professional if he/she would mind explaining the reason for the question, because “sometimes it helps people to answer if they know why you are asking a question.”

It is important to note that such verbal prompts are neutral, designed only to assist the victim and the examiner or investigator in communicating clearly. It is NOT part of the role for victim advocates to ask any substantive questions or to provide any factual information about the sexual assault. It is also worth noting that such prompts should generally be used sparingly by advocates, and only in situations where they believe that there is a risk of serious

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miscommunication or victim distress arising from a particular question or procedure.

The advocate role when conflict arises

A more difficult situation arises, however, when the advocate determines that some intervention is needed to address distress that is being caused by the forensic examiner, law enforcement investigator, or other community professional. Again, some of this distress is inevitable, given the difficulty of reporting a sexual assault and participating in an exam or interview. No matter how competent and compassionate community professionals are, victims will typically experience distress during these procedures. However, victims often forget that they actually have rights during the process – and that they are the ones in charge of making important decisions. Often, victims feel that the process has a life of its own, and they are simply being swept along without any control or decision making ability. Therefore, **it is appropriate for advocates to remind victims of their rights throughout the process.**

- For example, it is appropriate to remind victims at some point during the forensic examination that they have a right to refuse procedures or terminate the examination completely. It is easy to forget that consent is an ongoing process.
- Many victims also want a summary of the findings from the forensic exam, and this can be gently prompted by the advocate – either to the victim or the examiner.

In fact, many victims are anxious after the forensic exam to get a statement from the examiner about whether they “found anything.” There are obviously limits on what the examiner can say in that situation, but it is important to provide victims with as much information as possible. It is the victim’s body, after all.

- Similarly, during the law enforcement interview, it is appropriate to remind victims that they can take a break or ask questions whenever they want. There is clearly a difficult balancing act that is required – to intervene as needed to make sure that a victim’s rights and interests are being protected – but not disrupt the process unnecessarily or discourage victims from participating in certain aspects of the forensic exam or law enforcement interview. As with the previous example, the best response is often to suggest taking a break and then privately discussing with the victim, law enforcement investigator, or forensic examiner any issues that are causing particular concern.

The importance of taking breaks

We’ve suggested that breaks are important for advocates to address many of these issues privately with victims. When discussing the role of advocates within the criminal justice process, therefore, community professionals can also explore ways of responding to the needs of victims who may need a break during the forensic examination or law enforcement interview. In some situations, directly asking victims if they need to take a break may not be the best strategy, because they will often decline simply to be polite and cooperative. Rather, community professionals can discuss alternatives such as having advocates take the initiative to request a restroom break when they sense that the victim is tiring or having difficulty. It is sometimes difficult for forensic examiners and law enforcement investigators to sense when victims need a break, because they are attending to so many complex demands at the same time. Because advocates are focused only on the emotional well-being of

victims, they may be better able than the other professionals to monitor nonverbal cues that victims may exhibit.

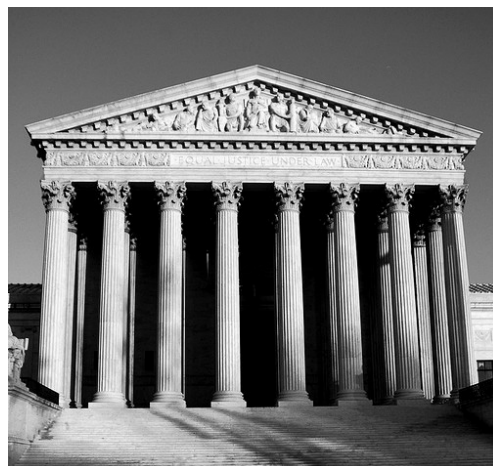
When the conflict isn't easily resolved

By far, the most difficult situation is when the behavior of another community professional violates or threatens to violate the victim's rights as a crime victim. While the short-term response to this situation is often the same as the others – the advocate can suggest taking a break to discuss the issues privately with the victim – the longer-term response is different because it requires addressing the issue with the professional and possibly contacting the person's supervisor or other appropriate agency representative. However, it is important to remember that advocacy does not have to be adversarial or confrontational in order to be effective. Advocates often struggle with the reality that challenging another community professional may mean that the professional will not contact an advocate the next time they respond to a sexual assault case. This is a very painful reality for advocates, who struggle with the balance between advocating effectively for this victim while protecting the next victim's right to have an advocate called.

Often, responding to this type of situation requires separating out the issues of the immediate response to the conflict and the longer-term approach to resolution. In general, when advocates encounter conflict with other community professionals while working with a specific sexual assault victim, their approach will include advocating for the interests of this particular victim, regardless of the longer-term implications for community systems, agencies, or relationships between professionals.

While advocates certainly strive to protect their relationships with other community professionals, it must be clear that their role requires them to work on behalf of the victim's stated wishes, even when this causes the advocate to come into conflict with the other professionals within the community who respond to sexual assault.

On the other hand, it is best for advocates to try to fulfill this aspect of their professional mission without expressing conflict with other community professionals in front of victims. Victims are typically experiencing a great



deal of trauma and disorganization after reporting a sexual assault, and the last thing they need is to witness conflict between professionals in the community who are there to respond. Wherever possible, any immediate conflicts between community professionals should be addressed outside the room where the victim or support persons might be present. We will discuss some specific examples of this in the next section.

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Overcoming Reluctance to Integrate Advocacy Services

As we discuss the role of advocates in the criminal justice system, it is important to recognize that some community professionals are extremely reluctant to involve advocates in the process of the forensic examination, law enforcement investigation, or court proceedings. This reluctance may stem from a variety of sources.

- This reluctance is often based in part on the differences in personality and philosophy that were described earlier. The type of person who becomes a law enforcement professional or prosecutor is sometimes very different from the type of person who becomes an advocate, and this can make it difficult to achieve the level of trust, respect, and comfort that is required to work together productively.
- However, the reluctance is also sometimes based on conflicts that arose between the disciplines in the past – perhaps as a result of a misunderstanding, lack of mutual respect, insufficient cross-training, or outright hostility.
- If the reluctance is not based on actual past conflicts, however, it is often based on the expectation that such conflicts will arise if advocates are “allowed” to work with sexual assault victims within the criminal justice system.

In general, criminal justice professionals often fear that advocates (but especially community-based advocates) will talk victims out of reporting the sexual assault to law enforcement, disrupt their interviews, or otherwise interfere with their investigation and prosecution of the crime. To illustrate, we have heard of examples where advocates respond to the exam facility before an officer arrives. Then, because victims do not understand the different roles of the responding professionals, they immediately begin to provide a detailed history of their assault to the advocate. When the officer does arrive, however, victims are understandably frustrated when the law enforcement interview begins and they have to start all over again. In this case, victim advocates should receive training to clearly identify their role, describe the services they can provide, and gently explain to victims that they need to wait until the forensic examiner and the officer arrive to go into the details of the assault. Meanwhile the advocate can attend to the victim’s immediate needs and emotional well-being.

Other problems arise when advocates take notes or write a report following the law enforcement interview. Not only does this violate the fundamental role of the advocate, but it also raises serious concerns regarding confidentiality and increases the likelihood that there will be inconsistencies in the documentation of the case. Such inconsistencies will then be used against the victim if the case ever proceeds to trial.

In other situations, officers have told us that advocates have interrupted their interview without cause or that they have answered questions for the victim rather than allowing the victim to respond. Again, these behaviors clearly violate the proper role for advocates. We also hear about problems that arise when advocates unknowingly become part of the chain of evidence. This can happen anytime advocates even temporarily have possession of evidence in the case (e.g., the victim’s clothing or personal items) or when they have the potential to come into physical contact with forensic evidence. This could happen, for example, if the forensic examiner asks the victim to hold something or otherwise assist with the process of collecting, storing, or documenting forensic evidence.

Criminal justice professionals are often reluctant to involve victim advocates in the criminal justice process, because they are afraid that the advocates will serve as “watchdogs,” always ready to turn into “attack dogs” if they make one small mistake or say something wrong.

All of these concerns can be addressed with cross-training between the various professional disciplines involved in sexual assault response. They can also be addressed by increasing, improving, and standardizing the training that advocates receive on the criminal justice system. While many excellent training materials exist for advocates, they typically provide few details on how advocates should fulfill their role in concrete terms. Guidance is usually provided in general terms, without recommendations for the nitty gritty reality of how to do the work effectively – especially how to manage the complex inter-relationships of the different professionals who are involved. This work is HARD, both professionally and interpersonally, and we are currently working on developing two training modules within the On-Line Training Institute to provide more detailed instruction. One module is designed for victim advocates, to provide recommendations for working effectively within the criminal justice system. The second module is for criminal justice professionals to better understand the role of victim advocates.

Concern that the advocate will become a witness

Another concern that is often expressed is that advocates will become a witness in the criminal investigation if they are present during the law enforcement interview. The reality is, however, that if the advocate responds and is involved in any part of the forensic examination and investigation, the advocate already IS a potential witness in the case. Therefore, agencies need to have policies in place that will reduce any risks associated with responding. For example, advocates should not handle evidence, take notes, or collect information about the sexual assault beyond basic service documentation (e.g., date of service, location, specific services provided). With such documentation, advocates who are later subpoenaed would only be able to provide extremely limited information. Moreover, this type of documentation reflects the reality of the advocate role. When advocates respond to a call, their role is not to be concerned with the details of the sexual assault or the investigation. Their attention and focus must remain centered on the emotional needs of the victim; the specific details of the assault do not matter for this purpose.

Concern that advocates serve as “watchdogs”

Criminal justice professionals are often reluctant to involve victim advocates in the criminal justice process, because they are afraid that the advocates will serve as “watchdogs,” always ready to turn into “attack dogs” if they make one small mistake or say something wrong. It is important to recognize that this fear is understandable. None of us would leap at the prospect of having someone outside our field watch our every move while we do our work, criticizing us when we make a mistake and even contacting our superiors when we do something that they perceive is wrong. This would be particularly true if we believed that this outsider did not have sufficient training in our job to really understand what we were doing and why. Simply understanding this source of reluctance can go a long way toward helping to address it.

Strategies for Overcoming Reluctance and Addressing Conflict

It should be clear by now that the reluctance to involve advocates in the criminal justice process stems from a variety of sources. To overcome this reluctance therefore takes a number of steps.

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Recognize differences in personality and philosophy

First, it is important to recognize the differences in personality and philosophy and strive to emphasize the shared values that underlie the work of all the community professionals who respond to sexual assault. These include an action orientation and a common mission of seeking justice when someone in the community has been wronged. It is often helpful to remind ourselves and others of these commonalities, to help forge trust and respect and to guide the resolution of any disagreements that will inevitably arise.

As the New York State Coalition Against Sexual Assault (NYSCASA) *Legal Advocate Manual* recommends, any strategies for conflict resolution can involve conveying “the problems from the survivor’s point of view” (Chapter 3, p. 56):

“You should always stress your positive intentions which will benefit the immediate survivor as well as keep the door open for future survivors rather than denouncing or discrediting the detective or agency. You can become more comfortable with questioning, negotiating, and even confrontation as you build your advocacy skills and knowledge of systems. As the advocate, you are seeking accountability and justice from critical actors in significant social and legal systems. This need not come from a place of hostility, disrespect, or distrust. You can re-frame the situation so that it becomes an ethical identification of problems or injustices” (NYSCASA, Chapter 3, pp. 56-7).

Address the issue of past conflict

Second, the issue of any past conflicts must be addressed head-on. Wherever possible, the conflict must be analyzed not only by the professional disciplines that were involved but also by others who may have important insight into what went wrong, why, and how to fix it. In many cases, the solution is training – particularly cross-training between the professional disciplines that were involved in the conflict. For example, if a conflict arose as a result of a misunderstanding or misinformation, it is critical that the professionals involved clearly understand the roles and boundaries of the other disciplines. This will include recognition of those points where their professional objectives overlap, and when they do not.

