Support FOR Survivors

Training for Sexual Assault Counselors

CALCASA
CALIFORNIA COALITION
AGAINST SEXUAL ASSAULT

Support for Survivors

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Introduction

"Now it's your turn to do a role-play." As soon as these words were spoken, I froze inside with the fear of being put on the spot to demonstrate the skills I had learned in the last few weeks of crisis line training. I picked up the phone, which was connected to a box that magnified the conversation that I, the sexual assault victim counselor, would be having with the rape crisis center staff person, alias "the rape victim." My classmates surrounded me as we sat hunched on the floor, trying to simulate a crisis call with a sexual assault survivor. The air was a mixture of watchfulness, eagerness, and downright sympathy as our training group bonded in this rite of passage. Mentally compensating for the knots in my stomach and the dryness of my throat, I brought the phone to my ear and said, "Hi, this is Marybeth. I'm a counselor with the rape crisis center. How can I be of help?"

EIGHTEEN YEARS AGO, I joined the staff of a rape crisis center as a crisis counselor. Like hundreds of women across the country, I attended the forty-hour training unofficially certifying me to work directly with survivors of sexual assault. As a result of that training, I began taking crisis calls, providing in-person accompaniment and support, and advocating on behalf of sexual assault survivors through the criminal justice process. I not only learned from those who taught me, but joined the unbroken chain of those who taught the next group of women willing to learn, share, rage, cry, laugh, and dedicate themselves to working to end sexual violence. This is a group I hold in the highest esteem and am honored to be a part of.

The opportunity to put our knowledge about sexual violence and the people it harms into a manual came last year with grant money from the Victims of Crime Fund, administered by the California Office of Criminal Justice Planning. Finally, a chance to put into writing the collective wisdom and success culled from the past thirty years! Many of us struggling with the day-to-day realities of work within rape crisis centers have intended to put our sexual assault counselor training into a professional written format, but we were strapped for time and funding and our higher priority has always been to respond to the needs of survivors.

Integral to this manual is the spirit of oral history: myriad voices have contributed. The trainee manual was produced by a number of writers, each bringing his or her own knowledge and experience to the chapter. The manual is designed so that each rape crisis center can insert its own readings, protocols, policies, and procedures to personalize the manual to its community. We hope the manual remains a fluid, living document that continues to evolve. The facilitator's guide was written by Harriet Eckstein, who has an extended history working in rape crisis centers. She incorporated ideas and strategies currently used by many rape crisis center trainers, gathering information through her years of work in the movement and recently updating her knowledge via in-person and telephone contacts.

The manual also incorporates recent developments in intervention techniques that are effective in assisting survivors of sexual assault. Core concepts developed during the 1970s, such as rape trauma syndrome, have been refined numerous times over the past thirty years, yet most rape crisis centers have found it difficult to integrate these updates into

the practical application of services. To assist with achieving this, updated information and techniques are incorporated herein.

You, the reader, know full well that a manual of this magnitude takes considerable effort and thought. Without the participation of the many authors who took the time to write down their knowledge and the review committee who read and reread the sections to assist us in achieving a high level of applicability, accessibility, and accuracy, we would not have been able to produce such a high-quality product. We cannot thank them enough. There are also key staff people who went the distance to ensure the quality of the end result. For this, a special thanks goes to Nessy Thompson, Project Coordinator, and Susan Mooney, Rape Prevention Resource Center Director. Their approach to the project was one of collaboration with the rape crisis centers, integrating myriad approaches and viewpoints. Thanks also goes to the project's funder, the California Office of Criminal Justice Planning, particularly the Sexual Assault Division Chief, Linda Bowen, and to our OCJP Project Monitor, Lynette "Nurk" Franklin, for recognizing the need and being willing to fund this important project.

Rape crisis center staff and volunteers have the difficult challenge of balancing the needs of the survivors requesting services, their own need to take care of themselves in doing this work, and the need to keep abreast of trends and information in our field. More often than not, the latter task gets put to the side. It is all too common to have mounding hills of reading on our desks that we hope to get to one day. It is our wish that you do set aside a few hours on a regular basis to peruse this manual. While refreshing yourself on the basics, you can also upgrade your knowledge and learn ways to improve your agency's approach to services. Up-to-date information is as important to give to sexual assault survivors as the services themselves. And you may find that the skills, information, and techniques in this manual assist you in providing services in a more effective way. The sense of satisfaction you and the survivor share will make you glad you took the time to renew your knowledge base!

The sexual assault counselor training offered by rape crisis centers has evolved significantly since I attended my first "forty-hour training" eighteen years ago. That each rape crisis center's training is now certified and enables successful graduates to be sexual assault victim counselors with legislated confidentiality privileges is a testament to the many people who have dedicated their lives to combating sexual violence and increasing the rights of sexual assault victims. New rape crisis center staff and volunteers join our work each day to continue providing these lifesaving services. We trust this manual will serve to keep the seasoned and the new among us connected. At the same time, we see this as progress, as evidence of the new ideas and insights that develop as this very young but accomplished field evolves.

Marybeth Carter
Executive Director

About Support for Survivors

RAPE CRISIS CENTERS HAVE BEEN TRAINING sexual assault counselors for more than twenty-five years. And it is these counselors who provide support to survivors of sexual assault through 24-hour hotlines, counseling, support groups, and advocacy. Although the methods used by the anti-rape movement to support survivors have evolved over the years, at the core is still the belief that individual empowerment is the foundation for healing. Sexual assault counselor training provides both a transformative experience for individual counselors and the information and skills with which counselors will support survivors. The focus of the training is on empowering the individual counselor and, by extension, sexual assault survivors and their significant others.

Training is the foundation for rape crisis work and is a shared experience among all sexual assault counselors. Each training is tailored to the specific community being served and the life experiences of the participants; however, some information and training techniques are shared across all sexual assault counselor trainings. This information has been passed down from trainer to trainer and shared by word of mouth between rape crisis centers. The result is a fertile field of collective expertise about sexual violence and supporting its survivors.

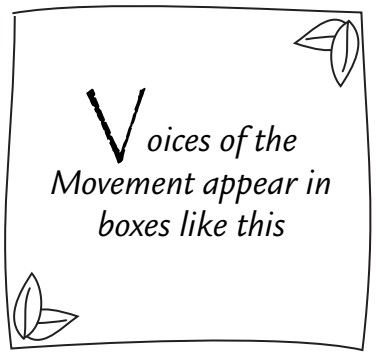
As the Rape Prevention Resource Center (RPRC) of the California Coalition Against Sexual Assault (CalCASA) embarked on the development of a model training manual, our goal was to honor this collective wisdom of the rape crisis movement while we provided consistent, accurate, and updated information. It is for this reason that our approach to the development of *Support for Survivors* was inclusive. At every stage of development we solicited input and ideas from rape crisis and allied fields. The result is a collection of ideas and information from people actually "doing the work," which we believe creates a more accessible final product.

How to Use This Manual

Support for Survivors and the *Facilitator's Guide* are designed to be the foundation upon which to develop a sexual assault counselor training. Because each training should be tailored to the needs of the participants and the community they will be serving, this manual is not a textbook to be used on its own. Rape crisis centers will need to customize both the manual and their facilitation techniques for specific training classes, their agency's programs, and their community's needs. For example, rape crisis centers will need to train their volunteers on their agency policies and philosophy, the medical and legal procedures in their community, issues specific to the populations they serve, and updated information as it becomes available. *Support for Survivors* has been designed to be photocopied by rape crisis centers, combined with additional information, and distributed to sexual assault counselor trainees for reading during the training period and for reference thereafter. The *Facilitator's Guide* is intended to be referred to by rape crisis center staff, combined with existing training outlines and information, and handed down from trainer to trainer. Our goal is for these to be both lasting and living documents.

Unique Features

Our attempt was to make *Support for Survivors* a tool for learning and an ongoing reference for counselors and counselor trainers, and we incorporated some ideas and elements to that end.



Voices of the movement. Our goal in developing *Support for Survivors* was to draw upon the expertise of the rape crisis field to give counselors-in-training a full understanding of the challenges and rewards of rape crisis work. As part of this process, we solicited "words of wisdom" from those people doing the work: sexual assault counselors and counselor trainers in rape crisis centers throughout California. We distributed a survey to rape crisis centers and received a hearty response. Sexual assault counselors answered questions such as, If you could give one piece of advice to a new sexual assault counselor, what would it be? What is challenging about sexual assault work? How do you deal with it? What do you think is most rewarding about this work? What should sexual assault counselors always keep in mind as they are doing this work? If you could give one piece of advice to a sexual assault counselor trainer, what would it be? The responses we received are incorporated throughout *Support for Survivors* as inspiration and insight.

Considerations for counselors. Throughout the development process we attempted to balance ideology and social context with specific how-to information for counselors to use with survivors and significant others. Therefore, at points throughout the manual we identified how the broader ideas relate to the reality of sexual assault counselor work. We have labeled these places "Considerations for Counselors." You will note there is an icon in the margin to designate where specific sexual assault counselor information is detailed.

Definitions. Selected vocabulary words used by authors have been defined at the back of some chapters. These words are bolded in the text of the chapter.

Note on language. The language we use to discuss sexual assault and rape frames our analysis for these complex issues. At the same time, rape is not typically discussed openly in the United States. And, in fact, in some cultures and languages there is no word for rape. Therefore, as we planned for the development of *Support for Survivors,* we attempted to be deliberate and consistent about word choices. We made the following specific decisions:

- **Female pronoun**. Although we recognize that both men and women are survivors of rape and sexual assault, we know that approximately 90 percent[1] of all survivors are women. Therefore, when referring to individual survivors, we used the female pronoun.
- **Survivor**. Different disciplines use the words *victim, victim/survivor,* and *survivor* when referring to people who have been sexually assaulted. For some, healing from sexual assault is a gradual transformation from victim to survivor as the person goes through the healing process. Because all who have been sexually assaulted and have lived to tell about it have survived, we use *survivor* throughout this manual to honor their strength and healing potential.
- **Sexual assault counselor**. You will note as you read this manual that there are few references to rape crisis counselors. Although most sexual assault counselors do work in rape crisis centers, not all do. Therefore, we use *sexual assault counselor* to refer to someone who has successfully completed sexual assault counselor training, which in California is certified by the Governor's Office of Criminal Justice Planning.

[1] Lawrence A. Greenfield, *Sex Offenses and Offenders: An Analysis of Data on Rape and Sexual Assault* (Washington, D.C.: Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice, 1997).

Acknowledgments

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A special thanks goes to all those who have experienced sexual violence and have had the courage and strength to survive. Also, to all of the committed women who have dedicated their lives to ending sexual violence while supporting its survivors. You are our inspiration to continue this important work.

Contributors

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Council Panel on Violence Against Women. She is associate editor of *Violence and Victims* and is a member of the editorial board of several other journals. Her work has been widely discussed in the public media, and she has promoted better understanding of sexual assault issues through television and radio appearances.

Jamie Lee Evans is a thirty-two-year-old hapa lesbian feminist. She has worked at San Francisco Women Against Rape since 1993 and is also the founder and lead consultant for Breathing Fire Productions, a consulting firm that offers anti-oppression workshops for nonprofit organizations in the Bay Area and beyond. The depoliticization of anti-rape work is of concern to her: she believes that "the movement" should focus on establishing strategies that challenge rape culture versus developing administrative expertise. She lives in Oakland, California, with her partner of eight years, Lisa, and no cats.