Address the expectation of future conflict

Yet even when there have not been specific conflicts in the past, one reason that criminal justice professionals are often reluctant to work with advocates is because they anticipate such conflict in the future. It is therefore critical to air these concerns, address them directly, and seek to prevent them. Again, this will often involve cross-training between the professional disciplines, but it may also involve multidisciplinary collaboration when developing policies for any of the various agencies involved in responding to sexual assault within the community. It may even require working together to develop a community-wide protocol outlining the roles and responsibilities of each of the professional disciplines.

Address the concern that advocates will talk victims out of reporting

As we already mentioned, one common concern of criminal justice professionals is the belief that community-based advocates will try to talk victims out of reporting the sexual assault or participating in the process of the investigation and prosecution. (Given their status within the criminal justice system, this is not typically a concern for system-based victim advocates.) In some cases, this issue can be addressed by having community-based advocates explain their role as assisting victims in making their own decisions, by providing them with the information they need and supporting them in whatever decision they make – even when the advocate personally disagrees with it. While this is clearly the role of a community-based advocate, it differs from the role of criminal justice professionals (including system-based advocates) whose job is to facilitate the victim’s participation in the criminal justice process. As a result, they will not always agree with each other, but they will hopefully understand and respect that this is because of the differences in their professional roles and not a personal disagreement.

However, we also need to recognize that in some communities, community-based victim advocates might actually believe that the local law enforcement agencies will NOT respond appropriately. As a result, the information that they provide to victims may serve to discourage them from reporting or participating in the investigation. In this case, community professionals must work together collaboratively so that all the involved agencies can be provided with the resources and training to do their job effectively. It does not serve the interests of victims to respond to problems by trying to “work around” one of the core disciplines involved in the criminal justice and community response system.

Address the concern that advocates serve as “watchdogs”

We also stated that a primary source of concern stems from the fact that advocates do in fact serve as “watchdogs” in a way, because part of their professional role clearly includes ensuring that the victim’s rights and interests are protected at all times. Therefore, it is a proper part of an advocate’s role to seek redress when they believe the rights or interests of a victim have been violated. However, there are certainly more and less effective ways of fulfilling this role, and the various community professionals who respond to sexual assault can discuss ahead of time how best to do so. For example, criminal justice professionals and advocates can describe some possible scenarios and determine which types of remedies are available – both in the immediate situation and afterward. Advocates can also specify for the other community professionals what the procedure is for them to raise concerns regarding the professional behavior of an advocate, when it is the advocate who has made a mistake, acted inappropriately, or otherwise stepped outside the bounds of their properly defined role.

No one is going to deny that these issues are extremely difficult for all of the professionals involved. This is perhaps one of the most important arguments for establishing a collaborative body such as a Sexual Assault Response Team (SART), which typically involves the first responders in a community: police officers, prosecutors, forensic examiners, and advocates. Other communities have even expanded the SART concept to include other agencies that serve as resources beyond the first response (e.g., representatives from mental health, public health, substance abuse treatment, and other social services). These are sometimes referred to as a Sexual Assault Response and Resource Team (or

SARRT). Either way, this type of entity provides a much-needed forum for addressing challenges and conflicts as they arise. In fact, such challenges and conflicts are inevitable, and they are best resolved in an environment of mutual trust and respect. Therefore, whether or not a community establishes a SART, it is always a good idea to work proactively to establish personal and professional bonds between those who respond to sexual assault. Whether this includes a formal recognition dinner or a backyard barbecue, it is critical to establish these personal relationships so the groundwork is laid for the trust and respect that will be required to face the challenges and conflicts ahead.

Address the concern that advocates withhold important information

We also mentioned that another common concern of criminal justice professionals is the belief that advocates will withhold information that would be important for the investigation and prosecution of the sexual assault. There is often a perception that victims tell advocates “everything,” but advocates choose not to disclose this information to criminal justice professionals for ideological reasons or simply out of spite. It is important to note at the outset that this situation does not arise as often as some criminal justice professionals believe. In fact, advocates often have LESS information about the sexual assault than criminal justice professionals do, because it is not part of their role to ask the victim any questions about what happened. Rather, the advocate’s role is to focus on the victim’s physical and psychological well-being, and respond by providing crisis intervention, emotional support, and various forms of assistance. Much more typical is the situation where the forensic examiner and law enforcement investigator know a great deal more about the sexual assault than the advocate does.

There is often a perception that victims tell advocates “everything,” but advocates choose not to disclose this information to criminal justice professionals for ideological reasons or simply out of spite.

Nonetheless, it certainly happens in some situations that an advocate learns some information that the victim has not shared with criminal justice professionals – and the advocate knows that this information could be important for those professionals to assist in the investigation and prosecution of the sexual assault. How advocates respond in this situation will vary, depending on a number of factors, including the legal protections they have (or do not have) regarding the confidentiality of their communications with victims.

For **system-based advocates**, this particular concern is not as relevant, because they do not typically have legal privilege to protect the confidentiality of their private communications with victims. This concern can thus often be addressed by simply clarifying that it would violate their role to withhold important information regarding the case and victim. If they are asked directly about the case by a police investigator or prosecutor, most system-based advocates are required to divulge what they know, even if the information was learned during a private conversation with the victim. If they are not asked directly about the case, however, the question of whether or not to provide the information proactively is realistically left in the hands of the system-based advocate. They must personally decide how to respond based on their understanding of their professional role and legal obligations regarding whether or not to provide the

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information. This is yet another issue that should be addressed in policies and cross-training, so everyone is clear about what to expect in such a situation.

For **community-based advocates**, however, it must be clear to everyone involved in the community response system that they CANNOT share confidential information, because it violates their professional role and mission. (Whether they may ultimately have to divulge the information if they are served with a subpoena to testify is a more complicated question, and depends on the specific laws and court decisions in their state.)

When a community-based advocate has information that they know could be important for the investigation and prosecution of the sexual assault, the most appropriate response is therefore to explain this fact to victims – privately – and provide victims with the information they need to make their own decisions regarding what to do. For example, if the victim has decided to report the sexual assault and participate in the investigative process, an advocate can point out that the information in question would be useful for the law enforcement investigator and/or prosecutor handling the case. This would be an appropriate role for advocates, because it helps victims to follow through on a decision they have already made. On the other hand, if the victim decides not to share the information with criminal justice professionals, community-based advocates just have to accept that fact as one of the more difficult parts of their professional role.

Because this concern is often prominent in the minds of criminal justice professionals, it certainly should be addressed directly in any cross-training with advocates, so both professionals have a clear understanding of each other's role, responsibilities, obligations, and boundaries.

In some communities, system-based advocates may be housed in a community-based organization, they might have a policy of confidentiality and/or they may have even completed the same training as a community-based rape crisis advocate counselor. Although these are all promising practices, it is important to remember that the system-based advocate is still a government employee and therefore there is no privileged communication and any information they have is discoverable.

Address the concern that advocates aren't really part of the "team"

When discussing these types of concerns (i.e., that advocates talk victims out of reporting, or withhold important information), the underlying sense among many criminal justice professionals is that advocates aren't really part of the same "team." Yet reviewing the history of SARTs can be helpful in this regard. For example, the name alone – Sexual Assault Response TEAM, – leads many criminal justice professionals to believe that if all the members are on the same team, they must all have the same goals. There is a part of this sentiment that is clearly true, but another part is not quite right. On the one hand, almost all of us who are professionals involved in this work can agree that we need to provide effective victim services in order to hold offenders accountable. On the other hand, our professional missions are not exactly the same across disciplines – and in fact they can sometimes be in direct conflict with each other.

The situations described in this article provide examples of this type of conflict in professional missions. For example, it is clearly consistent with the professional mission of criminal justice professionals (and system-based advocates) to encourage victims to report the crime to law enforcement and to

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provide information to criminal justice professionals that would assist in the investigation and prosecution of the case. However, it violates the professional mission of community-based advocates to do either of these things. Their role is to support victims in the process of making their own decisions, and it would violate their role to divulge confidential information. This is exactly the same type of violation that would occur if a doctor or attorney were asked to divulge confidential information without the consent of their patient or client.

An extended example: When the facts “just don’t add up”

Beyond these generalities, it is impossible to say what the immediate response to conflict will be on the part of an advocate, because it will depend on too many factors to list. It will of course depend on the nature of the conflict, but also the facts of the case, the demeanor of the victim, the relationship between the professionals, the location of the interaction, and a million other factors.

To provide an illustration, we will explore one common conflict that arises between advocates and law enforcement professionals: when the investigator does not appear to believe the victim and/or begins to switch to an “interrogation mode” because the facts “just don’t add up.” The issue underlying this conflict is that law enforcement professionals often begin to suspect that a victim of sexual assault is filing a false report or she just isn’t telling the truth. This is a suspicion that is often shared by other professionals in the community, as well as friends, family members, and other people in the victim’s life. All too often, victims are faced with skepticism or outright disbelief when they disclose that they have been sexually assaulted. Yet when this suspicion is expressed by a law enforcement investigator, it often involves questioning victims in a way that feels more like an interrogation of a suspect than an interview with a victim.

In this type of situation, the immediate response of an advocate will depend on a number of factors, as already described. However, it may involve stepping outside with the law enforcement investigator and asking where they are going with the interview. Often, the investigator will express the concern that the report is false, in which case the advocate can ask if the victim is now a suspect. If so, a suspect of what? Is an arrest planned? In some situations, this is enough to call attention to the fact that the sexual assault is no longer being investigated, and cause the investigator to at least think about the purpose of the interview being conducted. Whether or not the investigation is conducted appropriately beyond that point, at least the “interrogation mode” of the interview has not gone unquestioned and the advocate can advise the victim of what is happening and what the possible implications are. Victims can then make an informed decision regarding their ongoing participation in the law enforcement investigation. However, in some cases an advocate can help law enforcement investigators by acknowledging the gut reaction that we all have when we suspect someone is lying to us, and remind them that their professional obligation is to investigate through that gut reaction. They can be reminded of the many reasons why victims often provide information that is inaccurate or inconsistent and challenged to think about the consequences of being wrong. That is, if the investigator does not believe the victim and the suspect walks away, he may very well go on to assault someone else.

Investigators can also be reminded that a determination about the facts cannot be made solely on the basis of a victim interview; the victim interview is only one piece of an investigation, which also includes collecting and documenting

evidence and conducting interviews with the suspect and witnesses to events before, during, and after the sexual assault. Only after a thorough investigation has been conducted will there be enough facts to make the determination in a case.

If the investigator states that charges might be pursued against the victim for filing a false report, this obviously indicates a dramatic turn of events in the investigation. At this point, the advocate will obviously need to explain this situation to victims and inform them of their rights, including the right to legal representation of their own. It is a tragedy when a proper law enforcement investigation is not conducted when a sexual assault is reported, but when it does happen, the role of an advocate is to provide the victim with the information, emotional support, and community resources they need to make informed decisions and to assist them in implementing those decisions. Any longer-term strategies for problem solving must wait.

Longer-term strategies for resolving this particular conflict

Continuing with this example, it is also possible to discuss the type of strategies that can be used for resolving conflict over the longer term. Many of these have already been discussed in general terms, but can now be illustrated in the context of this specific example. To address this particular conflict over the longer-term, advocates and other members of the SARRT might therefore consider:

Asking individual victims to write down their account of the sexual assault, either to help them prepare for the law enforcement interview or to provide information in an alternative form if the interview is unsuccessful and/or conducted as an interrogation.

Providing training to law enforcement and other community professionals involved in sexual assault response on the realistic dynamics of sexual assault, and challenging the misconception that false reporting is common.

Inviting law enforcement professionals to provide training for advocates on the purpose and specific steps involved in an investigation. In some cases, the conflict may actually be the result of a misunderstanding on the part of the advocate. If not, the training may provide the opportunity for dialogue about the nature of the conflict and ways to resolve it in future cases, including a clear explanation of the role of victim advocates and law enforcement investigators.

Regularly scheduling formal or informal meetings to discuss specific cases, or hosting meetings any time there is a change in the agency's staff or administration. This will help to maintain ongoing relationships and ensure continuity in the community response system

Contacting a trusted person within the law enforcement agency whenever questions arise regarding the criminal justice process or an advocate's response. This type of consultation can help to build trust, and it communicates that their input is valued. If there are concerns regarding the confidentiality of discussing a particular case, the question can often be presented as a hypothetical scenario.

Surveying victims regarding their experiences with all of the various professionals in the community who responded to their sexual assault and provided them with services. This information can be used to help all of the professionals within the community to respond more effectively to sexual assault cases and victims.

Establishing a structure for ongoing communication and problem-solving among community professionals, such as a Sexual Assault Response and Resource Team (SARRT). As we've already stated, this type of structure provides a forum not only for resolving conflicts, but also increasing the level of mutual understanding and respect that are necessary to be successful. It may also involve coordinated effort to undertake a particular project (e.g., grant proposal, fund raising event) that will help in some specific way to address the conflict within the community. To illustrate, San Diego County provides victims of sexual assault with a SART Questionnaire to evaluate the services that they received and provide other types of information to improve the community-wide response system. Many professionals working in this field are surprised by the pattern of responses that are received. In 2000-2001, for example, sexual assault victims rated the services provided by law enforcement as favorably (on average) as those provided by advocates. In fact, out of 138 surveys, 96.5 % of the responding victims said that the services provided by the officer/detective were either "excellent" or "good." Regarding advocates, there were 186 responses by sexual assault victims, and 87% of them said the services they provided were either "excellent" or "good."

Working to develop interagency agreements and community-wide protocols, spelling out the roles and responsibilities of the various professionals involved in responding to sexual assault. (Yet again, see the resource for sample protocols.)

Clearly outlining the responsibility of law enforcement professionals to withhold judgment until a thorough investigation has been completed. By articulating this standard of care, it provides the basis for providing training to personnel within the law enforcement agency and holding the agency accountable for fulfilling this responsibility.

Advocating for a delay in the comprehensive interview of many victims of sexual assault after the initial disclosure and community response, so they can rest, recuperate, and get support from their friends and family members. Of course, this requires balancing a number of other factors, but whenever possible it can help victims to provide better information and participate in a more productive way during the law enforcement interview.

Gathering local data on the realistic dynamics of sexual assault, to compare with known patterns from larger-scale national studies. This type of local data can be invaluable for use in both professional training and community education programs on what sexual assault really looks like and to challenge the myth that false reporting is common.

Focusing on one conflict at a time, if possible. While there may be a number of conflicts that are seen between community professionals, it may be helpful to think strategically, in order to choose the one that is the most urgent, important, and/or attainable. It is often tempting to tackle a number of

challenges simultaneously, but this may not be the most effective strategy – especially if it involves conflict between community professionals.

Remaining patient, optimistic, and tireless in the pursuit of positive reform. Often these conflicts are not addressed with a single effort, but with persistent work over time. Sometimes it requires a change of agency administration or other aspects of the political climate, as long as the conflict isn't simply pushed aside in the hopes that such a positive change in the landscape of community agencies will be seen.

Providing positive reinforcement and recognition whenever possible. Advocates can help encourage positive reform by sending thank you notes, or notes of commendation for investigators and officers that conduct a competent and compassionate victim interview, or even for positive aspects of an interview that might not have otherwise been exemplary. Successful interviewers can also be recognized by the agency in any number of informal and/or formal ways, including letters, awards, recognition events, and even small tokens of appreciation (e.g., a mug with agency logo). Anytime such recognition is provided for a community professional, it is also a good idea to send a copy to that person's supervisor or chief to ensure that others in their chain of command know that they are doing a good job in this area (NYSCASA *Legal Advocate Manual*).



Finally, we can all strive to find ways to structure the dialogue regarding conflicts such as this one in a way that does not pit advocates against law enforcement professionals – or against other professionals within the community – but rather involves all of the community professionals in an effort to address some external demand. For example, law enforcement personnel and advocates can team up to provide presentations together at community education programs, basic academy training, or continuing education for advanced officers.

Remind community professionals of the benefits of working with an advocate

A final strategy for overcoming the reluctance of community professionals to working with advocates is to remind them of the many benefits of doing so – not just benefits for victims but also the benefits to themselves as professionals. These can be summarized as providing victims with crisis intervention, emotional support, information, and various forms of concrete assistance. These benefits for victims also work to the advantage of the other professionals within a community who respond to sexual assault. This is true because the services that advocates provide ease the burden on other professionals by relieving them of these responsibilities. Yet advocates also assist the other professionals within the community who respond to sexual assault, by providing the support and assistance that victims need to participate constructively in the forensic examination, law enforcement investigation, and criminal prosecution of their sexual assault.

Conclusion

Assuming that all of the professionals involved in responding to sexual assault cases want to see more perpetrators held accountable for their crimes, it is clear that we can't respond to problems with one of the disciplines or agencies involved in our community response systems by excluding them. How can we expect to achieve justice for victims, if advocates try to "work around" law enforcement? How can we expect victims to have the support they need to participate in the law enforcement investigation if officers "don't allow" advocates to become involved in the process? Ultimately it isn't fair to victims to let our personal and professional challenges get in the way of meeting their needs – for justice AND healing. Clearly, we will only achieve the goal of holding more perpetrators accountable for their crimes if we can: (1) Work together so the criminal justice system functions effectively; and (2) Ensure that advocacy services are available for every victim, in every case, every time those services are wanted.

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Advocate Spotlight!

Herminia Martinez is the Bilingual Case Manager at the Rape Assistance and Awareness Program (RAAP) in Denver. The mission of RAAP is to work towards the elimination of sexual violence. The primary goals are to assist victims and educate the public about sexual violence and its prevention. (<http://www.raap.org/>)



Herminia Martinez

Q: Why did you become an Advocate?

Growing up, I had the opportunity to watch my parents' activity in the struggle for civil and human rights and in social justice movements. My parents were active in local and city governments and in fighting discrimination. Those priorities were engrained in me since childhood. Watching the discrimination that my parents endured and their activism to fight it led to my own political involvement. Those efforts

essentially brought me to the field of social work issues and working against injustice.

Q: Describe a "typical" day as an Advocate.

My day centers on multi-tasking. I respond to community crisis calls, provide crisis intervention, assess needs, and make appropriate referrals. I also have many follow-up calls to make through the course of the day and several ongoing outreach projects and efforts which involve collaboration with other victim service providers. I attend court hearings and assist and support victims in reporting their crime. I am the primary staff contact for RAAP's 24-hour Spanish crisis hotline. In my work, crisis calls are always prioritized. I am in charge of the bi-lingual Spanish program and the Case Manager for all Spanish-speaking clients.

Q: What is the process once your agency receives a crisis call?

Our volunteer coordinator trains our wonderful volunteers through a 40-hour training to respond to crisis calls with crisis intervention, emotional support and referrals. Callers can then have a Case Manager offered to them for hospital advocacy, court hearings, and/or interactions with the police. The Case Management office sets up appointments to discuss ongoing goals and objectives with clients. Counseling opportunities are offered as well.

Q: What are some of the pressing issues that you have become more aware of through your work as an advocate?

Limited funding in the field of mental health and social services is a big issue. It is very difficult when I need to refer a client for mental health services that aren't available or accessible due to budget cuts. There is an overwhelming need for access to mental health services. It is so

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difficult when clients have to spend time on waiting lists before obtaining services. Staff turnover and staff burnout are also difficulties in this field.

In my work with clients where sexual assault victimization intersects with gang violence, the victims are too afraid to report the crime or even get medical services because of engagement with law enforcement and the immense fears of retaliation by the perpetrators. Victims of gang violence and sexual assault are most often too afraid to even attend confidential support groups because if they are seen or word gets out that they have disclosed the abuse, there are extremely high safety risks to not only the victim, but also to their family, neighborhood, and community. Since I've learned about two valuable agencies that targets prevention gang involvement, the Gang Reduction Initiative of Denver (GRID) and the Gang Rescue and Support Project (GRASP), I'm starting to create outreach to those survivors affected by gang violence and sexual assault.*

Q: What is your advice for anyone wanting to become an advocate?

Individuals need to have a deep level of maturity and self-awareness of their own issues before they can successfully do this work. It is very important for advocates to be in a place of solid personal mental health. In my experience, victims don't care if you have an advanced degree but rather have work experience in understanding trauma and social problems. It's the ability to listen and really know how to communicate the most helpful and accessible referrals. Victims oftentimes express so many needs, and advocates may need to be willing to take on extra duties. Individuals need to have strong boundaries, but recognize that they may need to be willing to oftentimes work more than eight hours a day. This work can't always be completed in a forty hour work week.

Q: Where would you like to see Colorado's sexual assault services five or ten years from now?

I would love to see a stronger presence in the school districts, from elementary level through higher education. I would like to see an increased focus placed on educating boys, adolescent men and adult males about the intersection of oppression and interpersonal violence. We need to be correcting language, attitudes and beliefs about sexual abuse and the oppression of women. Boys do have it tough; they are taught to be macho, always be strong, don't cry or show weakness, etc. Men and boys need to be told that it is not "whimpy" for them to seek and receive information. They are not often taught that respecting women is a human right. Trainings in this field are so often geared toward women only. I would like to see trainings on interpersonal violence for male athletes of all ages. This work needs to be brought to their environment in an engaging format. If we don't provide that education, we are missing a critical part of this work.

**For more information about GRID, contact their office at: 720-913-4617. For more information about GRASP, visit www.graspyouth.org.*

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**Statutes
listed in this
document
were revised
as of
Dec 31, 2010**

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Chapter 11 – Selection of Statutes

As an advocate, you do not have to be an “expert” on sexual assault law. However, you or your agency will want to be familiar in a general way with existing statutes related to sexual assault in Colorado. It is helpful to know how to look up a statute or to help callers figure out how to find a law if they are looking for one.

Your agency will likely have a notebook containing all the statutes pertaining to sexual assault in Colorado. If not, you can contact the **Colorado District Attorneys’ Council** at **(303) 830-9115** to receive one. You can also search for individual statutes on the state of Colorado’s web site. This address is:

<http://www.michie.com/colorado/lpext.dll?f=templates&fn=main-h.htm&cp=>

Looking Up a Statute on the State Web Page

At the state homepage, you can use their search engine look up a statute in a variety of ways – by statute number, by the legal Title code under which they are organized, by topic and by key words. At the above site, you will first see a list of legal Title codes. Most sexual assault-related statutes fall under Titles 18 and 19 – the Criminal and Children’s Codes. At the bottom of the page is a “Search” button, which will allow you to look up specific statutes. The search engine will return all results related to your search. All of the statutes quoted below were copied directly from this web site.

Below, we have compiled a selection of some of the most relevant statutes related to sexual assault. *This is not a complete list*, so if there is something you are looking for and you do not see it here, be sure to check the web site or the Colorado Revised Statutes.

NOTE: Where items inside a statute are in bold print, the language of the statute has been revised from a previous version.

Colorado Revised Statutes Pertaining to Sexual Assault

18-3-401. Definitions As used in this part 4, unless the context otherwise requires:

(1) “Actor” means the person accused of a sexual offense pursuant to this part 4.

(1.5) “Consent” means cooperation in act or attitude pursuant to an exercise of free will with knowledge of the nature of the act. A current or previous relationship shall not be sufficient to constitute consent under the provisions of this part 4. Submission under the influence of fear shall not constitute consent. Nothing in this definition shall be construed to affect the admissibility of evidence or the burden of proof regarding the issue of consent under this part 4.

(1.7) “Diagnostic test” means a human immunodeficiency virus (HIV) screening test followed by a supplemental HIV test for confirmation in those instances when the HIV screening test is repeatedly reactive.

(2) “Intimate parts” means the external genitalia or the perineum or the anus or the buttocks or the pubes or the breast of any person.

(2.5) “Pattern of sexual abuse” means the commission of two or more incidents of sexual contact involving a child when such offenses are committed by an actor upon the same victim.

(3) “Physically helpless” means unconscious, asleep, or otherwise unable to indicate willingness to act.

(3.5) One in a “position of trust” includes, but is not limited to, any person who is a parent or acting in the place of a parent and charged with any of a parent’s rights, duties, or responsibilities concerning a child including a guardian or someone otherwise responsible for the general supervision of a child’s welfare, or a person who is charged with any duty or responsibility for the health, education, welfare, or supervision of a child including foster care, child care, family care, or institutional care, either independently or through another, no matter how brief, at the time of an unlawful act.