Leslie F. Levy is an attorney in private practice in Oakland, California. She specializes in representing women and children in actions arising out of sexual assault, harassment, and exploitation in all areas other than employment. This includes sexual harassment in housing and education and abuse in professional relationships (for example, therapist–patient, clergy–parishioner). Ms. Levy teaches a law school course entitled "Civil Litigation Responses to Violence Against Women." She recently authored a chapter on tort causes of action in *Violence Against Women: Law and Litigation.*

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Baker–Nelson Mandela Center for Anti-Racist Education, a community-based resource center addressing issues of oppression. She is also a Ph.D. candidate in Sociology at the University of Michigan; her dissertation focuses on the experiences of Black women working in the anti-rape and battered women's movements. During 1995 and 1996, Janelle served as Lecturer at the University of Michigan and Eastern Michigan University. In this capacity she designed and taught a number of courses offered through the departments of Sociology, African and African American Studies, and Women Studies, including a course titled "Our Silence Will Not Protect Us: Black Women Confront Sexual and Domestic Violence." Janelle's writing, research, and community activism are rooted in recognizing how race, class, and gender operate as interconnected systems of oppression.

Thea Lee Woon was younger than ten when her mother told her that there was a war in Vietnam. She assumed her mother was joking and felt insulted; in her mind, war was something from a long time ago, from the medieval era, before we evolved into enlightened people. In many of the children's stories she grew up with in Asia, villains had a change of heart and apologized for their wrongdoing. These are things she remembers to keep her sense of justice and her faith in the human capacity for transformation. She is Korean and Japanese and works for Rape Trauma Services in San Mateo County, California.

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Preface

MARY P. KOSS

THERE ARE MYRIAD REASONS why individuals decide to become sexual assault counselors. Some of you have experienced sexual assault personally—either yourself or someone you know. Others of you want to make a difference in the lives of individuals. Still others want to work as part of a movement to end violence against women. Whatever your reason, your decision to be a sexual assault counselor is the first step in what for many people is a life-changing experience. There is no doubt that working to facilitate the recovery of rape survivors is heavy work. And I think you should be clear about the job you have accepted. But supporting survivors is also some of the most rewarding work you can do. Over the course of your experience as a sexual assault counselor, you will be exposed to the horrible things that human beings are capable of. You will also experience the incredible resiliency of the human spirit and the true meaning of the word *survivor.* The next few pages will begin to sketch out some of the challenges you might face in your work but also the tremendous rewards you may experience.

Challenges

Nancy Venable Raines, a rape survivor from California and poet by profession, has written eloquently about the impact of her rape (*After Silence: Rape and My Journey Back*, 1998). Some of the language she created will forever after frame my perceptions. She describes rape as an experience of "terrifying too-muchness" and provides this visual image of its impact:

> *Like a building fused by expert demolitionists to fall in upon itself, the inner self is reduced to rubble. It is the traumatized self that emerges from the dust, not like the Phoenix, the mythological bird that rose from its own ashes every five hundred years to live on as before, but more like an alien creature bearing little resemblance to the earlier one. It is a metamorphosis. Although the event is external, it is quickly incorporated into the mind, where it replicates itself, like a virus. There is no defense. And yet life goes on. But it is not the same life.*[1]

Especially in the beginning of your work, expect a mini version of the threat to your inner equilibrium that Raines describes. In the process of helping others rebuild their lives, yours too will be changed. Our empathy with survivors of rape means that we *will* share their pain. Rape affects not only the direct victim, but also touches family, friends, service providers, and the fabric of our society. It's terribly disillusioning and challenging to our core beliefs about the goodness of people and the fairness of the world to see the aftermath of sexual assault day in and day out and to learn about the scope and deleterious effects of rape on survivors. Rape can happen to good people, even those who avoid risk-taking and were following society's rules. Rape also targets people who have violated society's norms. The task of a rape advocate is not to sit in judgment. We help all survivors because no one, no matter what, deserved to be raped.

Frankly, you might have to work hard to resist giving in to victim blaming. It is very ingrained in our culture that you reap what you sow, providing frontline responders with a comforting explanation for why people were hurt, and by extension, how you can keep yourself safe. It is hard to give up the reassurance that comes from saying to yourself, "I would never be that dumb. Therefore, I will be safe from rape." And for those of you who are survivors, "If I had only . . ." or "Next time . . ." The alternative is so much more anxiety-provoking: rape can happen to anyone who encounters a sexually violent person under circumstances precluding aid or escape. Yet it is absolutely essential to build a capacity for nonjudgmental responses to survivors. Research shows that most survivors engage in self-blame, no matter what the circumstances of their rape. Sexual assault creates what Raines called "rape shame," and we can actually heighten that pain and do harm if we give in to victim-blaming rape myths.

The incidents that will probably be most personally threatening, however, are those involving people with whom we identify. It might be someone who lives in our neighborhood, participates in some of the same activities we do, has taken a self-defense class, or who had a seemingly healthy relationship. These cases strip away our illusions and flood us with feelings of powerlessness, vulnerability, and the forces of unmitigated evil. It is inevitable that training as a sexual assault advocate will reduce your own feelings of safety, heighten your sense of personal vulnerability to rape, and puncture some of your cherished illusions about life. It is important to remember that these changes are moving you away from beliefs that are comforting, if naive, toward a frame for life that is more realistic, mature, flexible, and likely to be personally beneficial in coping with the challenges that it brings you.

Besides threatening your worldview, another challenge might be that despite your work with rape survivors and prevention activities to reduce the frequency of sexual assault, new cases keep coming in the door. The most recent national surveys indicate no change whatsoever in the rates of rape among college students over the last fifteen years and the rates of rape identified among the general population are even greater than on campuses. But it's important to remember that rape is encouraged by a multitude of factors over which our prevention activities have little power, such as the value society accords women and all oppressed groups as reflected by their pay rates or representation at the upper ranks of business and government. These are important areas where other women's organizations whose primary agenda is advocacy for change in national public policy and law multiply our efforts. Furthermore, rape rates represent only one of many possible measures of our achievement as a social movement. There are many other indicators of our progress. These include achieving better laws governing the judicial processing of rape, expanding victim assistance resources, training and sensitizing members of other organizations who provide a first response to survivors, and educating the public on the myths and facts of rape so that individuals can be more supportive if someone they know is assaulted, more likely to seek services if they are victimized, and more qualified to render a jury verdict that is impartial and free from victim blaming.

Finally, a commitment to the welfare of rape survivors will inevitably bring you in contact with individuals and systems that seem to be set up to counter your efforts. You might experience feelings of anger, frustration, overload, and despair. Your trainers will share ideas for dealing with these emotions and describe strategies for taking care of yourself and your peers. You might work with some survivors who can be lacking in expressions of gratitude—if they are too traumatized to think beyond their own needs. But there is no doubt you will also work with survivors who express their gratitude, if not immediately then maybe when they are further along in their healing process. You will also learn to see the signs of a job well done and will feel the inner rewards of providing comfort and sanctuary, facilitating healing, and witnessing growth.

A History of Activism

Work within the rape crisis movement joins you to a history and tradition. Perhaps if you zoom in with a narrow, day-by-day focus, you see our progress as advancing slowly—one survivor at a time. But looking at the bigger picture over the years and decades reveals very substantial advances. Shortly, you will learn some of the milestones in the anti-rape movement. A good technique to envision how much progress had to be made to get to where we are now is a statement written by John Stuart Mill 130 years ago in his book *The Subjection of Women*. He sums up the treatment of women over recorded history by stating " . . . the vilest malefactor [evildoer] has some wretched woman tied to him, against whom he can commit any atrocity except killing her, and, if tolerably cautious, can do that without much danger of legal penalty." Two waves of political feminism and other allied social movements have brought women from the status described by Mill to what we enjoy today.

The first wave of feminism grew out of the July 1848 meeting in Seneca Falls, New York, that after many years of struggle and advocacy led to the passage of women's suffrage in 1920. After a resting period, the second wave of feminism began on the heels of the civil rights movement in the 1960s and built on these earlier gains. Among its other achievements, it reconceptualized rape as a way that men exert power over women, provided space for survivor voices, and gave birth to the anti-rape movement. Prior to this time, marital violence and sexual assault were attributed to environmental stress, poor education, or mental incompentency (1900–1930s), or to mental disorders in its victims such as failure to accept their femininity, frigidity, or masochism (1940–1950s). The following are brief highlights of the anti-rape movement's accomplishments:

1966—The National Organization of Women was established and later spawned the women's liberation movement, the anti-rape movement, and the battered women's movement.

1971—The first rape crisis centers were established in Washington, DC, and the Bay Area. Also, Susan Griffin published "Rape: An All-American Crime," which argues that fear of rape was part of women's everyday lives.

1974—By this date, sixty-one rape crisis centers were established in twenty-seven states and anti-rape projects were active in thirty-nine states. Also, Susan Brownmiller published *Against Our Will: Men, Women, and Rape,* defining rape as "a conscious process of intimidation by which all men keep all women in a state of fear."[2]

1978—National Center for the Prevention and Control of Rape was established by the federal government to support research and develop and evaluate sexual assault prevention programs. Also, the first husband currently living with his wife was tried for rape.

Late 1970s—Works by Angela Davis and others highlight the marginalization of women of color in the rape crisis movement.

1979—There was at least one rape crisis center in every state. Also, the term *marital rape* first appears in books by Diana Russell and Lenore Walker.

1982—The term *date rape* is introduced in a *Ms. Magazine's* article about Koss's studies of sexual violence on the college campus.

1984—Victims of Crime Act authorized yearly grants to states to assist and compensate crime victims.

1987—Every state in the U.S. had enacted some type of rape law reform expanding definitions of rape, eliminating the spousal exclusion from rape laws, removing the need for

corroborating evidence and proof of resistance, and introducing rape shield laws that at least partially protect survivors' past history from introduction as evidence. These changes were accompanied by changes in the criminal justice system, such as specialized sex crime units in police and prosecutor's offices. Also, the first national study on rape among college students was published, stimulating the growth of prevention education programs across the U.S.

1990—Omnibus Crime Control Act passed, requiring campuses to disclose crime statistics on an annual basis. In addition, a landmark study on the prevalence of sexual assault of gays and lesbians was published.

1992—*Rape in America,* the first nationally representative survey of rape prevalence outside of college campuses and independent of federal crime statistics, was published, indicating that 14 percent of American women had been raped. Also, the American Medical Association formally acknowledged the scope and medical relevance of male violence against women and published practice guidelines.

1994—The Violence Against Women Act was passed. It was the first federal legislation to directly address gender-based crimes. It increased federal penalties for rape, augmented the number of police and prosecutors working on violence against women, provided an additional civil rights remedy for rape by conceptualizing gender-motivated crimes as bias or hate crimes, created a program for college rape prevention, and provided resources for educating state and federal judges about rape, domestic violence, and gender bias.

1998—A new, nationally representative telephone survey funded by the U.S. Department of Justice, but independent from its crime statistics program, was released, indicating that 18 percent of American women have been raped at some point in their lives.

1999—The Centers for Disease Control and Prevention published a new national study of college women, which documents a 15 percent rape rate and concludes that since this rate is identical to the figure published by Koss and colleagues, there has been no change in rape rates over the past fifteen years.

Because of this very record of success, the anti-rape movement has also attracted more than its share of critics who view our rape prevalence numbers as inflated or hype, our services as already more extensive than the real magnitude of rape requires, and our agenda as driven by the objective to change the basic power relationship of men and women. Critics of our movement have no real constituency group. They write for their personal gain—to get on talk shows, to sell books, to have their fifteen seconds of infamy. They sense a controversy that they can foment, even if doing so requires distorting the facts. They know that controversy sells—especially if it is women fighting women! But ultimately they will move on to some other topic because they have no real commitment to the issue of rape and they have no group whose needs impel their efforts. The anti-rape movement derives its strength and persistence from the multitude of survivors, identified and hidden, who know the trauma of rape from their personal experiences and are willing to commit resources of time and money to sustain our efforts. Until rape is eradicated, our movement will continue.

While it is important to celebrate our successes, the anti-rape movement also needs continual revitalization. So for those of you new to the anti-rape movement, Welcome! We need your energy, commitment, and renewal. There are always new developments to work on and complacency is never wise. Consider these recent events:

1990—The National Center for the Prevention and Control of Rape was closed.

1992—The limited success of revised rape laws, evidentiary reform, and procedural changes by police and prosecutors in raising the number of rape convictions was documented and unfinished legal reforms identified.

1998—The federal portfolio for supporting research, education, and services for sexual assault was assumed under the "violence against women" rubric, causing rape to recede from awareness, and was transferred to the Department of Justice and the Centers for Disease Control and Prevention, where conceptual models are much less likely to emphasize social roles and power relationships as the perspective from which to explain rape.

Going Forward

When I joined the faculty of a medical school, I wondered if what I did was important in a context where people worked on life-threatening illnesses. Over the years I have changed my perceptions even as I continue to work to raise the awareness of others. For example, gender-based violence is high on the international health agenda. A 1993 study done for the World Bank shows that one in every five healthy years of life lost to women aged fifteen to forty-four in established market economies was attributed to rape or domestic assault. On a global basis, the health burden from gender-based victimization was comparable to that posed by other diseases or risk factors high on the world health agenda such as HIV, tuberculosis, sepsis during childbirth, and cardiovascular disease, and it exceeded the burden of all cancers combined.

Rape is also a significant human rights issue. In January 1993, the United Nations resolved that rape is a violation of the basic human rights that must be accorded to every citizen of the world (UN Resolution 48/104, December 1993). This declaration applies to the many guises in which rape appears globally, including genital contact as part of cultural rituals, child rapes occurring under the practice of arranged marriage, gynecological rapes (such as forced virginity examinations, rupture of the hymen, mutilation of the female genitalia, and induced abortions), sexual torture (sexual humiliation, threats, violence toward sexual organs, sexual assault as part of discipline or interrogation by state security forces), forced prostitution, sexual slavery, rape of refugees, and rape in war (including deliberate degradation of women to break the spirit of the male enemy, genocidal rape to destroy cultures and "cleanse" bloodlines, and raping women to death). Practices that support or maintain rape are considered cultural prejudice in the UN document. Rape in wartime has been forbidden by the Geneva conventions since 1949, but it has occurred in every war before and after that resolution. And even in wartime those who are raped are overwhelmingly women and girls, and the perpetrators are men.

There is no doubt that your work as sexual assault counselors will affect your life profoundly. You will constantly be reminded that rape occurs at home, at work, and in the community, in war and peace, here and everywhere, then and now. Working to eradicate it and to support survivors as they heal is about as righteous as work gets. Thank you for taking up the challenge.

Notes

1. Nancy Venable Raines, *After Silence: Rape and My Journey Back* (New York: Random House, 1998), 139.
2. Susan Brownmiller, *Against Our Will: Men, Women, and Rape* (New York: Fawcett Columbine, 1973), 5.

We are here to listen . . .
Not to work miracles.

We are here to help women discover what they are feeling . . .
Not to make feelings go away.

We are here to help a woman identify her options . . .
Not to decide for her what she should do.

We are here to discuss steps with a woman . . .
Not to take the steps for her.

We are here to help a woman discover her own strength . . .
Not to rescue her and leave her still vulnerable.

We are here to help a woman discover she can help herself . . .
Not to take responsibility for her.

We are here to provide support for change!

CAROL PARSONS
Used with permission of Wenatchee Rape Crisis
and Domestic Violence Center, Wenatchee, Washington

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Violence Against Women

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Violence Against Women

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Rape Myths

GILLIAN GREENSITE

THE MORE WE LEARN about rape, the more we realize how many of our attitudes about rape are based on **myths** rather than facts. Myths about rape are widespread and believed by men and women from all segments of society. How these myths originated and why they persist is connected to the history of **patriarchy** and sexism.

Myths about rape serve to direct attention away from **masculine violence**. They are similar to myths about other forms of **oppression**, such as **racism**, in that they encourage us to believe that how things are today is the natural order of things, that those who are raped either deserved their fate or enjoyed their fate, and that only certain types of people get raped, so most people can pretend it doesn't concern them. The myths serve to minimize the seriousness of rape and, by focusing on particular women in particular circumstances, to shift the blame away from those who commit the crime. Blame is focused on the behavior of those who were raped or on particular men, targeted often because of their race or social class.

Myths keep us from understanding that rape is connected to our accepted social values of **masculinity**, **femininity**, and **sexuality**—that rape is common in everyday interactions. Myths keep us from understanding that we can change these circumstances, that rape is not inevitable.

Myth: *Men rape women because that is men's nature and biological role.*

This myth says that men force women sexually because men can't control themselves, that men are subject to biological forces out of their control or that they are fulfilling evolutionary needs for survival of the species. This myth has widespread support and is even taught at the university level in some sociobiology courses.

Fact: *There are many societies in which men never rape women.*

We now know that rape is not universal. Men rape women in some societies and under particular conditions but not in all societies. This fact has been well documented by Peggy Reeves Sanday.[1] There are connections between a high rate of rape, the glorification of violence, the **objectification of women**, the encouragement of tough and aggressive behavior in men, and the prevalence of war. That the rate of rape is high in some societies and low or nonexistent in others suggests that it is behavior that can be encouraged or discouraged, depending on the values of the society and, in particular, the values connected to masculinity and femininity and the power relations between men and women. As Sanday notes, societies that regarded the roles of women and men as equal in status, even though different, were societies with little or no rape.

Myth: *Only certain types of women get raped. It could never happen to me.*

This myth suggests that those who are raped are promiscuous or have poor judgment. It implies that only young, attractive women are raped. It has racist and classist overtones.

It serves to prevent some women from dealing with the threat of rape, and it increases the self-blame for others. A rape survivor who believes this myth may have a harder time healing from her own rape.

Fact: *Any woman can be raped.*

Myth: *Men rape women because they are sexually aroused or have been deprived.*
Fact: *Men rape women to exert control and confirm their power.*

Women from the very young to the very elderly, women of all ethnicities, of all socioeconomic levels, and of all sexual orientations are raped. Although most studies show that the vast majority of rapes are committed against women under twenty-five years old, no woman is free from the threat of rape.[2] Women are raped because **misogynist** men take out their aggression on women in general. Women are not raped because they "put themselves in a dangerous situation," as is so frequently stated, or because they wore certain clothes, or because they followed a particular lifestyle. These aspects are highlighted only to further blame the victim and excuse the violent behavior of the aggressor.

Myth: *Men rape women because they are sexually aroused or have been sexually deprived.*

This myth is also widespread. It serves as an excuse for male aggression, especially in a society where women are portrayed as the ones responsible for male sexual arousal. Witness the phrase "she turned me on." It suggests that male sexual arousal is an uncontrollable urge that must be satisfied. It also suggests that a lack of access to sexual partners leaves no other choice but to rape.

Fact: *Men rape women to exert control and confirm their power.*

The motives for rape are complex and varied but often include hostility against women in general, the desire to feel and exert power and control, the desire to humiliate and degrade, and in some cases the desire to inflict pain. Most men who rape have available sexual partners at the same time they are raping other women.[3] As Dr. Nicholas Groth has shown in his studies of imprisoned rapists, the sexual component of rape is frequently serving nonsexual needs for power, domination, and control. Erection and ejaculation are frequently absent.[4] Men who rape usually regard women with contempt. They objectify women. They also regard with contempt any man who does not live up to the masculine ideal. These attitudes are constantly reinforced by the popular media. Video games, action films, advertising, teen magazines, and even the daily comic strips all contain strong messages reinforcing misogyny.

Even in those situations where sex rather than humiliation is the primary motive, the fact that the women's wishes to not have sex are completely ignored suggests that rape is always an expression of power and control.

Sexual arousal is a strong urge in males and females, but it is a controllable urge. The difference lies in whether people feel they have a right to take what they want by force or whether they respect the wishes and feelings of the other person. In a society in which objectification of women and hostility toward women is common, it is also common for men to ignore a woman's feelings and needs; they are basically not seeing her as a human being.

Myth: *Rapes are committed by strangers at night in dark alleys.*

This was most people's image of a typical rape until women started to share their experiences and research revealed that it was far more common for a woman to be raped by someone she knew than by a stranger. The problem with believing that rapes are committed by strangers is that it shields women from facing the reality of rape. It suggests that one can be safe by avoiding certain places at certain times, and that is a false sense of security. It limits women's freedom of movement. It also suggests that only those "types" of men who "frequent dark alleys" (the poor, the derelict) are rapists.

Fact: *Most rapes are committed by someone the woman knows and at any time of the day or night. Women are raped most commonly in their own homes.*

Most recent research documents that in approximately three out of four rapes, the survivors knew the person who raped them.[5] Women are often forced into sex by their husbands, boyfriends, and partners. Men rape women in broad daylight. Often the woman initially trusts the person who subsequently rapes her and welcomes him into her home or accepts an invitation to go to his house. She is then blamed for his actions and, sadly, often blames herself, especially if her prior understanding of rape was based more on myth than fact.

Myth: *Most rapes are committed by black men raping white women.*

This myth is based on racism. The combination of rape and racism has a long and grim history. From the Civil War into the twentieth century, thousands of African American men were lynched, often with the false charge of rape used to justify the violence. During the time of slavery, it was legal for white men to rape African American women.

Men who rape come from all races, all ethnicities, and all social classes.

Research about rape before and during the early 1970s concluded that rape was most often committed by males from lower socioeconomic levels, many of them men of color. This erroneous conclusion was reached because research was conducted mostly using prison populations, which were, and are, not an accurate indication of who rapes in society at large. In general, conviction rates for rape are very low. Moreover, it is very unlikely for a white male from secure economic circumstances to be convicted of any crime, particularly rape. Those who are convicted are most frequently those who are unable to afford good legal help and those who are singled out because of their race and/or class.

Fact: *Men who rape come from all races, all ethnicities, and all social classes.*

In the last two decades, researchers have studied rape in the general population, greatly expanding our knowledge beyond prison populations. Studies conclude that men usually rape women from their own race, ethnicity, and social class. Statistics from the U.S. Department of Justice confirm that 80–90 percent of all violent crimes against women are committed by someone of the same racial background.[6] The Department of Justice found no significant difference in the rate of rape and sexual assault among racial groups, although the rate of rape and sexual assault was higher among urban and low-income residents of all races.[7] When men rape women of other races and ethnicities, it is more often a white assailant raping a woman of color than a man of color raping a white woman.

Myth: *Men who rape are "psychos."*

Much of the early research and writing about rape viewed it as a rare occurrence committed by insane men. The media at the time reinforced this viewpoint with sketches of men who raped that emphasized crazed expressions and bizarre lifestyles. This myth gives a false sense of security because most rapes are committed by acquaintances. It limits our understanding of the causes of rape. It allows us to ignore the connections between "normal" aggressive masculinity and rape.

Fact: *Men who rape are mostly ordinary, everyday guys.*

Only a tiny percentage of men who rape would be considered clinically insane by standard psychiatric criteria. It is these cases that are often highlighted by the media. The vast majority of men who rape are indistinguishable from your friends. Some may even be your friends! The major difference between men who rape and men who don't rape is in their attitudes toward women. They believe that they have a right of sexual access to women whenever they please and therefore often don't view what they do as rape. They typically view women with contempt and sometimes deep hostility. Women are seen as

The knowledge that there is the possibility and evidence for change is powerful. What can be learned can be unlearned.

JENNIFER LEVINE, SANTA BARBARA RAPE CRISIS CENTER

manipulative and needing to be "put in their place." They believe the myths about rape. They have a firm belief in women's rightful place as dependent, passive, and "in the home." Women's liberation and gay/lesbian liberation are very threatening to them. They believe men's rightful role is to be in control, and they are often very jealous and controlling toward loved ones in their own lives. These attitudes are strongly reinforced by the popular media.