(4) “Sexual contact” means the knowing touching of the victim’s intimate parts by the actor, or of the actor’s intimate parts by the victim, or the knowing touching of the clothing covering the immediate area of the victim’s or actor’s intimate parts if that sexual contact is for the purposes of sexual arousal, gratification, or abuse.

(5) “Sexual intrusion” means any intrusion, however slight, by any object or any part of a person’s body except the mouth, tongue, or penis, into the genital or anal opening of another person’s body if that sexual instruction is for the purpose of sexual arousal, gratification, or abuse.

(6) “Sexual penetration” means sexual intercourse, cunnilingus, fellatio, analingus, or anal intercourse. Emission need not be proved as an element of any sexual penetration. Any penetration, however slight, is sufficient to complete the crime.

(7) “Victim” means the person alleging to have been subjected to a criminal sexual assault.

18-3-402. Sexual assault. (1) Any actor who knowingly inflicts sexual intrusion or sexual penetration on a victim commits sexual assault if:

(a) The actor causes submission of the victim by means of sufficient consequence reasonably calculated to cause submission against the victim’s will; or

(b) The actor knows that the victim is incapable of appraising the nature of the victim’s conduct; or

(c) The actor knows that the victim submits erroneously, believing the actor to be the victim’s spouse; or

(d) At the time of the commission of the act, the victim is less than fifteen years of age and the actor is at least four years older than the victim and is not the spouse of the victim; or

(e) At the time of the commission of the act, the victim is at least fifteen years of age but less than seventeen years of age and the actor is at least ten years older than the victim and is not the spouse of the victim; or

(f) The victim is in custody of law or detained in a hospital or other institution and the actor has supervisory or disciplinary authority over the victim and uses this position of authority to coerce the victim to

submit, unless the act is incident to a lawful search; or

(g) The actor, while purporting to offer a medical service, engages in treatment or examination of a victim for other than a bona fide medical purpose or in a manner substantially inconsistent with reasonable medical practices.

(h) The victim is physically helpless and the actor knows the victim is physically helpless and the victim has not consented.

(2) Sexual assault is a class 4 felony, except as provided in subsections (3), (3.5), (4), and (5) of this section.

(3) If committed under the circumstances of paragraph (e) of subsection (1) of this section, sexual assault is a class 1 misdemeanor and is an extraordinary risk crime that is subject to the modified sentencing range specified in section 18-1.3-501(3).

(3.5) Sexual assault is a class 3 felony if committed under the circumstances described in paragraph (h) of subsection (1) of this section.

(4) Sexual assault is a class 3 felony if it is attended by any one or more of the following circumstances:

(a) The actor causes submission of the victim through the actual application of physical force or physical violence; or

(b) The actor causes submission of the victim by threat of imminent death, serious bodily injury, extreme pain, or kidnapping, to be inflicted on anyone, and the victim believes that the actor has the present ability to execute these threats; or

(c) The actor causes submission of the victim by threatening to retaliate in the future against the victim, or any other person, and the victim reasonably believes that the actor will execute this threat. As used in this paragraph (c), "to retaliate" includes threats of kidnapping, death, serious bodily injury, or extreme pain; or

(d) The actor has substantially impaired the victim's power to appraise or control the victim's conduct by employing, without the victim's consent, any drug, intoxicant, or other means for the purpose of causing submission; or

(5) (a) Sexual assault is a class 2 felony if any one or more of the following circumstances exist:

(I) In the commission of the sexual assault, the actor is physically aided or abetted by one or more other persons; or

(II) The victim suffers serious bodily injury; or

(III) The actor is armed with a deadly weapon or an article used or fashioned in a manner to cause a person to reasonably believe that the article is a deadly weapon or represents verbally or otherwise that the actor is armed with a deadly weapon and uses the deadly weapon, article, or representation to cause submission of the victim.

(b) (I) If a defendant is convicted of sexual assault pursuant to this subsection (5), the court shall sentence the defendant in accordance with section 18-1.3-401(8)(e). A person convicted solely of sexual assault pursuant to this subsection (5) shall not be sentenced under the crime of violence provisions of section 18-1.3-406(2). Any sentence for a conviction under this subsection (5) shall be consecutive to any sentence

for a conviction for a crime of violence under section 18-1.3-406.

(II) The provisions of this paragraph (b) shall apply to offenses committed prior to November 1, 1998.

(6) Any person convicted of sexual assault committed on or after November 1, 1998, under any of the circumstances described in this section shall be sentenced in accordance with the provisions of part 10 of article 1.3 of this title.

18-3-404. Unlawful sexual contact.

(1) Any actor who knowingly subjects a victim to any sexual contact commits unlawful sexual contact if:

- (a) The actor knows that the victim does not consent; or
- (b) The actor knows that the victim is incapable of appraising the nature of the victim's conduct; or
- (c) The victim is physically helpless and the actor knows that the victim is physically helpless and the victim has not consented; or
- (d) The actor has substantially impaired the victim's power to appraise or control the victim's conduct by employing, without the victim's consent, any drug, intoxicant, or other means for the purpose of causing submission; or
- (e) Repealed.
- (f) The victim is in custody of law or detained in a hospital or other institution and the actor has supervisory or disciplinary authority over the victim and uses this position of authority, unless incident to a lawful search, to coerce the victim to submit; or
- (g) The actor engages in treatment or examination of a victim for other than bona fide medical purposes or in a manner substantially inconsistent with reasonable medical practices.

(1.5) Any person who knowingly, with or without sexual contact, induces or coerces a child by any of the means set forth in section 18-3-402 to expose intimate parts or to engage in any sexual contact, intrusion, or penetration with another person, for the purpose of the actor's own sexual gratification, commits unlawful sexual contact. For the purposes of this subsection (1.5), the term "child" means any person under the age of eighteen years.

(1.7) (a) Any person who knowingly observes or takes a photograph of another person's intimate parts without that person's consent, in a situation where the person observed has a reasonable expectation of privacy, for the purpose of the observer's own sexual gratification, commits unlawful sexual contact. For purposes of this subsection (1.7), "photograph" includes any photograph, motion picture, videotape, print, negative, slide, or other mechanically, electronically, or chemically reproduced visual material.

(b) This subsection (1.7) is repealed, effective July 1, 2012

(2) (a) Unlawful sexual contact is a class 1 misdemeanor and is an extraordinary risk crime that is subject to the modified sentencing range specified in section 18-1.3-501(3).

(b) Notwithstanding the provisions of paragraph (a) of this subsection (2), unlawful sexual contact is a class 4 felony if the actor compels the victim to

submit by use of such force, intimidation, or threat as specified in section 18-3-402(4)(a), (4)(b), or (4)(c) or if the actor engages in the conduct described in paragraph (g) of subsection (1) of this section or subsection (1.5) of this section.

(3) If a defendant is convicted of the class 4 felony of unlawful sexual contact pursuant to paragraph (b) of subsection (2) of this section, the court shall sentence the defendant in accordance with the provisions of section 18-1.3-406; except that this subsection (3) shall not apply if the actor engages in the conduct described in paragraph (g) of subsection (1) of this section.

Colorado Revised Statutes Pertaining to Child Sexual Abuse, Sexual Exploitation and Incest

18-3-411. Sex offenses against children - unlawful sexual offense defined - limitation for commencing proceedings - evidence - statutory privilege.

(1) As used in this section, "unlawful sexual offense" means enticement of a child, as described in section 18-3-305, sexual assault, as described in section 18-3-402, when the victim at the time of the commission of the act is a child less than fifteen years of age, sexual assault in the first degree, as described in section 18-3-402, as it existed prior to July 1, 2000, when the victim at the time of the commission of the act is a child less than fifteen years of age; sexual assault in the second degree, as described in section 18-3-403 (1) (a), (1) (b), (1) (c), (1) (d), (1) (g), or (1) (h), as it existed prior to July 1, 2000, when the victim at the time of the commission of the act is a child less than fifteen years of age, or as described in section 18-3-403 (1) (e), as it existed prior to July 1, 2000, when the victim is less than fifteen years of age and the actor is at least four years older than the victim; unlawful sexual contact, as described in section 18-3-404 (1) (a), (1) (b), (1) (c), (1) (d), (1) (f), or (1) (g), when the victim at the time of the commission of the act is a child less than fifteen years of age; sexual assault in the third degree, as described in section 18-3-404 (1) (a), (1) (b), (1) (c), (1) (d), (1) (f), or (1) (g), as it existed prior to July 1, 2000, when the victim at the time of the commission of the act is a child less than fifteen years of age; sexual assault on a child, as described in section 18-3-405; sexual assault on a child by one in a position of trust, as described in section 18-3-405.3; aggravated incest, as described in section 18-6-302; trafficking in children, as described in section 18-3-502; sexual exploitation of a child, as described in section 18-6-403; procurement of a child for sexual exploitation, as described in section 18-6-404; indecent exposure, as described in section 18-7-302, soliciting for child prostitution, as described in section 18-7-402; pandering of a child, as described in section 18-7-403; procurement of a child, as described in section 18-7-403.5; keeping a place of child prostitution, as described in section 18-7-404; pimping of a child, as described in section 18-7-405; inducement of child prostitution, as described in section 18-7-405.5; patronizing a prostituted child, as described in section 18-7-406; class 4 felony internet luring of a child, as described in section 18-3-405.4; or criminal attempt, conspiracy, or solicitation to commit any of the acts specified in this subsection (1).

(2) No person shall be prosecuted, tried, or punished for a misdemeanor offense specified in sections 18-3-402 or 18-3-404, unless the indictment, information, complaint, or action for the same is found or instituted within five years after commission of the offense. The limitation for commencing criminal proceedings and juvenile delinquency proceedings concerning unlawful sexual offenses that are felonies shall be governed by section 16-5-401(1)(a), C.R.S.

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(3) Out-of-court statements made by a child describing any act of sexual contact, intrusion, or penetration, as defined in section 18-3-401, performed with, by, or on the child declarant, not otherwise admissible by a statute or court rule which provides an exception to the objection of hearsay, may be admissible in any proceeding in which the child is a victim of an unlawful sexual offense pursuant to the provisions of section 13-25-129, C.R.S.

(4) All cases involving the commission of an unlawful sexual offense shall take precedence before the court; the court shall hear these cases as soon as possible after they are filed.

(5) The statutory privilege between the husband and the wife shall not be available for excluding or refusing testimony in any prosecution of an unlawful sexual offense.

18-3-405. Sexual assault on a child

(1) Any actor who knowingly subjects another not his or her spouse to any sexual contact commits sexual assault on a child if the victim is less than fifteen years of age and the actor is at least four years older than the victim,

(2) Sexual assault on a child is a class 4 felony, but it is a class 3 felony if:

- (a) The actors applies force against the victim in order to accomplish or facilitate sexual contact; or
- (b) The actor, in order to accomplish or facilitate sexual contact, threatens imminent death, serious bodily injury extreme pain, or kidnapping against the victim or another person, and the victim believes that the actor has the present ability to execute the threat; or
- (c) The actor, in order to accomplish or facilitate sexual contact, threatens retaliation by causing in the future the death or serious bodily injury, extreme pain, or kidnapping against the victim or another person, and the victim believes that the actor will execute the threat; or
- (d) The actor commits the offense as part of a pattern of sexual abuse as described in subsection (1) of this section. No specific date or time must be alleged for the pattern of sexual abuse; except that the acts constituting the pattern of sexual abuse, whether charged in the information or indictment or committed prior to or at any time after the offense charged in the information or indictment shall be subject to the provisions of section 16-5-401(1)(a), C.R.S., concerning sex offenses against children. The offense charged in the information or indictment shall constitute one of the incidents of sexual contact involving a child necessary to form a pattern of sexual abuse as defined in section 18-3-401(2.5)

(3) If a defendant is convicted of the class 3 felony of sexual assault on a child pursuant to paragraphs (a) to (d) of subsection (2) of this section, the court shall sentence the defendant in accordance with the provisions of section 18-1.3-406.

18-3-405.3. Sexual assault on a child by one in a position of trust.