Myth: *Acquaintance rapes are not as serious as stranger rapes.*

This very common myth views acquaintance rape as more a matter of miscommunication than anything else—that if women would only speak up and make their needs clear, it would never happen; that women are hard to interpret, often changing their minds, making it confusing for a guy. This myth shows an ignorance of the legal definition of rape; it assumes that strangers are more violent than acquaintances. The myth reveals an ignorance of the source of the trauma of rape, which is the loss of control over one's body, mind, and spirit, regardless of whether the assailant is a stranger or an acquaintance.

Fact: *Acquaintance rape is as serious as rape by a stranger.*

Women who are raped by someone they know experience a similar degree of trauma to those raped by a stranger. Some specific feelings may be different, but not the severity of feeling. Acquaintance rape has nothing to do with miscommunication. It has everything to do with people believing they have a right to take what they want and an inability to see the other person as a human being. The law is quite specific about the definition of rape and other forms of sexual assault and draws no distinction between an attacker who is a stranger and an attacker who is an acquaintance. In order to fit the definition of rape, the person who rapes has to be aware that the other person does not want it to happen (against consent) and, knowing this, proceeds to use force, threaten force, or cause the other person to fear bodily harm, or proceeds to exploit a person who is incapable of resisting because of being asleep, having a disability, or having consumed too much alcohol or any other substance. That so many men see nothing wrong in doing this is a comment on their attitudes, not on the level of trauma of the rape.

Myth: *Women secretly want to be raped.*

This myth serves to place the blame for rape on women and excuse male aggression. It is reinforced by the media, which often show women melting with desire when, and only when, the male takes control or becomes aggressive. It is a standard theme in romance novels. It is a story woven from centuries of restrictions on female sexuality and stereotypes about what women want sexually. It confuses sex with rape.

Fact: *Women never desire rape.*

No woman has ever expressed a desire to be raped! The belief that women secretly want to be raped is another form of placing the blame on women and justifying aggressive masculine behavior. Do some women fantasize about being sexually dominated? Yes, but it is important not to confuse the fantasy of a passive sexual role with the reality of rape.

Because women have been conditioned and limited to having a passive sexual role, waiting for the other person to initiate sex, not appearing too eager for sex, following rather than leading, and reading romance novels that are full of these stories, it is not surprising that some women's sexual fantasies and sexual practices reflect these roles. The crucial difference between fantasizing about a sexual partner who takes control and the

Men rape women because they can get away with it. Women's dress and behavior are not the cause.

reality of rape is that a fantasy is totally within a person's control, whereas rape is totally out of a person's control. The trauma of rape is caused by the stripping away of control and the unwanted, forceful imposition of another person's will.

Myth: *Women provoke rape by the way they dress or the way they flirt.*

This myth suggests that men wouldn't even think about rape were it not for women acting sexy. It expresses the belief that it is up to women to draw sexual boundaries. It suggests that men can't (or shouldn't have to) control their sexual appetites. It justifies the use of violence as a result of sexual arousal. It confuses rape with sex.

Fact: *Men rape women because they can get away with it. Women's dress and behavior are not the cause.*

There is no correlation between who is raped and the clothes they are wearing or their flirtatious behavior at the time. Women of all ages are raped. They are usually going about their everyday activities or simply interacting with someone they know. Rape is an expression of power and control. A man might justify his raping by pointing to the woman's behavior, but that is an excuse rather than a reason. It is a cruel irony that women are socially encouraged to be sexually attractive and seductive and then, if they are raped, are blamed for the other person's violent act.

Myth: *Women lie about being raped or use it to get even with their boyfriends.*

This myth is another variation on the theme of blaming the victim. It serves to increase hostility and suspicion toward women. One can find isolated cases of a woman lying about being raped, but this is not the norm. And such cases should not be confused with rapes that are not prosecuted; a lack of evidence for the district attorney to proceed is not the same as a lack of truth.

Fact: *Women do not lie about being raped.*

Rape is the most underreported crime of all. Most keep it a private nightmare. Reporting a rape is especially difficult because very intimate details have to be shared. The medical exam for the purposes of collecting evidence is long and grueling. Even though many police departments and district attorney's offices have greatly improved their practices, many have not, and the woman may be subjected to further trauma from uninformed and insensitive professionals. Once she has reported to the police, she may be harassed and intimidated by the rapist's friends, both male and female. She is often accused of ruining his life and faces the fear and threat of retaliation. It is not a course of action taken lightly.

Myth: *Men can never be raped.*

The assumption in this myth is that men are always in control. Also part of it is the denial that comes with the fear heterosexual men feel about male-to-male sexual contact.

Fact: *Men can be and are sexually assaulted.*

According to U.S. Department of Justice statistics from 1997, an estimated 9 percent of rape survivors are male.[8] Their attackers are almost always other males. Sometimes the man who rapes another man is heterosexual and homophobic, and the rape is an expression of the contempt he feels for the other person, whom he views as not being sufficiently masculine in appearance and behavior. In other cases, the assailant is indiscriminate in his choice of a male or female victim. In all cases studied by Nicholas Groth and Ann Burgess, "the sexual assault was an act of retaliation, an expression of power, and an assertion of their strength and manhood."[9] The survivor in such sexual assaults is not necessarily, nor usually, gay.

Understanding the difference between the myths and the facts about rape is critical for anyone who aims to help support rape survivors as they put their lives back together.

There are different problems for men than for women after rape. Expectations around masculinity assume that rape is an impossibility. Gay men have particular fears about reporting, especially in conservative communities. It is important that male rape has been acknowledged. As more men are willing to talk about being raped and offer help to other male survivors, the trauma of the aftermath of rape for males will be eased.

Myth: *Women don't rape.*

The invisibility of lesbian relationships and the romantic myths about women's inherently gentle nature has made it difficult to accept the reality that women can force sex on their female partners or acquaintances. This myth also suggests that a woman could never sexually assault a male because of the difference in strength and power.

Fact: *Women are sometimes sexual aggressors.*

Much more attention is being given to same-**gender** rape than in past years. Accurate statistics are difficult to find, but as more research is done information should improve. Although all rape survivors have much in common, there are particular issues involved in women raping women that need careful attention. Often, in a relatively small lesbian community, privacy is difficult. Other people's reactions become a big issue. Heterosexist assumptions on the part of those in a position to help can also be a problem.

Women raping men is rare, but not unknown. Most situations reported involve a woman assailant in conjunction with a male assailant, a group of women targeting a male victim, or a woman exploiting a male's inability to resist because of too much alcohol or other conditions.

Note: The myths and facts about men being raped and about women being rapists do not include reference to the sexual abuse and/or molestation of children, which is a distinct issue.

Considerations for Counselors

Because we have grown up with myths, it is very important to learn the facts in order to be able to be sensitive to the feelings and needs of rape survivors. If you don't seriously examine within yourself the very common tendency to blame the victim, your judgmental attitude will creep into your choice of words or the tone in your voice.

It is also important to know that many rape survivors have **internalized** these myths. Healing is directly related to a survivor's understanding the difference between myth and fact about rape. As important as challenging your own myths about rape is recognizing the extent to which a survivor holds myths to be true. For example, if a survivor believes that only certain types of women get raped, rather than understanding that it could happen to any woman, her trauma will be intensified by her constant need to understand why it happened to her. Your knowledge of the myths and facts about rape and your ability to communicate the differences in a caring way will help a survivor in her healing.

Though rape is a universal trauma, people react to the trauma in different ways. Your sensitivity to the differing needs of survivors, depending on their ethnicity, class, sexual orientation, nationality, age, physical and mental abilities, and, in some cases, gender, will help in their healing. For example, it is important to be open to the possibility that the person who raped the survivor is female. In this case, assumptions about birth control would be inappropriate, cause the survivor to feel excluded, and undermine her trust in you. Issues around family involvement have different significance depending on the survivor's ethnicity. An older survivor may find it impossible to understand being raped if she believes it is a sexual act. Even the choice of words you use has great significance.

For example, many survivors who were raped by an acquaintance are deeply hurt when people label it "date rape" because they were not dating the person who raped them.

Understanding the difference between the myths and the facts about rape is critical for anyone who aims to help support rape survivors as they put their lives back together.

Definitions

Femininity. The qualities that a society believes to be characteristic of females.
Gender. Referring to biological sex differences, as in *male* and *female*.
Internalized. Believed to be true by a person.
Masculine violence. Term used instead of the term *male violence* in order to emphasize that the behavior is learned and socially conditioned rather than the biological result of male gender.[10]
Masculinity. The qualities that a society believes to be characteristic of males.
Misogynist. Describing someone who hates women.
Myths. As in made-up or fictitious stories. Not to be confused with the sense of *myth* as a means of passing on cultural heritage to future generations. The word *fiction* is an alternative for *myth*.
Objectification of women. The treating of women as not human, without feelings, as objects.
Oppression. The unjust, cruel use of power or authority by those in power to keep other groups of people from sharing power equally.
Patriarchy. A socioeconomic system whereby property and inheritance is passed down through the male line. Often used to describe any system of male domination and sometimes used interchangeably with *sexism*.
Racism. A system of domination against peoples of color.
Sexuality. The state or quality of being sexual.

Notes

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5 Lawrence A. Greenfield, *Sex Offenses and Offenders: An Analysis of Data on Rape and Sexual Assault* (Washington, DC: Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice, 1997).
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History of the Rape Crisis Movement

GILLIAN GREENSITE

OUR WILLINGNESS TO BECOME INVOLVED in the anti-rape movement deserves support and praise. Whatever particular reason drew you to this most important work, the results will not only help survivors in significant ways but will also give you a connection to the thousands of women and supportive men whose actions have formed a movement of people determined to confront and change the conditions that encourage and support a rape culture. A knowledge of the history of this movement will help you deal with the frequent frustrations and the ever-present outrage and will give you broader shoulders as you listen to and help relieve the trauma of those who have been raped. An awareness that you are part of a movement will connect you with a broader perspective and will challenge you to keep the movement alive.

The history of the rape crisis movement in the United States is also a history of the struggle of African American women against racism and sexism. During slavery, the rape of enslaved women by white men was common and legal. After slavery ended, sexual and physical violence, including murder, were used to terrorize and keep the Black population from gaining political or civil rights. The period of Reconstruction from 1865 to 1877, directly following the Civil War, when freed slaves were granted the right to vote and own property, was particularly violent. White mobs raped Black women and burned churches and homes. The Ku Klux Klan, founded in 1866 in Tennessee, was more organized. The Klan raped Black women, lynched Black men, and terrorized Black communities. Propaganda was spread that all Black men were potential rapists, all white women potential victims. The results and legacy of such hatred were vicious. Thousands of Black men were lynched between Emancipation and World War II, with the false charge of rape a common accusation. Rape laws made rape a capital offense only for a Black man found guilty of raping a white woman. The rape of a Black woman was not even considered a crime, even when it became officially illegal.[1]

Perhaps the first women in the United States to break the silence around rape were those African American women who testified before Congress following the Memphis Riot of May 1866, during which a number of Black women were gang-raped by a white mob. Their brave testimony has been well recorded.[2]

Sojourner Truth was the first woman to connect issues of Black oppression with women's oppression in her legendary declaration, "Ain't I a woman," in her speech at the Women's Rights Conference in Silver Lake, Indiana, challenging the lack of concern with Black issues by the white women present at the conference.

The earliest efforts to systematically confront and organize against rape began in the 1870s when African American women, most notably Ida B. Wells, took leadership roles in organizing anti-lynching campaigns. The courage of these women in the face of hatred and violence is profoundly inspiring. Their efforts led to the formation of the Black Women's Club movement in the late 1890s and laid the groundwork for the later establishment of a number of national organizations, such as the National Coalition Against

Domestic Violence. Although women continued individual acts of resistance throughout the first half of the twentieth century, the next wave of anti-rape activities began in the late 1960s and early 1970s on the heels of the civil rights and student movements.

The earliest rape crisis centers were established around 1972 in major cities and politically active towns such as Berkeley, Chicago, Boston, Philadelphia, and Washington, D.C.

The involvement of other women of color accelerated in the mid-1970s. Organizing efforts brought national attention to the imprisonment for murder of a number of women of color who defended themselves against the men who raped and assaulted them. The plight of Inez Garcia in 1974, Joanne Little in 1975, Yvonne Wanrow in 1976, and Dessie Woods in 1976, all victims of rape or assault who fought back, killed their assailants, and were imprisoned, brought the issue of rape into political organizations that had not historically focused on rape. Dessie Woods was eventually freed in 1981, after a long and difficult organizing effort.

The earliest rape crisis centers were established around 1972 in major cities and politically active towns such as Berkeley, Chicago, Boston, Philadelphia, and Washington, D.C. As more and more women began sharing their experiences of rape in consciousness-raising groups, breaking the silence that had kept women from avenues of support as well as from seeing the broader political nature of rape, a grassroots movement began to take shape. The establishment of rape crisis centers by rape survivors brought large numbers of middle-class white women into political activism. Although women of color were still involved, their visibility and efforts were made largely invisible in the absence of critical attention to racism within the movement and by white women's taking the center stage. Gradually the rape crisis movement became to be and to be seen as a white women's movement.

During the latter half of the 1970s, with increasing frustration about the exclusion of women of color, a number of radical women of color and white women within the movement began arguing for and organizing for an anti-racist perspective and practice within the movement. Tensions increased and the dialogue was frequently bitter, but the groundwork was laid for confronting racism within the movement. These efforts are ongoing and need constant attention. The number of women of color in the movement grew visibly between 1976 and 1980. Women of color are now major figures and leaders within the movement, but the dominance of white women within the power structures of most rape crisis centers is still a reality.

The character of the early rape crisis centers was significantly different from that of their counterparts today. The early centers tended to be grassroots collectives of women, predominantly survivors of rape, which may or may not have had an actual building or center, with no outside funding, making decisions by consensus with no hierarchy or board of directors. Many saw their anti-rape work as political work, organizing for broader social change, increasingly making connections among issues of sexism, racism, classism, and homophobia. Many articulated a radical political perspective, which often unwittingly excluded all but younger white women who were neither mothers nor full-time workers.

Tactics to confront rape were often creative. Confrontations, in which a woman supported by her friends would confront and hold a man accountable in a public setting, were a feature of the more radical collectives. Description lists of men who raped were published, and there was general suspicion toward the police—well deserved in many cases. Self-defense classes began to be offered and "take back the night" marches organized. The first march was organized in San Francisco in 1978, bringing together 5,000 women from thirty states. A huge march followed in 1979 in New York. This heralded the beginning of an event that has spread across the country. Today, "take back the night" marches are organized in many communities and at most major universities in the United States as well as in other countries.

The 1980s saw the beginnings of anti-rape education spreading into universities and

The establishment of rape crisis centers across the nation is a testament to the hard work of countless women.

an increase in feminist academic research around the issue of rape. Myths about rape were seriously critiqued and the facts supported by a growing body of research. A clearer picture of the extent and seriousness of rape began to emerge. Heated debates centered on a need for sensitivity in our language and awareness of the politics of language, as illustrated by the successful effort to replace the word *victim* with *survivor*. The hard work of so many dedicated feminists, most of them survivors, began to bear fruit. An understanding of the reality of acquaintance rape grew. The extent and seriousness of child sexual abuse began to be uncovered. New laws were passed that attempted to better serve survivors; police departments were educated to improve their training and protocols; a few hospitals began to provide special examining rooms and trained nurse examiners.

Not everything was positive in the 1980s. The decade also saw a backlash against the reality of rape being exposed by the anti-rape movement. The media elevated to prominence those writers who challenged the research and statistics about acquaintance rape.[3] Funding for rape crisis centers became scarce. Meanwhile, many of the politically active radical feminists had graduated, disbanded, or been forced to find paid work. The movement became more fragmented. Many centers moved politically to the center to secure support and funding from established sources.

A look at the anti-rape movement of the 1990s and a comparison of writings from the late seventies to the late nineties reveal some significant changes. The dominance of a shared political analysis of rape and a strategy for social change has eroded. It still exists, but in fewer and fewer places. In some ways it has been absorbed. For example, many aware students and other women and men assume that rape is an act of power without its having to be spelled out for them. The changes in the anti-rape movement also reflect a decline in the radical politics of all social activism.

You are a part of this movement, and your voice is an important one.

The establishment of rape crisis centers across the nation is a testament to the hard work of countless women. The resources available to survivors from such centers is without question one of the most significant and tangible results of the anti-rape movement. As is common within all movements, the daily challenge of providing a critical service with limited resources makes maintaining a conscious political analysis very difficult. The existence of a national organization, the National Coalition Against Sexual Assault (NCASA), and a statewide coalition, the California Coalition Against Sexual Assault (CalCASA), from the early days has helped to keep a political edge and has provided critical resources and connections to often-struggling local programs and centers.

However, many within the movement feel there needs to be more discussion and debate at the local, state, and national levels around important political issues affecting the future direction of anti-rape work. Some examples of these issues that need careful analysis are the effects of the increasing state and federal legislation concerning rape; the redefinition of the issue of rape away from a political model toward a health model; the strategy for building a bigger movement toward the elimination of rape and the role of rape crisis centers within this effort; the impact of the growing number of males within the movement.

Considerations for Counselors

The history and current status of the movement may seem to have little relevance to the day-to-day work of a sexual assault counselor. However, all work takes place in a broader context. Your important contribution within your rape crisis center will not only help individual survivors, but will be a part of the collective effort to change society. Whenever you reassure a survivor that it was not her fault, that she was not raped because she failed to be careful or because she was drinking, you are expressing a political analysis in human terms. When you feel a connection to the African-American

women from the nineteenth century, you will feel a connection to a larger creative force than just your own, and you will find the strength to continue your work the next day. When you appreciate the courage and hard work of the rape survivors from the early seventies who laid the groundwork for what we today take for granted, you will be even more determined to keep moving forward. When you wonder if all this is helping to end rape, you are raising questions of political strategy. You are a part of this movement, and your voice is an important one.

Notes

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Rape Culture

GILLIAN GREENSITE

DESPITE MANY YEARS of activism and education about rape, a conservative estimate is that men rape a third of a million women each year in the United States.[1] This statistic suggests that larger forces than individual behavior are at work. This section explores how all aspects of our society work to create a rape culture. It covers the origins of men raping women, connects the rape of women with the **oppression** of all groups of people without power, and explores the many ways in which rape is encouraged, excused, and maintained throughout the whole fabric of society.

A conservative estimate is that men rape a third of a million women each year in the United States. This statistic suggests that larger forces than individual behavior are at work.

Studies in anthropology such as those described in *The Chalice and the Blade* by Riane Eisler suggest that there was a time in human history when men and women lived in harmony.[2] This social arrangement had its last expression in Minoan Crete approximately 3,500 to 5,000 years ago. From pieces of pottery and figurines, it is possible to conclude that this was a culture in which women were respected. Women participated in public life and seemed to have been strong physical equals to their male counterparts, as illustrated in *The Toreador Fresco*.[3] Nature and fertility were apparently sacred, as evidenced by the abundance of images of the Neolithic mother goddess. That their cities were built without walls and fortifications suggests no aggression and no war. The reasons for the disappearance of this and other similar civilizations have been lost in the mists of time. The significance of this prehistory is that it suggests that masculine violence toward women is not inevitable. It points to the fact that women are not biologically programmed to be second-class, passive, dependent, and concerned only with childbearing and child-rearing. It is a clear indication that masculine dominance and violence is a political-social arrangement, not a biological destiny. As R. W. Connell has noted, even in early societies that had all-male armies, such as Sumer and Egypt, there is a good deal of evidence of women's prestige and authority, with women owning property and engaging in trade. The myths of these societies depict active and powerful goddesses.[4]

Though the evidence is relatively sparse, the fact that there were periods of history in which women shared power far more equally with men, and in which violence against women was relatively rare, or at least harshly punished, gives hope for the future. What is current and destructive in gender relations can be changed.

Recorded history in the last 500 years is essentially the history of patriarchy and, in particular, the dominance of men of property and wealth. It is the history of empires controlled from western Europe. It is the history of the construction of the **ideology** of racism to justify the plundering of Africa and the enslavement of African people and eventually the domination of all **indigenous** peoples. It is a history of the division of peoples into rigid social and economic classes to ensure a concentration of wealth in the hands of the few and the enforced availability of cheap labor. It is a history in which women are reduced to the status of property, either their fathers' or their husbands', and their sexuality and reproductive capacities strictly controlled to ensure the passing of property to the male heirs. It is the history of the rise of the nation-state. It is the history of masculine violence against women.

This system of patriarchy, in stark contrast to earlier collective societies, relies on force and/or ideological control to maintain the status quo. People are encouraged to see this social arrangement as natural rather than political. First religion, and then science, reinforce the notion of the natural superiority of the male, particularly the white male, and the "proper" role of women as wife and mother, nurturer and caregiver. Meanwhile, very little status is given to the feminine role, while the masculine role is elevated in importance. Any dissent or threat to the "natural order" is met with violence, as in the persecution of gay men and lesbians, Jews, religious minorities, indigenous peoples and people of color in general, gypsies, witches, political dissidents, and artists—all of whom challenge the status quo.

We are exploring the oppression of women and its particular expression in the form of sexual assault. It is important to keep in mind that fundamentally all forms of oppression are connected.

Each form of oppression has its own particular history. Here, we are exploring the oppression of women and its particular expression in the form of sexual assault. It is important to keep in mind that fundamentally all forms of oppression are connected. Efforts to end any form of oppression will be met with resistance by those who are in control and who benefit from the subordination of others. Therefore, those who are working toward the liberation of people of color, the liberation of gays and lesbians, and the liberation of the working class should also be concerned with the liberation of women. Similarly, those of us who are confronting violence against women and working for the equality of women need to be concerned with other liberation struggles, especially because many women face multiple forms of oppression. We all share a common goal: the right to live our lives free from violence, contributing and sharing as equals with a concern for the well-being of all, including our precious natural environment.

We cannot say for certain when or where rape first became a common practice, except that it was many centuries ago. It is important to recall that throughout history rape has not been a practice in all societies. In trying to understand the complexities of rape and other forms of masculine violence, it is important to note under what conditions and social arrangements men raping women is a common practice and under what conditions and social practices it is absent or rare.

Rape tended to be a common practice historically where women were treated as the property of their fathers before marriage and the property of their husbands after marriage. As Napoleon Bonaparte once said, "Women are our property … they belong to us, just as a tree that bears fruit belongs to a gardener."[5] Women as male property became the norm as collective societies were gradually replaced by patriarchal societies, such as classical Greece and Rome. Patriarchy was an economic and social system of male domination, supported by the state, in which property was passed down through male heirs. Ensuring the identity of the male heir necessitated strict controls on women's sexuality. Adultery by women was punished by stoning to death. A woman's job was to ensure her chastity before marriage and protect her sexuality at all cost. Her fidelity and fertility to bear male children after marriage were all-important. If she failed in her task, for example, if she was raped and a virgin, the crime was seen as a crime against her father. Any damages or compensations for the crime went to him. The fact that a man might rape a woman was assumed. It was *her* actions to prevent this from happening that were closely examined. The guilt and self-blame felt by so many rape survivors has its historical beginnings here. The punishment for the rapist, if he was caught, would be to pay monetary damages to the father and to marry the daughter. Because she was no longer a virgin, she was worthless property and a burden on the family.

This scenario was, of course, most typical of the wealthy, property-owning classes. Peasants and serfs, slaves, and domestics were not regarded as fully human and were viewed as without morals. This is an attitude that persists today toward the working class with distinct racist overtones.