(1) Any actor who knowingly subjects another not his or her spouse to any sexual contact commits sexual assault on a child by one in a position of trust if the victim is a child less than eighteen years of age and the actor committing the offense is one in a position of trust with respect to the victim.

(2) Sexual assault on a child by one in a position of trust is a class 3 felony if:
(a) The victim is less than fifteen years of age; or

(b) The actor commits the offense as a part of a pattern of sexual abuse as described in subsection (1) of this section. No specific date or time need be alleged for the pattern of sexual abuse; except that the acts constituting the pattern of sexual abuse whether charged in the information or indictment or committed prior to or at any time after the offense charged in the information or indictment, shall be subject to the provisions of section 16-5-401(1)(a), C.R.S., concerning sex offenses against children. . The offense charged in the information or indictment shall constitute one of the incidents of sexual contact involving a child necessary to form a pattern of sexual abuse as defined in section 18-3-401 (2.5).

(3) Sexual assault on a child by one in a position of trust is a class 4 felony if the victim is fifteen years of age or older but less than eighteen years of age and the offense is not committed as part of a pattern of sexual abuse, as described in paragraph (b) of subsection (2) of this section.

(4) If a defendant is convicted of the class 3 felony of sexual assault on a child pursuant to paragraph (b) of subsection (2) of this section, the court shall sentence the defendant in accordance with the provisions of section 18-1.3-406.

18-3-405.4. Internet sexual exploitation of a child. (1) An actor commits internet sexual exploitation of a child if the actor knowingly importunes, invites, or entices through communication via a computer network or system, telephone network, a person whom the actor knows or believes to be under fifteen years of age and at least four years younger than the actor, to:

- (a) Expose or touch the person's own or another person's intimate parts while communicating with the actor via a computer network or system, telephone network, or data network or by a text message or instant message; or
- (b) Observe the actor's intimate parts via a computer network or system, telephone network, or data network or by a text message or instant message.

(2) (Deleted by amendment, L.2009, (HB 09-1163), ch. 343 p. 1797, § 1, effective July 1, 2009.)

(3) Internet sexual exploitation of a child is a class 4 felony.

18-3-405.5. Sexual assault on a client by a psychotherapist.

(1) (a) Any actor who knowingly inflicts sexual penetration or sexual intrusion on a victim commits aggravated sexual assault on a client if:

- (I) The actor is a psychotherapist and the victim is a client of the psychotherapist; or
- (II) The actor is a psychotherapist and the victim is a client and the sexual penetration or intrusion occurred by means of therapeutic deception.

(b) Aggravated sexual assault on a client is a class 4 felony.

(2) (a) Any actor who knowingly subjects a victim to any sexual contact commits sexual assault on a client if:

- (I) The actor is a psychotherapist and the victim is a client of the psychotherapist; or
- (II) The actor is a psychotherapist and the victim is a client and the sexual contact occurred by means of therapeutic deception.

- (b) Sexual assault on a client is a class 1 misdemeanor.
- (3) Consent by the client to the sexual penetration, intrusion, or contact shall not constitute a defense to such offense.
- (4) As used in this section, unless the context requires otherwise:
 - (a) "Client" means a person who seeks or receives psychotherapy from a psychotherapist.
 - (b) "Psychotherapist" means any person who performs or purports to perform psychotherapy, whether or not such person is licensed by the state pursuant to title 12, C.R.S., or certified by the state pursuant to part 5 of article 1 of title 25, C.R.S.
 - (c) "Psychotherapy" means the treatment, diagnosis, or counseling in a professional relationship to assist individuals or groups to alleviate mental disorders, understand unconscious or conscious motivation, resolve emotional, relationship, or attitudinal conflicts, or modify behaviors which interfere with effective emotional, social, or intellectual functioning.
 - (d) "Therapeutic deception" means a representation by a psychotherapist that sexual contact, penetration, or intrusion by the psychotherapist is consistent with or part of the client's treatment.

18-6-301. Incest.

- (1) Any person who knowingly marries, inflicts sexual penetration or sexual intrusion on, or subjects to sexual contact, as defined in section 18-3-401, an ancestor or descendant, including a natural child, child by adoption, or stepchild twenty-one years of age or older, a brother or sister of the whole or half blood, or an uncle, aunt, nephew, or niece of the whole blood commits incest, which is a class 4 felony. For the purpose of this section only, "descendant" includes a child by adoption and a stepchild, but only if the person is not legally married to the child by adoption or the stepchild.
- (2) When a person is convicted, pleads nolo contendere to, or receives a deferred sentence for a violation of the provisions of this section and the victim is a child who is under eighteen years of age and the court knows the person is a current or former employee of a school district or a charter school in this state or holds a license or authorization pursuant to the provisions of article 60.5 of title 22, C.R.S., the court shall report such fact to the department of education.

18-6-302. Aggravated incest.

- (1) A person commits aggravated incest when he or she knowingly:
 - (a) Marries his or her natural child or inflicts sexual penetration or sexual intrusion on or subjects to sexual contact, as defined in section 18-3-401, his or her natural child, stepchild, or child by adoption, but this paragraph (a) shall not apply when the person is legally married to the stepchild or child by adoption. For the purpose of this paragraph (a) only, "child" means a person under twenty-one years of age.
 - (b) Marries, inflicts sexual penetration or sexual intrusion on, or subjects to sexual contact, as defined in section 18-3-401, a descendant, a brother or sister of the whole or half blood, or an uncle, aunt, nephew, or niece of the whole blood who is under ten years of age.
- (2) Aggravated incest is a class 3 felony.

(3) When a person is convicted, pleads nolo contendere, or receives a deferred sentence for a violation of the provisions of this section and the court knows the person is a current or former employee of a school district in this state or holds a license or authorization pursuant to the provisions of article 60.5 of title 22, C.R.S., the court shall report such fact to the department of education.

Colorado Revised Statutes Pertaining to Child Abuse, Enticement of a Child and Internet Luring

18-6-401. Child abuse.

(1) (a) A person commits child abuse if such person causes an injury to a child's life or health, or permits a child to be unreasonably placed in a situation that poses a threat of injury to the child's life or health, or engages in a continued pattern of conduct that results in malnourishment, lack of proper medical care, cruel punishment, mistreatment, or an accumulation of injuries that ultimately results in the death of a child or serious bodily injury to a child.

(b) (I) Except as otherwise provided in subparagraph (III) of this paragraph (b), a person commits child abuse if such person excises or infibulates, in whole or in part, the labia majora, labia minora, vulva, or clitoris of a female child. A parent, guardian, or other person legally responsible for a female child or charged with the care or custody of a female child commits child abuse if he or she allows the excision or infibulation, in whole or in part, of such child's labia majora, labia minora, vulva, or clitoris.

(II) Belief that the conduct described in subparagraph (I) of this paragraph (b) is required as a matter of custom, ritual, or standard practice or consent to the conduct by the child on whom it is performed or by the child's parent or legal guardian shall not be an affirmative defense to a charge of child abuse under this paragraph (b).

(III) A surgical procedure as described in subparagraph (I) of this paragraph (b) is not a crime if the procedure:

(A) Is necessary to preserve the health of the child on whom it is performed and is performed by a person licensed to practice medicine under article 36 of title 12, C.R.S.; or

(B) Is performed on a child who is in labor or who has just given birth and is performed for medical purposes connected with that labor or birth by a person licensed to practice medicine under article 36 of title 12, C.R.S.

(IV) If the district attorney having jurisdiction over a case arising under this paragraph (b) has a reasonable belief that any person arrested or charged pursuant to this paragraph (b) is not a citizen or national of the United States, the district attorney shall report such information to the immigration and naturalization service in an expeditious manner.

(c) (I) A person commits child abuse if, in the presence of a child, or on the premises where a child is found or where a child resides, or in a vehicle containing a child, the person knowingly engages in the manufacture or attempted manufacture of a control substance, as defined by section 18-18-102(5), or knowingly possess ephedrine, pseudoephedrine, or phenylpropanolamine, or their salts, isomers, or salts of isomers, with the intent to use the product as an immediate precursor in the manufacture of a controlled substance. It shall be no defense to the crime of child abuse, as described in this

subparagraph (I), that the defendant did not know a child was present, a child could be found, a child resided on the premises, or that a vehicle contained a child.

(II) A parent or lawful guardian of a child or a person having the care or custody of a child who knowingly allows the child to be present at or reside at a premises or to be in a vehicle where the parent, guardian, or person having care or custody of the child knows or reasonably should know another person is engaged in the manufacture or attempted manufacture of methamphetamine commits child abuse.

(III) A parent or lawful guardian of a child or a person having the care and custody of a child who knowingly allows the child to be present at or reside at a premises or to be in a vehicle where the parent, guardian, or person having care of custody of the child knows or reasonably should know another person possesses ephedrine, pseudoephedrine, or phenylpropanolamine, or their salts, isomers, or salts of isomers, with the intent to use the product as an immediate precursor in the manufacture of methamphetamine commits child abuse.

(2) In this section, "child" means a person under the age of sixteen years.

(3) The statutory privilege between patient and physician and between husband and wife shall not be available for excluding or refusing testimony in any prosecution for a violation of this section.

(4) No person, other than the perpetrator, complicitor, coconspirator, or accessory, who reports an instance of child abuse to law enforcement officials shall be subjected to criminal or civil liability for any consequence of making such report unless he knows at the time of making it that it is untrue.

(5) Deferred prosecution is authorized for a first offense under this section unless the provisions of subsection (7.5) of this section or section 18-6-401.2 apply.

(6) Repealed

(7) (a) Where death or injury results, the following shall apply:

(I) When a person acts knowingly or recklessly and the child abuse results in death to the child, it is a class 2 felony except as provided in paragraph (c) of this subsection (7).

(II) When a person acts with criminal negligence and the child abuse results in death to the child, it is a class 3 felony.

(III) When a person acts knowingly or recklessly and the child abuse results in serious bodily injury to the child, it is a class 3 felony.

(IV) When a person acts with criminal negligence and the child abuse results in serious bodily injury to the child, it is a class 4 felony.

(V) When a person acts knowingly or recklessly and the child abuse results in any injury other than serious bodily injury, it is a class 1 misdemeanor; except that, if it is committed under the circumstances described in paragraph (e) of this subsection (7), then it is a class 5 felony.

(VI) When a person acts with criminal negligence and the child abuse results in any injury other than serious bodily injury to the child, it is a class 2 misdemeanor; except that, if it is committed under the

circumstances described in paragraph (e) of this subsection (7), then it is a class 5 felony.

(b) Where no death or injury results, the following shall apply:

(I) An act of child abuse when a person acts knowingly or recklessly is a class 2 misdemeanor; except that, if it is committed under the circumstances described in paragraph (e) of this subsection (7), then it is a class 5 felony.

(II) An act of child abuse when a person acts with criminal negligence is a class 3 misdemeanor; except that, if it is committed under the circumstances described in paragraph (e) of this subsection (7), then it is a class 5 felony.

(c) When a person knowingly causes the death of a child who has not yet attained twelve years of age and the person committing the offense is one in a position of trust with respect to the child, such person commits the crime of murder in the first degree as described in section 18-3-102 (1) (f).

(d) When a person commits child abuse as described in paragraph (c) of subsection (1) of this section it is a class 3 felony

(e) A person who has previously been convicted of a violation of this section or of an offense in any other state, the United States, or any territory subject to the jurisdiction of the United States that would constitute child abuse if committed in this state and who commits child abuse as provided in subparagraph (V) or (VI) of paragraph (a) of this subsection (7) or as provided in subparagraph (I) or (II) of paragraph (b) of this subsection (7) commits a class 5 felony if the trier of facts finds that the new offense involved any of the following acts:

(I) The defendant, who was in a position of trust, as described in section 18-3-401(3.5), in relation to the child, participated in a continued pattern of conduct that resulted in the child's malnourishment or failed to ensure the child's access to proper medical care;

(II) The defendant participated in a continued pattern of cruel punishment or unreasonable isolation or confinement of the child;

(III) The defendant made repeated threats of harm or death to the child or to a significant person in the child's life, which threats were made in the presence of the child;

(IV) The defendant committed a continued pattern of acts of domestic violence, as that term is defined in section 18-6-800.3, in the presence of the child; or

(V) The defendant participated in a continued pattern of extreme deprivation of hygienic or sanitary conditions in the child's daily living environment.