Meanwhile, wars were being fought to secure or defend territories and so males were encouraged to identify masculinity with violence and aggression. Raping the women (read, *property*) of the conquered lands became a common practice both to destroy the social fabric of the losing side and to display masculine aggression. For example, at least 200,000 Bengali women were raped by the conquering Pakistani army in the Bangladesh war of 1970, as revealed by brave women journalists at the time. The women who were raped were subsequently shunned by their communities because they were no longer virgins. Rape, sanctioned by the state, is the common practice in all wars.

The exploitation and oppression of women reflect women's second-class status, not only social but also political and economic. We cannot look at violence against women without considering all aspects of women's status. On a global level, women perform the vast majority of the world's work, receive a small percentage of the world's wages, and own a tiny fraction of the world's property. The labor of women of color, in particular in developing nations, is exploited by multinational corporations, and the trend toward a global division of labor will only increase this exploitation. On a political level, women hold very few significant political positions. On a social level, a rape culture reveals itself in all aspects of our lives: within families, in child-rearing, in schooling, in relationships, in the media. This reality can be very depressing. However, before we can change society we have to understand what is happening in society. There are always possibilities for hope and change for the better, even in the grimmest of circumstances. Who would have thought that the racist system of apartheid in South Africa would be dismantled in our lifetime?

Rape as a Form of Social Control

The vast majority of women admit to shaping and adjusting their activities around the fear of rape.

To be an equal in society, one needs to be able to go where one chooses, feel free to speak up when needed, be taken seriously by others, and be free from the fear of violence. Rape and the fear of rape are effective at keeping women from sharing the public world equally with men, an effective means of socially controlling women's lives. When women are asked if they tend to avoid certain activities, such as going for a walk at night, going on a solo camping trip, being in an all-male environment, or going alone to a club because at the back of their minds is the awareness of the possibility and the danger of rape, the vast majority admit to shaping and adjusting their activities around the fear of rape, even though they may not acknowledge it at the time. When men are asked the same question, the vast majority admit to never thinking about rape. To make matters worse, women routinely look to men for protection, frequently feeling safe only in the company of men. Golda Meier, past prime minister of Israel, called this the biggest protection racket in history! When the Israeli Parliament suggested a curfew for women following a rise in the incidence of rape, Prime Minister Meier sharply retorted that because it was men who were doing the raping, the curfew should be for men!

The psychological effects of this ever-present fear of rape for women are vastly understated. Lives are restricted, self-defense classes recommended, and girls warned to be careful without the source of the danger ever being fully acknowledged. We have all adjusted to a rape culture as though it were as natural as breathing.

This adjustment to a rape culture is reinforced by the myths about rape. The notion that men can't help themselves, "it's just biology," and that women are really the source of the problem, "she was dressed provocatively" or "she really wanted it," resign us to accepting lives limited by masculine violence. Despite the passing of centuries, the patriarchal view is that it is a woman's task to guard her sexuality. If she fails, well, she has failed in her feminine role. Of course, this role is reserved for middle-class white women. Working-class women and women of color are viewed as promiscuous and therefore not worthy of

It is easy to start looking at all men as the enemy. I try to remind myself not all men are the enemy. I appreciate the good men I know and talk with my friends and other advocates about this issue.

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COALITION TO END DOMESTIC
AND SEXUAL VIOLENCE

concern, an attitude that is reflected in a lack of response when they are raped. This arrangement serves to reinforce male power and privilege (more for some men than others) and white power and privilege. It ensures that women will look inward for explanations, in the form of self-blame, rather than outward, in the form of holding men accountable for their actions. This way of looking at the world is reflected and reinforced throughout all levels of the media, both classical and popular.

The Media and Rape

In a scene from what is considered a classic (read white, middle-class) romantic film, *Gone with the Wind,* released in 1939, Scarlett O'Hara at first strongly rejects Rhett Butler's sexual advances. In response to her rejection of him, he becomes aggressive and sweeps her up in his arms, easily overcoming her attempts to defend herself by beating on his chest (not a useful self-defense option; try lower down). She is shown struggling against him as he carries her up the long flight of stairs. The very next frame of the film depicts the next morning. Scarlett is waking up, stretching luxuriously under her satin sheets, apparently a sexually satisfied woman! The message is clear. Women will resist sexual advances, but the resistance isn't serious. Women really want a man to exert his power and strength, demonstrating that he is a "real man" so she can remain a virtuous woman. Her reputation depends on her not revealing her sexual desires until she is taken by force. Only then can she show her pleasure. Thus her innocence is guaranteed, his masculinity confirmed, and the gender relations kept intact. It is not always simply false innocence when a man accused of acquaintance rape exclaims he has done nothing wrong—not to excuse or justify such a response, only to try to understand the origins of such a response to know where changes need to be made.

Another good example of the same theme is a scene from a more recent film, 1985's *Year of the Dragon*. The tough male lead has just insulted the female lead on her class and race (she is upper-class Chinese American, he is working-class Irish American), after unsuccessfully trying to have sex with her. She slaps him hard, which leads him to (here we go again) sweep her up in his arms, throw her on the bed, and rip off her blouse. At this point she submits to his charms and responds to him sexually.

This theme is expressed in both English-language and Spanish-language soap operas, romance novels, modern films, fairy tales, songs, and poetry. We rarely notice the message, yet it is a very dangerous message. It encourages males to view aggression as desirable and desired, especially in sexual relations. It discourages females from expressing their sexual feelings and instead encourages them to pretend to not want sex when they really do. It encourages other females to have sex when they would rather not. In a society where sex is not openly talked about, those who follow this narrow script are highly likely to hurt and be hurt. Rape is the logical extension of encouraging male aggression and female passivity. It creates the conditions for rape to be far more frequent than it would otherwise be. Those who challenge this script are punished. Gays and lesbians are persecuted, sexually assertive women are labeled whores, gentle men and boys are ridiculed and rarely popular.

Gender Roles

Babies are channeled into their respective **gender roles** from the moment of birth. Many experiments in child psychology have demonstrated how differently we treat babies

according to their gender. The same newborn baby is handled firmly if the handlers think the baby is a boy and delicately if the handlers believe the baby is a girl. Baby boys are comforted less than baby girls if they cry. These two examples show how strongly gender expectations influence our behavior. From a very early age, common methods of child-rearing tend to encourage rough play, competition, and physical exertion for boys contrasted with cooperation, social skills, and passive play for girls. Not all parents and not all children fit this model. However, it is worth noting that many parents who are consciously trying to bring up their children to be less conforming complain that it is a losing battle. Despite their best efforts, the children seem to want to conform to their expected gender roles. Frustrated parents often begin to believe that these roles must be biological after all. This conclusion underestimates the strong influence of peer pressure, the media, and other social influences on individual behavior. Only when all children are raised without much regard for their gender will we be able to know how influence biology has on gender differences.

The mass media both reflect and powerfully reinforce gender roles.

In the meantime, you don't have to be a psychologist to observe how boys and girls are treated differently. Recall your own family. Think of the different freedoms your brother had. Who was warned to be careful not to hurt herself, not to get her dress dirty, to stay home and mind the younger children, to help with the dishes?

Ask any group of people to suggest words to describe *masculine* and *feminine*. Without hesitation, for *masculine,* both males and females will suggest *tough, strong, aggressive, bold, fearless, breadwinner.* Ask for words to describe masculine sexuality, and the suggestions are *in control, aggressive, unemotional*. Heterosexuality is always assumed. Many boys and men do not fit this image, but they are under extreme pressure from their peers, their families, their schools, and the media to conform. They are subject to ridicule and hostility when they don't.

For *femininity,* the words *weak, passive, emotional, dependent, nurturing, caring* are most commonly suggested. The words for female sexuality include *sexy, sex object, dependent, tease, passive,* and *emotional*. Again, heterosexuality is always assumed. Many women do not fit this role, but they are expected to conform. Women who step out of the traditional role may not be subjected to the same degree of violence as their male counterparts—**homophobia** from males is more directed toward other males—but they are often labeled "aggressive," "man-hating," "frigid," and "ugly." A man might rape a nonconforming woman to "put her in her place."

The mass media both reflect and powerfully reinforce gender roles. As sociologist Jean Kilbourne has so well expressed and demonstrated in her films about advertising and gender *Killing Us Softly* (1978) and *Still Killing Us Softly* (1987), "Human qualities which we all have and which we all need get divided up and labeled 'masculine' and 'feminine,' and then the feminine is consistently devalued. This causes men to devalue not only women, but all things that get labeled 'feminine' in themselves."[6] Aggression, power, and control are glamorized, glorified, and rewarded, while compassion, cooperation, and helping others are not. The heroes in action films are almost always male and almost always brave, dominant, and violent. Masculinity becomes identified with dominance, aggression, and lack of emotion. We reinforce these qualities every day. For example, many parents still disapprove of boys crying and expressing their fears. Boys are pressured to compete to win at all cost. We see these qualities as male rather than as a particular form of masculinity. If boys were encouraged to be cooperative and sensitive, how aggressive would most men be? This is a question we cannot really answer, because these qualities are not now encouraged. History suggests that it is possible to encourage a different form of masculinity, a nonviolent masculinity. The massacres in schoolyards at Littleton and Jonesboro, both committed by white, middle-class boys, have raised some questions about male socialization. Most of the attention, however,

has been directed at the issue of "youth violence," which misses the point. Girls are not doing the killing.

In order to ensure that males conform to the expected masculine role of dominance and aggression, the desired traits are encouraged, and the undesired traits are discouraged. One of the most effective ways to discourage undesired (meaning female) traits in males is by associating negative qualities to those traits. Males who show compassion and an inclination *not* to fight are called "pussies," "fags," or, the ultimate insult, "girl!" It is worth noting that females who are more masculine in their behavior (tomboys) are not subject to the same hostility, because the masculine traits are the admired ones, even in females. The media is one of the most powerful influences in making these gender roles appear normal. We don't even notice it unless a conscious effort is made to bring it to our attention.

THE MEDIA AND WOMEN

Contempt, hostility, and outright violence toward females can be found throughout the media, from cartoons, comic strips, soap operas and television in general, movies, advertising (perhaps the worst offender), novels, romance novels, children's books, historical and classical writings, music, music videos, video games, talk shows, computer games, and the Internet. Pornography is one example, but violent images are equally pervasive in mainstream media. The research of Ed Donnerstein has shed valuable light on U.S. society's fear of explicit sex yet fascination with explicit violence. A better understanding of a rape culture requires more research into this connection. An excellent start was made when Donnerstein used a scene from an R-rated movie, *The Tool Box Murders,* to illustrate the misogyny that abounds in these readily accessible films marketed for teenage audiences. He was permitted to show on television the explicit scene of the woman being murdered by the man's pumping her head full of nails from a nail gun. He was required to censor with a strip of black tape her nipples, which were just visible above the bubbles in the bathtub.[7]

> *If you judge the survivor in your heart, it will show up in your voice.*
>
> CHARLES HUFFORD, FAMILY SERVICES OF TULARE COUNTY

The media turn reality on its head. Women are the gender most often exploited, manipulated, raped, and violated by men. Yet one gets the impression from the media that men are the victims and women the ones in control. For example, a popular message in the media is the unsuspecting guy being manipulated by some scheming female who is taking him to the cleaners, financially and emotionally. A recent liquor ad in *Rolling Stone* magazine shows a heterosexual couple getting married. Around the man's neck is a noose, suggesting he is about to lose his freedom. The bride is in control, self-confident, dragging him to the altar. Other examples include the confused guy being cheated on; the nice, insecure guy being laughed at by the manipulative, more experienced female; the nerd with access to beautiful women (Mike Myers in *Austin Powers*); the nerd with access to no women.

The media are a platform for masculine insecurities about sex and relationships. The cause of their problems is always … female. Women's insecurities about sex, relationships, and financial matters are rarely shown. There are parallels here with the scapegoating of people of color for crime and immigrants and welfare recipients for economic problems. When a rare movie such as *In the Company of Men* (1998) explores male exploitation of women, it has great difficulty finding a distributor and has a very fleeting run in very few theaters. Even though it reflects reality rather than turning reality on its head, it is dismissed by many viewers as anti-male. Showing reality is threatening.

GENDER AND SEX

Gender relations are also maintained through our sexual norms. In a male-dominant, **heterosexist**, homophobic society, women are reduced to what men need them for: their

availability for sex. It is true for most of the entertainment media that the presence of a female indicates that a romantic or sexual liaison is about to take place. Plenty of women's flesh revealed, very little male flesh revealed, with pornography being the exception. Apart from that, there isn't much need to include a woman—unless you need a maid in an upper-class mansion, and then a mature African-American woman is needed; or perhaps an exotic foreign affair, and then an Asian woman might be needed. Latinas and Chicanas are never needed. Old women, women with disabilities, lesbians—forget it! The television show *Ellen*, as the exception, did not last long. It is true that there are examples in the media of changes for the better, but the overall picture is still largely as described.

In the United States, many view female sexuality through puritan eyes. The chaste woman is rewarded, the loose woman punished. We talk of good girls and bad girls, referring to their sexual behavior. This provides endless movie themes about male courage and heroism in saving the good girls from extraterrestrial monsters, gigantic apes, and mad scientists.

Because of this good girl–bad girl dichotomy, women have mixed feelings about sexual desires and guilt about having sexual desires. Some women resolve this ambivalence by giving a token no to sexual advances even when they want sex.[8] Some men resolved this ambivalence through hostility toward women. By scapegoating women for male sexual desires, men can be reassured of their own innocence in the whole messy business of sex. This scapegoating is best expressed in the common phrase, "She turned me on," rather than a more honest, "I am turned on." Teenage boys and girls feel that a boy has a right to rape a girl if she has "led him on." Timothy Beneke in his book *Men on Rape* has captured the essence of the hostility that gets associated with sexuality as revealed in our language. Our colloquial words for sex, which are of Middle English origin, such as *fuck, cunt, cock*, are also used when anger and hostility are aroused: for example, "Fuck you!" "You cunt!" "Cock-sucker!"[9]

To complicate matters even further, male sexuality is defined only as sexual intercourse, with penetration and ejaculation the goal. Everything else is secondary or at best a warm-up for the "real thing." The most public example of this is when President Clinton successfully argued that he had not had sex with "that woman" because they did not have intercourse. In a male-privileged society, this approach to sex leads to the expectation that both people are working toward the same goal, namely, his orgasm. Any sexual activity on the woman's part is assumed to be for that end. Once she has allowed any sexual touching, she is responsible for bringing it to its logical conclusion. Even a smile can be interpreted as a come-on under these expectations. Women have no sexual identity other than to please and serve the male, and very few sexual role models to provide alternatives. Sexually independent women are routinely punished in the media and in real life. Lesbian sexuality is invisible in mainstream culture.

The most important thing is to be as informed as possible, to treat every survivor as a unique individual, to listen to her needs and feelings, to not impose your own.

The difficulty of exploring these issues with a view toward social change is the tendency for males and females to interpret even stating the facts about rape as an attack on males rather than as a critique of masculinity. Thus we shy away from even putting a subject in the sentence "More than 300,000 females are raped each year" rather than "Males rape more than 300,000 females each year."

Why such hostility, contempt, exploitation, sexual **objectification**, dehumanization, and violence toward women are tolerated is a complex question to answer. But there is no doubt that they are tolerated, encouraged, and even celebrated. From all that has been described above, men raping huge numbers of women, with so few held accountable, becomes logical and explainable. However, the most important fact is that rape is not inevitable. There is progress, and there are many indications that far greater attention is being paid to this most serious of social issues than ever before. It is in the interest of both men and women to accelerate this movement. Understanding some of the complicated factors that comprise a rape culture is a critical starting point.[10]

Considerations for Counselors

An awareness of the rape culture and how it creates conditions for rape to flourish will help you help a survivor see her situation as not only a personal but also a political issue. This will help her feel less alone. For many survivors it is empowering. Obviously you will not give her a history lesson or a sociological lecture in the course of your interactions; however, your familiarity with these issues will influence your response and your choice of words and will influence how you see rape and rape survivors. Your basic sensitivity and compassion will come from being informed. For example, when you choose to say, "It was not your fault," it will be sincere, not just a phrase you have learned to use. Your understanding of how society sets women up to feel responsible for men's sexual violence can help reassure a survivor that she had no obligation to agree to intercourse just because they had been "fooling around." This will ease her self-blame. Knowing that rape is neither a biological nor a historical inevitability will help you find the words to give hope to a survivor who feels overwhelmed with despair. Perhaps the most important thing is to be as informed as possible, to treat every survivor as a unique individual, to listen to her needs and feelings, to not impose your own.

Definitions

Gender roles. The ways in which females and males are expected to behave; not to be confused with biological roles.

Heterosexist. The assumption that all natural sexual expression is male-female, reinforced by state, religion, family, and school.

Homophobia. The hatred of same-gender sexual relations.

Ideology. The doctrines, opinions, or ways of thinking of an individual or a class of people.

Indigenous. Native to a region.

Objectification. Turning someone into a thing. The process of dehumanizing someone.

Oppression. The unjust, cruel use of power or authority to keep other groups of people from sharing power equally.

Notes

1. Rand, *Criminal Victimization 1997: Changes 1996–97 with Trends 1993–97* (Washington, DC: U.S. Department of Justice, 1998).
2. Riane Eisler, *The Chalice and the Blade* (San Francisco, CA: HarperSanFrancisco, 1998).
3. Horst de la Croix and Richard G. Tansey, revs., *Gardner's Art Through the Ages*, 5th ed. (New York: Harcourt, Brace & World, 1970).
4. R. W. Connell, *Gender and Power: Society, the Person and Sexual Politics* (Stanford, CA: Stanford University Press, 1987).
5. Quote from "Adult Sexual Assault," *Journal of Social Issues* 48, no. 1 (1992).
6. Quote from Jean Kilbourne's film *Still Killing Us Softly*, Cambridge Documentary Films, 1987.
7. Edward Donnerstein, interview about Jeanne Le Page's film *Rethinking Rape,* 1985.
8. Charlene L. Muehlenhard and Lisa C. Hollabaugh, "Do Women Sometimes Say No When They Mean Yes? The Prevalence and Correlates of Women's Token Resistance to Sex," *Journal of Personality and Social Psychology* (1988).
9. Tim Beneke, *Men on Rape* (New York: St. Martin's Press, 1982).
10. A useful resource on the topic of rape culture is *Transforming a Rape Culture,* edited by Emilie Buchwald, Pamela Fletcher, and Martha Roth (Milkweed Editions, 1993).

Emerging Issues in the Rape Crisis Movement

GILLIAN GREENSITE

PERHAPS THE MOST SIGNIFICANT RECENT TREND in the anti-rape movement is the greater involvement of Congress in the issue of rape, sexual assault, and other forms of violence against women. This involvement has brought rape into the public arena in very significant ways. It has led to the provision of much-needed resources at the local, state, and national levels. As with all political work at the electoral level, there are both positive and negative aspects. Other recent trends that need to be discussed and carefully examined are the shift of the issue of rape from a political model to a health model; the defining of rape as a form of sexual harassment; the increasing **degendering** of our understanding of the causes of rape; the involvement of men in the movement; and our ability to debate all these and other critical issues of our time. Although few of these issues will affect your daily work with individual survivors at a rape crisis center, it is helpful to have as deep a knowledge as possible about the movement of which you are part. You have as much potential as anyone else to become active in this movement and help shape its future.

You have as much potential as anyone else to become active in this movement and help shape its future.

Legislation

In the 1980s, feminists active in the rape crisis movement in California put pressure on their local legislators to make long overdue changes in the law. Legislators began to recognize that rape was an electoral issue. In the early 1980s, there were efforts to ensure the passage of laws to protect survivors from unwarranted intrusion into their sexual histories: the rape shield laws. Also in the early 1980s, Senator Henry Mello proposed legislation to expand the definition of rape to include "duress" and to secure saliva samples from convicted sex offenders prior to their release from prison. This was passed, even though it was opposed by the (ACLU) American Civil Liberties Union. In the mid-1980s, California state legislator Tom Hayden proposed legislation to mandate education and resources for rape survivors at the university and state college level. Unfortunately the legislation included an exemption clause that allowed the University of California Regents to vote whether they wished to comply with this new law. They voted to exempt themselves. Had they been required to comply with the law, education about rape at the university level would have far more priority than it does today.

The Campus Sexual Assault Victims Bill of Rights was passed in the early 1990s, and the landmark Violence Against Women Act was passed by Congress in 1994. Much energy is being directed toward ensuring the passage of the Violence Against Women Act of 1999. If passed, it will provide further resources, research, and grants and will have far-reaching effects on resources for rape crisis center workers and on protecting vulnerable people from sexual abuse. As of this writing, President Clinton is supporting one of the act's provisions: extending the definition of hate crimes to cover gender crimes, which could include rape.

This new legislative activity is very important for activists in the anti-rape movement. It is important for activists to keep a critical eye on legislative action, however. Educational work and community organizing should not be neglected in the process. It is hoped that the new resources resulting from legislative action will strengthen all aspects of anti-rape work.

Most legislation has furthered the aims of the anti-rape movement by increasing resources for rape crisis centers, strengthening the law, and making the issue of rape more visible. Some legislation, however, is of questionable value for rape survivors. One example is the legislation authored by former Assemblyperson Jackie Speier, passed by the California Assembly, and signed into law by Governor Pete Wilson in 1994. Assembly Bill 1652, now part of the California Penal Code, sections 11160 and 11161, requires that all medical personnel (who are defined under section 11165.8 of the Penal Code) report by telephone and in writing to the police the name and circumstance of any person seeking medical help whom they reasonably suspect to be a victim of rape or any other felony, whether or not the person him- or herself wishes this to happen. The identity of the assailant, if known, must also be reported. Failure to report to the police is punishable by fine and/or imprisonment. The law does not require that the police respond in person to the health facility, which might somewhat ease a survivor's fears; however, not all medical personnel or individual police officers are aware of this fact, so mistakes can be made. This legislation may have been well intentioned, but as medical legal writers have pointed out, its main aim seems to have been to give law enforcement agencies greater access to information about criminal conduct. Many activists have observed that this legislation does not further the needs and rights of rape survivors to have control over decisions that affect their lives. For some survivors, it has been traumatic to discover that when they sought medical assistance the police were notified. Although it is probable that few survivors are aware of this legislation, which is in itself a problem, for those who are aware and who do not wish to involve the police, it probably serves to discourage them from seeking medical attention after rape.

Another piece of legislation that passed in the early 1990s without scrutiny or publicity was the raising of the age of sexual consent in California for boys from sixteen years to eighteen years of age, the same as it is for girls. The alternative would have been to lower the age of consent for girls to sixteen, which would have better reflected the age of sexual activity of both boys and girls. Although the intent may have been to protect young girls and boys from sexual predators, one effect is to criminalize consensual sexual behavior for those under eighteen. Forced sex, not consensual sex, should be the main concern of those involved in anti-rape legislation.

A recent trend affecting the future of the anti-rape movement is the increasing tendency to define rape as a health issue.

Rape as a Health Issue

A recent trend affecting the future of the anti-rape movement is the increasing tendency to define rape as a health issue, as more and more health educators add the issue of rape to their work of educating about health issues such as HIV and AOD (alcohol and other drugs) prevention. It is happening particularly at the university level. On the one hand, it is heartening that concern about rape is broadening and reaching new people. On the other hand, to define rape as a health issue presents some serious problems. One problem that has surfaced lies in the sharing of scarce resources. All of these important issues deserve more funding and more resources. A common practice is for educational institutions to feel they have done their job if they simply add rape to the already overloaded health education staff. Frequently these folks, through no fault of their own, do not have sufficient depth of knowledge in rape awareness. Sometimes the result is education that

Rape is one of the most complex social issues. An understanding of the causes of rape is crucial in order to develop a strategy for ending rape.

shows a lack of familiarity with the politics of rape and the needs of rape survivors. There is a tendency to unintentionally "blame the victim," particularly if alcohol was involved.