(7.3) Felony child abuse is an extraordinary risk crime that is subject to the modified presumptive sentence range specified in section 18-1.3-401 (10). Misdemeanor child abuse is an extraordinary risk crime that is subject to the modified sentencing range specified in section 18-1.3-501 (3).

(7.5) If a defendant is convicted of the class 2 or class 3 felony of child abuse under subparagraph (I) or (III) of paragraph (a) of subsection (7) of this

section, the court shall sentence the defendant in accordance with section 18-1.3-401 (8) (d).

(8) Repealed.

(9) If a parent is charged with permitting a child to be unreasonably placed in a situation that poses a threat of injury to the child's life or health, pursuant to paragraph (a) of subsection (1) of this section, and the child was seventy-two hours old or younger at the time of the alleged offense, it shall be an affirmative defense to such charge that the parent safely, reasonably, and knowingly handed the child over to a firefighter, as defined in section 18-3-201 (1), or to a hospital staff member who engages in the admission, care, or treatment of patients, when such firefighter is at a fire station or such hospital staff member is at a hospital.

18-3-305. Enticement of a child.

(1) A person commits the crime of enticement of a child if he or she invites or persuades, or attempts to invite or persuade, a child under the age of fifteen years to enter any vehicle, building, room, or secluded place with the intent to commit sexual assault or unlawful sexual contact upon said child. It is not necessary to a prosecution for attempt under this subsection (1) that the child have perceived the defendant's act of enticement.

(2) Enticement of a child is a class 4 felony. It is a class 3 felony if the defendant has a previous conviction for enticement of a child or sexual assault on a child or for conspiracy to commit or the attempted commission of either offense, or if the enticement of a child results in bodily injury to that child.

(3) When a person is convicted, pleads nolo contendere, or receives a deferred sentence for a violation of the provisions of this section and the court knows the person is a current or former employee of a school district in this state or holds a license or authorization pursuant to the provisions of article 60.5 of title 22, C.R.S., the court shall report such fact to the department of education.

18-3-306. Internet luring of a child.

(1) An actor commits internet luring of a child if the actor knowingly communicates over a computer or computer network, telephone network, or data network or by a text message or instant message to a person who the actor knows or believes to be under fifteen years of age and, in that communication or in any subsequent communications by computer, computer network, telephone network, data network, text message, or instant message, describes explicit sexual conduct as defined in section 18-6-403 (2) (e), and, in connection with that description, makes a statement persuading or inviting the person to meet the actor for any purpose, and the actor is more than four years older than the person or than the age the actor believes the person to be.

(2) It shall not be a defense to this section that a meeting did not occur.

(a) and (b) (Deleted by amendment, L. 2007, p. 1688, §8, effective July 1, 2007)

(3) Internet luring of a child is a class 5 felony; except that luring of a child is a class 4 felony if committed with the intent to meet for the purpose of engaging in sexual exploitation as defined in section 18-6-403 or sexual contact as defined in section 18-3-401.

(4) For the purpose of this section, "in connection with" means communications that further, advance, promote, or have a continuity of purpose and may occur before, during, or after the invitation to meet.

Colorado Revised Statutes Pertaining to Public Indecency and Indecent Exposure

18-7-301. Public Indecency.

(1) Any person who performs any of the following in a public place or where the conduct may reasonably be expected to be viewed by members of the public commits public indecency:

- (a) An act of sexual intercourse
- (b) (Deleted by amendment, L. 2010, (HB 10-1334), ch. 359, p. 1707, § 1, effective August 11, 2010.)
- (c) A lewd exposure of an intimate part as defined by section 18-3-401 (2) of the body, not including the genitals, done with intent to arouse or to satisfy the sexual desire of any person; or
- (d) A lewd fondling or caress of the body of another person; or
- (e) A knowing exposure of the person's genitals to the view of a person under circumstances in which such conduct is likely to cause affront or alarm to the other person.

(2) (a) Except as otherwise provided in paragraph (b) of this subsection (2), public indecency is a class 1 petty offense.

(b) Public indecency as described in paragraph (e) of subsection (1) of this section is a class 1 misdemeanor if the violation is committed subsequent to a conviction of a violation of paragraph (e) of subsection (1) of this section or for a violation of a comparable offense in any other state or in the United States, or for a violation of a comparable municipal ordinance.

(3) (Deleted by amendment, L. 2010, (HB 10-1334), ch. 359 p. 1707, § 1, effective August 11, 2010.)

18-7-302. Indecent exposure.

(1) A person commits indecent exposure:

- (a) If he or she knowingly exposes his or her genitals to the view of any person under circumstances in which such conduct is likely to cause affront or alarm to the other person with intent to arouse or to satisfy the sexual desire of any person;
- (b) If he or she knowingly performs an act of masturbation in a manner which exposes the act to the view of any person under circumstances in which such conduct is likely to cause affront or alarm to the other person.

(2) (a) (Deleted by amendment, L. 2000, p.1435 § 31, effective July 1, 2003)

(b) Indecent exposure is a class 1 misdemeanor.

(3) (Deleted by amendment, L. 2000, p.1587 § 21, effective July 1, 2002)

(4) Indecent exposure is a class 6 felony if the violation is committed subsequent to two prior convictions of a violation of this section or of a violation of a comparable offense in any other state or in the United States, or of a violation of a comparable municipal ordinance.

(5) For the purposes of this section, "masturbation" means the real or simulated touching, rubbing, or otherwise stimulation of a person's own genitals or pubic area for the purpose of sexual gratification or arousal of the person, regardless of whether the genitals or pubic area is exposed or covered.

Colorado Revised Statutes Pertaining to Perpetrators

18-3-414.5. Sexually violent predator.

(1) As used in this section, unless the context otherwise requires:

(a) "Sexually violent predator" means an offender:

(I) Who is eighteen years of age or older as of the date the offense is committed or who is less than eighteen years of age as of the date the offense is committed but is tried as an adult pursuant to section 19-2-517 or 19-2-518, C.R.S.;

(II) Who has been convicted on or after July 1, 1999, of one of the following offenses, or of an attempt solicitation, or conspiracy to commit one of the following offenses, committed on or after July 1, 1997:

(A) Sexual assault, in violation of section 18-3-402 or sexual assault in the first degree, in violation of section 18-3-402, as it existed prior to July 1, 2000;

(B) Sexual assault in the second degree, in violation of section 18-3-403, as it existed prior to July 1, 2000;

(C) Unlawful sexual contact, in violation of section 18-3-404 (1.5) or (2) or sexual assault in the third degree, in violation of section 18-3-404 (1.5) or (2), as it existed prior to July 1, 2000;

(D) Sexual assault on a child, in violation of section 18-3-405; or

(E) Sexual assault on a child by one in a position of trust, in violation of section 18-3-405.3;

(III) Whose victim was a stranger to the offender or a person with whom the offender established or promoted a relationship primarily for the purpose of sexual victimization; and

(IV) Who, based upon the results of a risk assessment screening instrument developed by the division of criminal justice in consultation with and approved by the sex offender management board established pursuant to section 16-11.7-103 (1), C.R.S., is likely to subsequently commit one or more of the offenses specified in subparagraph (II) of this paragraph (a) under the circumstances described in subparagraph (III) of this paragraph (a).

(b) "Convicted" includes having received a verdict of guilty by a judge or jury, having pleaded guilty or nolo contendere, or having received a deferred judgment and sentence.

(2) When a defendant is convicted of one of the offenses specified in subparagraph (II) of paragraph (a) of subsection (1) of this section, the probation department shall, on coordination with the evaluator completing the mental health sex offense specific evaluation, complete the sexually violent predator risk assessment, unless the evaluation and assessment have been completed within the six months prior to the conviction or the defendant has been previously designated a sexually violent predator. Based on the results of the assessment, the court shall make specific findings of fact and enter an order concerning whether the defendant is a sexually violent predator. If the defendant is found to be a sexually violent predator, the defendant shall be

required to register pursuant to the provisions of section 16-22-108, C.R.S. and shall be subject to community notification pursuant to part 9 of article 13 of title 16, C.R.S. If the department of corrections receives a mittimus that indicates that the court did not make a specific finding of fact or enter an order regarding whether the defendant is a sexually violent predator, the department shall immediately notify the court and, if necessary, return the defendant to the custody of the sheriff for delivery to the court, and the court shall make a finding or enter an order regarding whether the defendant is a sexually violent predator; except that this provision shall not apply if the court was not required to enter the order when imposing the original sentence in the case.

(3) When considering release on parole or discharge for an offender who was convicted of one of the offenses specified in subparagraph (II) of paragraph (a) of subsection (1) of this section, if there has been no previous court order, the parole board shall make specific findings concerning whether the offender is a sexually violent predator, based on the results of a sexually violent predator assessment. If no previous assessment has been completed, the parole board shall order the department of corrections to complete a sexually violent predator assessment. If the parole board finds that the offender is a sexually violent predator, the offender shall be required to register pursuant to the provisions of section 16-22-108, C.R.S., and shall be subject to community notification pursuant to part 9 of article 13 of title 16, C.R.S..

(4) On or before January 15, 2008, and on or before January 15 each year thereafter, the judicial department and the department of corrections shall jointly submit to the judiciary committees of the senate and the house of representative, or any successor committees, to the division of criminal justice in the department of public safety, and to the governor a report specifying the following information:

- (a) The number of offenders evaluated pursuant to this section in the preceding twelve months;
- (b) The number of sexually violent predators identified pursuant to this section in the preceding twelve months;
- (c) The total number of sexually violent predators in the custody of the department of corrections at the time of the report, specifying those incarcerated, those housed in community corrections, and those on parole, including the level of supervision for each sexually violent predator on parole;
- (d) The length of the sentence imposed on each sexually violent predator in the custody of the department of corrections at the time of the report;
- (e) The number of sexually violent predators discharged from parole during the preceding twelve months;
- (f) The total number of sexually violent predators on probation at the time of the report and the level of supervision of each sexually violent predator on probation; and
- (g) The number of sexually violent predators discharged from probation during the preceding twelve months.

Colorado Revised Statutes Pertaining to the Sex Offender Management Board

16-11.7-102. Definitions. As used in this article, unless the context otherwise requires:

- (1) "Board" means the sex offender management board created in section 16-11.7-103.
- (2) (a) "Sex offender" means any person who is:
 - (I) Convicted in the state of Colorado, on or after January 1, 1994, of any sex offense as defined in subsection (3) of this section; or
 - (II) Convicted in the state of Colorado on or after January 1, 1994, of any criminal offense, if such person has previously been convicted of a sex offense as described in subsection (3) of this section in the state of Colorado, or if such person has previously been convicted in any other jurisdiction of any offense that would constitute a sex offense as defined in subsection (3) of this section, or if such person has a history of any sex offenses as defined in subsection (3) of this section; or
 - (III) Convicted in the state of Colorado on or after July 1, 2000, of any criminal offense, the underlying factual basis of which involves a sex offense; or
 - (IV) Adjudicated as a juvenile or who receives a deferred adjudication on or after July 1, 2002, for an offense that would constitute a sex offense if committed by an adult or for any offense, the underlying factual basis of which involves a sex offense.
- (b) For purposes of this subsection (2), any person who receives a deferred judgment or deferred sentence for the offenses specified in this subsection (2) is deemed convicted.
- (3) "Sex offense" means any felony or misdemeanor offense described in this subsection (3) as follows:
 - (a) (I) Sexual assault, in violation of section 18-3-402, C.R.S.; or
 - (II) Sexual assault in the first degree, in violation of section 18-3-402, C.R.S., as it existed prior to July 1, 2000;
 - (b) Sexual assault in the second degree, in violation of section 18-3-403, C.R.S., as it existed prior to July 1, 2000;
 - (c) (I) Unlawful sexual contact, in violation of section 18-3-404, C.R.S.; or
 - (II) Sexual assault in the third degree, in violation of section 18-3-404, C.R.S., as it existed prior to July 1, 2000;
 - (d) Sexual assault on a child, in violation of section 18-3-405, C.R.S.;
 - (e) Sexual assault on a child by one in a position of trust, in violation of section 18-3-405.3, C.R.S.;
 - (f) Sexual assault on a client by a psychotherapist, in violation of section 18-3-405.5, C.R.S.;
 - (g) Enticement of a child, in violation of section 18-3-305, C.R.S.;
 - (h) Incest, in violation of section 18-6-301, C.R.S.;

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- (i) Aggravated incest, in violation of section 18-6-302, C.R.S.;
- (j) Trafficking in children, in violation of section 18-6-402, C.R.S.;
- (k) Sexual exploitation of children, in violation of section 18-6-403, C.R.S.;
- (l) Procurement of a child for sexual exploitation, in violation of section 18-6-404, C.R.S.;
- (m) Indecent exposure, in violation of section 18-7-302, C.R.S.;
- (n) Soliciting for child prostitution, in violation of section 18-7-402, C.R.S.;
- (o) Pandering of a child, in violation of section 18-7-403, C.R.S.;
- (p) Procurement of a child, in violation of section 18-7-403.5, C.R.S.;
- (q) Keeping a place of child prostitution, in violation of section 18-7-404, C.R.S.;
- (r) Pimping of a child, in violation of section 18-7-405, C.R.S.;
- (s) Inducement of child prostitution, in violation of section 18-7-405.5, C.R.S.;
- (t) Patronizing a prostituted child, in violation of section 18-7-406, C.R.S.;
or
- (u) Criminal attempt, conspiracy, or solicitation to commit any of the offenses specified in this subsection (3);
- (v) Class 4 felony internet luring of a child, in violation of section 18-3-306(3), C.R.S.;
- (w) Internet sexual exploitation of a child in violation of section 18-3-405.4, C.R.S.;
- (x) Public indecency, committed in violation of section 18-7-301 (2) (b), C.R.S., if a second offense is committed within five years of the previous offense or a third or subsequent offense is committed; or
- (y) Invasion of privacy for sexual gratification, as described in section 18-3-405.6, C.R.S.

(4) "Treatment" means therapy, monitoring, and supervision of any sex offender which conforms to the standards created by the board pursuant to section 16-11.7-103.

Colorado Revised Statutes Pertaining to the Statute of Limitations

16-5-401. Limitation for commencing criminal proceedings.

(1) (a) Except as otherwise provided by statute applicable to specific offenses, delinquent acts, or circumstances, no adult person or juvenile shall be prosecuted, tried, or punished for any offense or delinquent act unless the indictment, information, complaint, or petition in delinquency is filed in a court of competent jurisdiction or a summons and complaint or penalty assessment notice is served upon the defendant or juvenile within the period of time after the commission of the offense or delinquent act as specified below:

Murder, kidnapping, treason,
any sex offense against a child,

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and any forgery regardless of the penalty provided:	No limit
Attempt, conspiracy, or solicitation to commit murder; attempt, conspiracy, or solicitation to commit kidnapping; attempt, conspiracy, or solicitation to commit treason; attempt, conspiracy, or solicitation to commit any sex offense against a child; and attempt, conspiracy, or solicitation to commit any forgery regardless of the penalty provided:	No limit
Vehicular homicide and leaving the scene of an accident that resulted in the death of a person:	Five years
Other felonies:	Three years
Misdemeanors:	Eighteen months
Class 1 and 2 misdemeanor traffic offenses:	One year
Petty offenses:	Six months

(b) Repealed.

(c) For purposes of this section:

(I) “Delinquent act” has the same meaning as defined in section 19-1-103 (36), C.R.S.

(II) “Juvenile” means a child as defined in section 19-1-103 (18), C.R.S.

(III) “Petition in delinquency” means any petition filed by a district attorney pursuant to section 19-2-512, C.R.S.

(IV) “Sex offense against a child” means any “unlawful sexual offense”, as defined in section 18-3-411 (1), C.R.S., that is a felony

(1.5) (a) Except as otherwise provided in paragraph (b) of this subsection (1.5), the provisions of paragraph (a) of subsection (1) of this section concerning sex offenses against children shall apply to offenses and delinquent acts committed on or after July 1, 1996.

(b) The provisions of paragraph (a) of subsection (1) of this section concerning sex offenses against children shall apply to an offense or delinquent act committed before July 1, 1996, if the applicable statute of limitations, as it existed prior to July 1, 2006, has not yet run on July 1, 2006.

(c) It is the intent of the general assembly in enacting the provisions of paragraph (a) of subsection (1) of this section concerning sex offenses against children to apply to an unlimited statute of limitations to sex offenses against children committed on or after July 1, 1996, and to sex offenses against children committed before July 1, 1996, for which the applicable statute of limitations in effect prior to July 1, 2006, has not yet run on July 1, 2006.

(2) The time limitations imposed by this section shall be tolled if the adult offender or juvenile is absent from the state of Colorado, and the duration of such absence, not to exceed five years, shall be excluded from the computation of the time within which any complaint, information, indictment, or petition in delinquency must otherwise be filed or returned.

(3) (a) The period within which a prosecution must be commenced does not include any period in which a prosecution is pending against the adult defendant or juvenile for the same conduct, even if the indictment, information, complaint, or petition in delinquency which commences the prosecution is quashed or the proceedings thereon are set aside or are reversed on appeal.

(b) The period within which a prosecution must be commenced does not include any period in which a prosecution is pending against the adult defendant or juvenile for the same conduct, even if filed in a court without jurisdiction, when based on a reasonable belief the court possesses jurisdiction.

(4) When an offense or delinquent act is based on a series of acts performed at different times, the period of limitation prescribed by this code or by the "Colorado Securities Act", article 51 of title 11, C.R.S., starts at the time when the last act in the series of acts is committed.

(4.5) [list of offenses dealing with non-sexual assault crimes]

(5) [list of offenses dealing with government operations and income tax]

(6) Except as otherwise provided in paragraph (a) of subsection (1) of this section pertaining to sex offenses against children, the period of time during which an adult person or juvenile may be prosecuted shall be extended for an additional seven years as to any offense or delinquent act charged under section 18-3-402 or section 18-6-403, C.R.S., or charged as criminal attempt, conspiracy, or solicitation to commit any of the acts specified in said sections.

(7) When the victim at the time of the commission of the offense or delinquent act is a child under fifteen years of age, the period of time during which an adult person or juvenile may be prosecuted shall be extended for an additional three years and six months as to a misdemeanor charged under section 18-3-404, C.R.S., or criminal attempt, conspiracy, or solicitation to commit such a misdemeanor.

(8) (a) Except as otherwise provided in paragraph (a) of subsection (1) of this section pertaining to sex offenses against children and except as otherwise provided in paragraphs (a.3) and (a.5) of this subsection (8), the period of time during which an adult person or juvenile may be prosecuted shall be ten years after the commission of the offense as to any offense:

(I) Charged under section 18-3-402, section 18-3-403, as said section existed prior to July 1, 2000, or section 18-6-403, C.R.S.;

(II) Charged as a felony under section 18-3-404, C.R.S.; or

(III) Charged as criminal attempt, conspiracy, or solicitation to commit any of the offenses specified in subparagraphs (I) and (II) of this paragraph (a).

(a.3) Except as otherwise provided in paragraph (a) of subsection (1) of this section concerning sex offenses against children, if the victim at the time of the commission of an offense or delinquent act is a child under eighteen years of age, the period of time during which an adult person or

juvenile may be prosecuted shall be ten years after such victim reaches the age of eighteen years as to any offense or delinquent act:

(I) Charged as a felony under section 18-3-402, C.R.S., section 18-3-403, C.R.S., as said section existed prior to July 1, 2000, or section 18-3-404, C.R.S.; or

(II) Charged as criminal attempt, conspiracy, or solicitation to commit any of the offenses specified in subparagraph (I) of this paragraph (a.3).

(a.5) Except as otherwise provided in paragraph (a) of subsection (1) of this section concerning sex offenses against children, in any case which the identity of the defendant is determined, in whole or in part, by patterned chemical structure of genetic information, and in which the offense has been reported to a law enforcement agency, as feined in section 26-1-114

(3) (a) (III) (B), C.R.S., within ten years after the commission of the offense, there shall be no limit on the period of time during which a person may be prosecuted after the commission of the offense as to any offense charged:

(I) Under section 18-3-402, C.R.S., or section 18-3-403, C.R.S. as said section existed prior to July 1, 2000; or

(II) As criminal attempt, conspiracy, or solicitation to commit any of the offenses specified in subparagraph (I) of this paragraph (a.5)

(b) This subsection (8) shall also apply to offenses and delinquent acts committed on or after July 1, 1984.

(9) Notwithstanding the provisions of paragraph (a) of subsection (1) of this section, the period of time during which an adult person or juvenile may be prosecuted shall be five years after the commission of the offense or delinquent act as to a misdemeanor charged under section 18-3-404, C.R.S., or criminal attempt, conspiracy, or solicitation to commit such a misdemeanor. This subsection (9) shall apply to offenses and delinquent acts committed on or after January 1, 1986.

(10) [provision for statute of limitations for campaign related crimes]

(11) [provision for statute of limitations for theft of trade secrets]

(12) The applicable period of limitations specified in section (1) of this section shall not apply to charges of offenses or delinquent acts brought to facilitate the disposition of a case, or to lesser included or non-included charges of offenses or delinquent acts given to the court or a jury at a trial on the merits, by the accused.

Colorado Revised Statutes Pertaining to Evidence

16-10-301. Evidence of similar transactions – legislative declaration.

(1) The general assembly hereby finds and declares that sexual offenses are a matter of grave statewide concern. These frequently occurring offenses are aggressive and assaultive violations of the well-being, privacy, and security of the victims, are severely contrary to the common notions of proper behavior between people, and result in serious and long-lasting harm to individuals and society. These offense often are not reported or are reported long after the offense for many reasons, including: The frequency with which the victims are vulnerable, such as young children who may be related to the perpetrator; the personal indignity, humiliation, and embarrassment involved in the offenses

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themselves; and the fear of further personal indignity, humiliation, and embarrassment in connection with investigation and prosecution. These offenses usually occur under circumstances in which there are no witnesses except for the accused and the victim, and, because of this and the frequent delays in reporting, there is often no evidence except for the conflicting testimony. Moreover, there is frequently a reluctance on the part of others to believe that the offense occurred because of the inequality between the victim and the perpetrator, such as between the child victim and the adult accused, or because of the deviant and distasteful nature of the charges. In addition, it is recognized that some sex offenders cannot or will not respond to treatment or otherwise resist the impulses which motivate such conduct and that sex offenders are extremely habituated. As a result, such offenders often commit numerous offenses involving sexual deviance over many years, with the same or different victims, and often, but not necessarily, through similar methods or by common design. The general assembly reaffirms and reemphasizes that, in the prosecution of sexual offenses, including in proving the corpus delicti of such offenses, there is a greater need and propriety for consideration by the fact finder of evidence of other relevant acts of the accused, including any actions, crimes, wrongs, or transactions, whether isolated acts or ongoing actions and whether occurring prior to or after the charged offense. The general assembly finds that such evidence of other sexual acts is typically relevant and highly probative, and it is expected that normally the probative value of such evidence will outweigh any danger of unfair prejudice, even when incidents are remote from one another in time.

(2) This section applies to prosecution for any offense involving unlawful sexual behavior as defined by 16-22-102 (9), or first degree murder, as defined in section 18-3-102 (1) (d), C.R.S., in which the underlying felony on which the first degree murder is charged is based is the commission or attempted commission of sexual assault, as described in section 18-3-402, C.R.S. sexual assault in the first or second degree as those offenses were described in sections 18-3-402 and 18-3-403, C.R.S., as they existed prior to July 1, 2000, or the commission of a class 3 felony sexual assault on a child as defined in section 18-3-405 (2), C.R.S.

(3) The prosecution may introduce evidence of other acts of the defendant to prove the commission of the offense as charged for any purpose other than propensity, including: Refuting defenses, such as consent or recent fabrication; showing a common plan, scheme, design, or modus operandi, regardless of whether identity is at issue and regardless of whether the charged offense has a close nexus as part of a unified transaction to the other act; showing motive, opportunity, intent, preparation, including grooming of a victim, knowledge, identity, or absence of mistake or accident; or for any other matter for which it is relevant. The prosecution may use such evidence either as proof in its case in chief or in rebuttal, including a response to evidence of the defendant's good character.

(4) If the prosecution intends to introduce evidence of other acts of the defendant pursuant to this section, the following procedures shall apply:

(a) The prosecution shall advise the trial court and the defendant in advance of trial of the other act or acts and the purpose or purposes for which the evidence is offered.

(b) The trial court shall determine by preponderance of the evidence whether the other act occurred and whether the purpose is proper under the broad inclusionary expectation of this section.

(c) The trial court may determine the admissibility of other acts by an offer of proof.

(d) The trial court shall, at the time of the reception into evidence of other acts and again in the general charge to the jury, direct the jury as to the limited purpose or purposes for which the evidence is admitted and for which the jury may consider it.

(e) The court in instructing the jury, and the parties when making statements in the presence of the jury, shall use the words "other act or transaction" and at no time shall refer to "other offense", "other crime", or other terms with similar connotation.

(5) The procedural requirements of this section shall not apply with the other acts are presented to prove that the offense was committed as part of a pattern of sexual abuse under section 18-3-405 (2) (d), C.R.S.

18-3-413. Video tape depositions - children - victims of sexual offenses. (1)

When a defendant has been charged with an unlawful sexual offense, as defined in section 18-3-411 (1), or incest, as defined in section 18-6-301, and when the victim at the time of the commission of the act is a child less than fifteen years of age, the prosecution may apply to the court for an order that a deposition be taken of the victim's testimony and that the deposition be recorded and preserved on video tape.

(2) The prosecution shall apply for the order in writing at least three days prior to the taking of the deposition. The defendant shall receive reasonable notice of the taking of the deposition.

(3) Upon timely receipt of the application, the court shall make a preliminary finding regarding whether, at the time of trial, the victim is likely to be medically unavailable or otherwise unavailable within the meaning of rule 804 (a) of the Colorado rules of evidence. Such finding shall be based on, but not be limited to, recommendations from the child's therapist or any other person having direct contact with the child, whose recommendations are based on specific behavioral indicators exhibited by the child. If the court so finds, it shall order that the deposition be taken, pursuant to rule 15 (d) of the Colorado rules of criminal procedure, and preserved on video tape. The prosecution shall transmit the video tape to the clerk of the court in which the action is pending.

(4) If at the time of trial the court finds that further testimony would cause the victim emotional trauma so that the victim is medically unavailable or otherwise unavailable within the meaning of rule 804 (a) of the Colorado rules of evidence, the court may admit the video tape of the victim's deposition as former testimony under rule 804 (b) (1) of the Colorado rules of evidence.

(5) Nothing in this section shall prevent the admission into evidence of any videotaped statements of children which would qualify for admission pursuant to section 13-25-129, C.R.S., or any other statute or rule of evidence.

18-3-407.5. Victim evidence - forensic evidence - electronic lie detector exam without victim's consent prohibited.

(1) Any direct cost associated with the collection of forensic evidence from the victim shall be paid by the referring or requesting law enforcement agency.

(2) No law enforcement agency may require a victim of a sexual offense to submit to a polygraph examination or any form of a mechanical or electrical lie detector examination as the sole condition for proceeding with any criminal investigation or prosecution. A law enforcement agency shall conduct any such

examination only with the victim's written informed consent. Consent shall not be considered informed unless the law enforcement agency informs the victim in writing of the victim's right to refuse to submit to the examination. In addition, the law enforcement agency shall orally provide to the victim information about the potential uses of the results of such tests.

18-3-407. Victim's and witness' prior history - evidentiary hearing – victim's identity – protective order.

(1) Evidence of specific instances of the victim's or a witness's prior or subsequent sexual conduct, opinion evidence of the victim's or a witness's sexual conduct, and reputation evidence of the victim's or a witness's sexual conduct may be admissible only at trial and shall not be admitted in any other proceeding except at a proceeding pursuant to paragraph (c) of subsection (2) of this section. At trial, such evidence shall be presumed to be irrelevant except:

- (a) Evidence of the victim's or witness' prior or subsequent sexual conduct with the actor;
- (b) Evidence of specific instances of sexual activity showing the source or origin of semen, pregnancy, disease, or any similar evidence of sexual intercourse offered for the purpose of showing that the act or acts charged were or were not committed by the defendant.

(2) In any criminal prosecution for class 4 felony internet luring of a child, as described in section 18-3-306(3) or under sections 18-3-402 to 18-3-405.5, 18-6-301, 18-6-302, 18-6-403, and 18-6-404, or for attempt or conspiracy to commit any of said crimes,, if evidence, that is not excepted under subsection (1) of this section, of specific instances of the victim's or a witness's prior or subsequent sexual conduct, or opinion evidence of the victim's or a witness's sexual conduct, or reputation evidence of the victim's or a witness's sexual conduct, or evidence that the victim or a witness has a history of false reporting of sexual assaults is to be offered at trial, the following procedure shall be followed:

- (a) A written motion shall be made at least thirty days prior to trial, unless later for good cause shown, to the court and to the opposing parties stating that the moving party has an offer of proof of the relevancy and materiality of evidence of specific instances of the victim's or witness' prior or subsequent sexual conduct, or opinion evidence of the victim's or witness' sexual conduct, or reputation evidence of the victim's or witness' sexual conduct, or evidence that the victim or witness has a history of false reporting of sexual assaults that is proposed to be presented.
- (b) The written motion shall be accompanied by an affidavit in which the offer of proof shall be stated.
- (c) If the court finds that the offer of proof is sufficient, the court shall notify the other party of such. If the prosecution stipulates to the facts contained in the offer of proof, the court shall rule on the motion based upon the offer of proof without an evidentiary hearing. Otherwise, the court shall set a hearing to be held in camera prior to trial. In such hearing, to the extent the facts are in dispute, the court may allow the questioning of the victim or witness regarding the offer of proof made by the moving party or otherwise allow a presentation of the offer of proof, including but not limited to the presentation of witnesses.

(d) An in camera hearing may be held during trial if evidence first becomes available at the time of the trial or for good cause shown.

(e) At the conclusion of the hearing, or by written order of no hearing is held, if the court finds that the evidence proposed to be offered regarding the sexual conduct of the victim or witness is relevant to a material issue to the case, the court shall order that evidence may be introduced and prescribe the nature of the evidence or questions to be permitted. The moving party may then offer evidence pursuant to the order of the court.

(f) All motions and supporting documents filed pursuant to this section shall be filed under seal and may be unsealed only if the court rules the evidence is admissible and the case proceeds to trial. If the court determines that only part of the evidence contained in the motion is admissible, only that portion of the motions and supporting documents pertaining to the admissible portion may be unsealed.

(g) The court shall seal all court transcripts, tape recordings, and records of proceedings, other than minute orders, of a hearing held pursuant to this section. The court may unseal the transcripts, tape recordings, and records only if the court rules and evidence is admissible and the case proceeds to trial. If the court determines that only part of the evidence is admissible, only the portion of the hearing pertaining to the admissible evidence may be unsealed.

(3) (a) In a criminal prosecution including an offense described in subsection (2) of this section, the court may, at any time upon motion of the prosecution or on the court's own motion, issue a protective order pursuant to the Colorado rules of criminal procedure concerning disclosure of information relating to the victim or a witness. The court may punish a violation of a protective order by contempt of court.

(b) The victim who would be the subject of the protective order may object to the motion for a protective order.

Colorado Statute Regarding Stalking

18-3-601. Legislative declaration.

(1) The general assembly hereby finds and declares that:

(a) Stalking is a serious problem in this state and nationwide;

(b) Although stalking often involves persons who have had an intimate relationship with one another, it can also involve persons who have little or no past relationship;

(c) A stalker will often maintain strong, unshakable, and irrational emotional feelings for his or her victim, and may likewise believe that the victim either returns these feelings of affection or will do so if the stalker is persistent enough. Further, the stalker often maintains this belief, despite a trivial or nonexistent basis for it and despite rejection, lack of reciprocation, efforts to restrict or avoid the stalker, and other facts that conflict with this belief;

(d) A stalker may also develop jealousy and animosity for persons who are in relationships with the victim, including family members, employers and co-workers, and friends, perceiving them as obstacles or as threats to the stalker's own "relationship" with the victim;

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(e) Because stalking involves highly inappropriate intensity, persistence, and possessiveness, it entails great unpredictability and creates great stress and fear for the victim;

(f) Stalking involves severe intrusions on the victim's personal privacy and autonomy, with an immediate and long-lasting impact on quality of life as well as risks to security and safety of the victim and persons close to the victim, even in the absence of express threats of physical harm.

(2) The general assembly hereby recognizes the seriousness posed by stalking and adopts the provisions of this part 6 with the goal of encouraging and authorizing effective intervention before stalking can escalate into behavior that has even more serious consequences.

18-3-602. Stalking – penalty – definitions.

(1) A person commits stalking if directly, or indirectly through another person, such person knowingly:

(a) Makes a credible threat to another person and, in connection with such threat, repeatedly follows, approaches, contacts, or places under surveillance that person, a member of that person's immediate family, or someone with whom that person has or has had a continuing relationship; or

(b) Makes a credible threat to another person and, in connection with such threat, repeatedly makes any form of communication with that person, a member of that person's immediate family, or someone with whom that person has or has had a continuing relationship, regardless of whether a conversation ensues; or

(c) Repeatedly follows, approaches, contacts, places under surveillance, or makes any form of communication with another person, a member of that person's immediate family, or someone with whom that person has or has had a continuing relationship in a manner that would cause a reasonable person to suffer serious emotional distress and does cause that person, a member of that person's immediate family, or someone with whom that person has or has had a continuing relationship to suffer serious emotional distress. For purposes of this paragraph (c), a victim need not show that he or she received professional treatment or counseling to show that he or she suffered serious emotional distress.

(2) For the purposes of this part 6:

(a) Conduct "in connection with" a credible threat means acts which further, advance, promote, or have a continuity of purpose, and may occur before, during, or after the credible threat;

(b) "Credible threat" means a threat, physical action, or repeated conduct that would cause a reasonable person to be in fear for the person's safety or the safety of his or her immediate family or of someone with whom the person has or has had a continuing relationship. Such threat need not be directly expressed if the totality of the conduct would cause a reasonable person such fear.

(c) "Immediate family" includes the person's spouse and the person's parent, grandparent, sibling, or child; and

(d) "Repeated" or "repeatedly" means on more than one occasion.

(3) A person who commits stalking:

(a) Commits a class 5 felony for a first offense except as otherwise provided in subsection (5) of this section; or

(b) Commits a class 4 felony for a second or subsequent offense, if the offense occurs within seven years after the date of the prior offense for which the person was convicted.

(4) Stalking is an extraordinary risk crime that is subject to the modified presumptive range specified in section 18-1.3-401 (10).

(5) If, at the time of the offense, there was a temporary or permanent protection order, injunction, or condition of bond, probation, or parole or any other court order in effect against such person, prohibiting the behavior described in this section, such person commits a class 4 felony. In addition, when a violation under this section is committed in connection with a violation of a court order, including but not limited to any protection order or any order that sets forth the conditions of a bond, any sentence imposed for such violation pursuant to this subsection (5) shall run consecutively and not concurrently with any sentence imposed pursuant to section 18-6-803.5 and with any sentence imposed in a contempt proceeding for violation of the court order.

(6) Nothing in this section shall be construed to alter or diminish the inherent authority of the court to enforce its orders through civil or criminal contempt proceedings; however, before a criminal contempt proceeding is heard before the court, notice of the proceedings shall be provided to the district attorney for the judicial district of the court where the proceedings are to be heard and the district attorney for the judicial district in which the alleged acts of criminal contempt occurred. The district attorney for either district shall be allowed to appear and argue for the imposition of contempt sanctions.

(7) A peace officer shall have a duty to respond as soon as reasonably possible to a report of stalking and to cooperate with the alleged victim in investigating such report.

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