As is evident from historical and sociocultural analysis, rape is one of the most complex of social issues. An understanding of the causes of rape is crucial in order to develop a strategy for ending rape. It requires a sophisticated political analysis. This analysis has been developing since the time of Sojourner Truth and has involved the collective wisdom of many, many feminists. An analysis of rape is an analysis of power as connected to gender, race, and class. A medical model has the potential of reducing, not enhancing, our understanding of the complexities of rape.

In addition, there is the problem of rape as a health issue in its implications for survivors. Although excellent medical care is a vital option after rape, a rape survivor is not "sick" in the sense that someone with AIDS is sick. Healing from rape is not usually a medical question or even simply a mental health question. Furthermore, it has been observed that once rape is defined as a health issue, the word *rape* itself often gets lost. Instead, it gets subsumed under the more general, and less threatening, "health education." Keeping the visibility of the word *rape* is an important political act. *Rape* is the word for the crime against women that has been silenced and made invisible for centuries. We are fortunate to be living in a period of history when this silence has been broken. It is up to us to ensure that the word *rape* never again becomes invisible until rape no longer exists.

Rape as a Form of Sexual Harassment

Another recent trend is defining rape as a form of sexual harassment. It is true that, in a sexual harassment lawsuit, if the harasser also raped the victim, then the rape would be additional evidence of harassment. In this context, rape would be seen as a form of sexual harassment; however, this is a very specific legal context and is far different from defining rape in general as sexual harassment. The dangers in so doing have been well documented by Carol Bohmer and Andrea Parrot.[1]

There are some similarities between rape and sexual harassment and some very important differences. Both are primarily directed by men toward women; both involve abuse of power; both inflict harm. However, rape falls under criminal law: it is a felony. Sexual harassment falls under civil law; therefore, reporting to the police is not an option for those who have been sexually harassed. *Sexual harassment* was a term originated by Lynn Farley in 1973 to describe the unwanted sexual attention that many men in powerful positions used against their largely female subordinates in the workplace, later amended to include the school setting. *Rape,* by contrast, is a word that has deep roots in most societies. Many people feel that making *sexual harassment* the umbrella term, with *rape* being just one example, is inappropriate. Rape is not unwanted sexual attention; rape is an act of violence, with physical force or the threat of physical force usually involved. Forty-nine percent of rape victims describe being fearful of serious injury or even death during rape, according to the National Victim Center.[2]

This discussion is not to compare these two forms of oppression but to emphasize that each issue needs its own emphasis. To use the term *sexual harassment* as interchangeable with *rape* is to lead to the inevitable disappearance of the word *rape*. This has already happened on many university campuses. One way to check the significance of this issue is to imagine how a rape survivor would feel and react if one of your responses to her description of being raped was "You were not to blame for him sexually harassing you." *Harassment* is not a strong enough term to capture the trauma of rape.

Degendering the Issue of Rape

Another recent trend arises out of the important effort to be inclusive with regard to the gender and sexual orientation of rape survivors. Acknowledging that men can be raped and recognizing that rape is a reality in lesbian relationships is absolutely critical. Both male survivors and lesbian survivors of same-gender rape have been made invisible for too long. Our knowledge, sensitivity, and improvement of resources are long overdue. Problems arise only when the political understandings about rape that have been so carefully arrived at are discarded rather than enriched in the effort to be more inclusive. Some examples of this are the common statements "Men are raped as often as women" or "It's not gender, it's just behavior." It is not necessary to raise butch–femme stereotypes to include same-gender rape in an analysis of power in a world that equates masculinity with violence.

Men in the Movement

A very positive recent trend is the involvement of more men on the prevention educational side of the movement. It is to be hoped that some men will initiate more resources for male survivors just as women have done for women survivors. Even though individual men have been involved for decades, the numbers and visibility of male educators has grown enormously in recent years. This has brought new perspectives and new energy. There is no doubt that the education of males, which is one of our most important challenges for the next decade, will be better achieved with the inclusion of male educators. It is important not to assume that only males can reach males, nor that only peers can reach peers. The quality of the material and the skills of the educator are of primary importance. The best approach is to use all possibilities for education in different combinations and at different times. Although most men in the movement seem aware of sexism, it will be increasingly necessary to tackle issues of sexism within the movement as more men become involved. Some women who have devoted their lives to this movement with very few rewards are understandably irritated when lavish praise is bestowed on a male educator who is a relative newcomer.

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In order to deepen our understanding, sharpen our analysis, and refine our strategy for ending rape, we need a commitment to debate and discuss based on the best of feminist principles.

Debate Within the Movement

Rape is a very complex issue. Opinions, points of view, and personal experiences will differ. In order to deepen our understanding, sharpen our analysis, and refine our strategy for ending rape, we need a commitment to debate and discuss based on the best of feminist principles. Feminist principles include an open mind, a willingness to listen, an ability to disagree without dismissing or demeaning the other person, and the integrity to debate issues without distortion. Many have commented that in the anti-rape movement it is often difficult to discuss an issue in this spirit. The reactions to those who have raised questions that challenge the accepted wisdom are often harsh. To create a rape-free world, we must practice the values we envision: compassion, understanding, patience, and a respect for others.

Every person who volunteers to support those who have been raped, who works to educate, and who works to make rape a public issue is part of a strong movement. Each one of us, working together, can engage the challenges that confront us and build an even stronger movement for as long as it takes—until we return home to a world free from masculine violence and rape.

Definition

Degendering. Seeing the issue of rape as a form of violent behavior rather than behavior intrinsically linked to sexism, masculinity, and violence.

Notes

1. Carol Bohmer and Andrea Parrot, *Sexual Assault on Campus: The Problem and the Solution* (Lexington Books, 1993).
2. D. G. Kilpatrick, C. N. Edmunds, and A. Seymour, *Rape in America: A Report to the Nation* (Arlington, VA: National Victim Center, 1992).

An Exploration of Violence Against Women

REBECCA ROLFE

VIOLENCE HAS BEEN A TOPIC of considerable national attention throughout the 1990s. Most commonly the media spotlight and public debate has focused on crime rates, street violence, gangs, and guns. Occasionally there has been an incident of sexual or **domestic violence** that has made news headlines. Most often these headline incidents involve a perpetrator or survivor who is a "newsworthy" figure and/or a crime that fits the myths or stereotypical images of how **sexual assault** or domestic violence looks.

Mike Tyson's 1992 trial and conviction for rape is one example of an incident of violence against women that fits several stereotypes: that black men are more prone to violence, that men who grow up in poverty are more prone to violence, that boxers are more prone to violence, and that young "commercially attractive" women are raped. The report of both rape and trial were highly publicized, along with a lot of public "victim-blaming" speculation about why the woman he raped had agreed to be alone in a hotel room with him in the first place. Although Mike Tyson was ultimately convicted of rape, and the facts of this case do fit some stereotypes, it is important to recognize the difference between the stereotypes and reality.

Media coverage of violence against women creates two problematic dynamics. The first is that although stereotypes may reflect reality in some circumstances, as in the Tyson case, this does not make them true in all circumstances, or even generally true. The media's focus on instances of violence against women that reflect the stereotypes acts to reinforce the existing stereotypes and thus to keep the public ignorant of the real risks. The second is that by reporting in depth on a few instances of violence against women, the media subtly encourages a public perception that these forms of violence are in fact unusual or infrequent, when the opposite is true.

When we look beyond media coverage, statistics clearly reveal that the most prevalent types of violence are violent acts targeted at women. Examples of this violence include **sexual harassment**, sexual assault, murder, domestic violence, and rape. These forms of violence form a continuum grouped together under the umbrella term *violence against women.* Violence against women is distinguished from other forms of violence both by the type of violence and by the circumstances. For example, murders are committed against different victims and in different circumstances. A murder would be identified as violence against women if the victim's female gender were related to the circumstances of the crime or the crime itself. Examples of murders in which the victim's female gender is related to the crime includes murder as a part of pattern of domestic violence, murder as a part of a crime such as rape or sexual assault, or murder that involves statements or actions of "bias" such as the 1989 Montreal murders of fifteen female college students by a male student, who called his victims "fucking feminists."

Some forms of violence against women are defined as illegal and criminal (for example, murder, rape, and most forms of physical assault in a domestic relationship), some are unlawful under civil statutes (sexual harassment), and some may not be considered legally actionable at all (verbal abuse or catcalls on the street). Often these different forms of violence are interrelated or connected. Often women who are physically abused by their intimate partners are also sexually abused by these partners. Sometimes violence may start out as verbal sexual harassment and escalate to sexual assault or rape.

Sexual harassment, stalking, domestic violence, dating violence, rape, and murder form a continuum in which each form of violence is linked to the others by their root causes as well as by the effects they have on individuals and communities. The concept of violence against women is important to understand because of its impact on the lives of individual women, its impact on women as a class or group, and its impact on our communities as a whole.

The Continuum of Violence Against Women

Many of the individual types of violence on the continuum of violence against women are themselves broad and difficult to define. In addition, there are often differences in the ways you might define experiences of violence when working with a survivor in a counseling setting versus a legal advocacy setting. There are very specific legal definitions for most types of violence, which specify legal options; criminal justice and civil legal actions available to sexual assault survivors are not discussed here.

SEXUAL HARASSMENT

One of the most pervasive forms of violence is sexual harassment. *Sexual harassment* is an extremely broad term that can be informally defined as unwanted and unwelcome sexual behavior that interferes with your life, work, or education. This behavior can include verbal or physical acts as well as acts that affect you by creating an environment that is "hostile." The harassment can take place in many different contexts: on the streets, in public places, or in schools, workplaces, institutions, and so on. Sexual harassment can include actions such as sexual comments, physical contact such as someone brushing up against you, demands for sexual behavior from someone who is in a position of authority or power over you (for example, a boss or a teacher), and the creation of a hostile environment. A common example of a hostile environment is a workplace where pornography or sexually explicit images are posted, creating a difficult environment for women working there. Sexual harassment can often be confusing and difficult to identify, partially because it is so pervasive and because people often don't identify it as a form of violence. Often people identify a situation as one in which they feel uncomfortable or stressed without necessarily identifying it as hostile.

There are different legal remedies for sexual harassment based on the content and context of the harassment. Some forms of sexual harassment meet the definitions of crimes such as sexual battery or sexual assault, and criminal charges can be filed. Most incidents of sexual harassment are not legally crimes but may be actionable under civil statutes. The Equal Employment Opportunity Commission (EEOC) definition is listed in the definitions at the end of the chapter; however, sexual harassment is actionable under different statutes in different settings. This is an area where *case law,* or precedent established by actual legal cases, is changing rapidly. Because these statutes are extremely complex, it is strongly recommended that sexual assault counselors refer a client who is experiencing sexual harassment to an attorney who has experience in this area for advice.

DOMESTIC VIOLENCE

Domestic violence is informally defined as a pattern of violence that one partner in an intimate relationship uses to attempt to control the other partner. Violence usually develops in intimate relationships over a long period of time and may build from relatively mild forms of intimidation or control into increasingly overt forms of violence.

Isolation, emotional abuse, and financial control are methods that batterers use to begin to exert control over their partners.

Often domestic violence dynamics begin with one partner's attempts to control the other without physical violence. Isolation, emotional abuse, and financial control are methods that batterers use to begin to exert control over their partners. By isolating a partner from her friends, family, or outside sources of support, a batterer increases his control over his partner. Batterers also attempt to control their partners through limiting their access to financial resources, including bank accounts, cash, and independent income from a job. Emotional abuse often is used to break down the self-esteem and independence of an individual. Emotional abuse can include insults, belittling comments, blame for incidents that are not the person's fault, and telling the person that she's crazy.

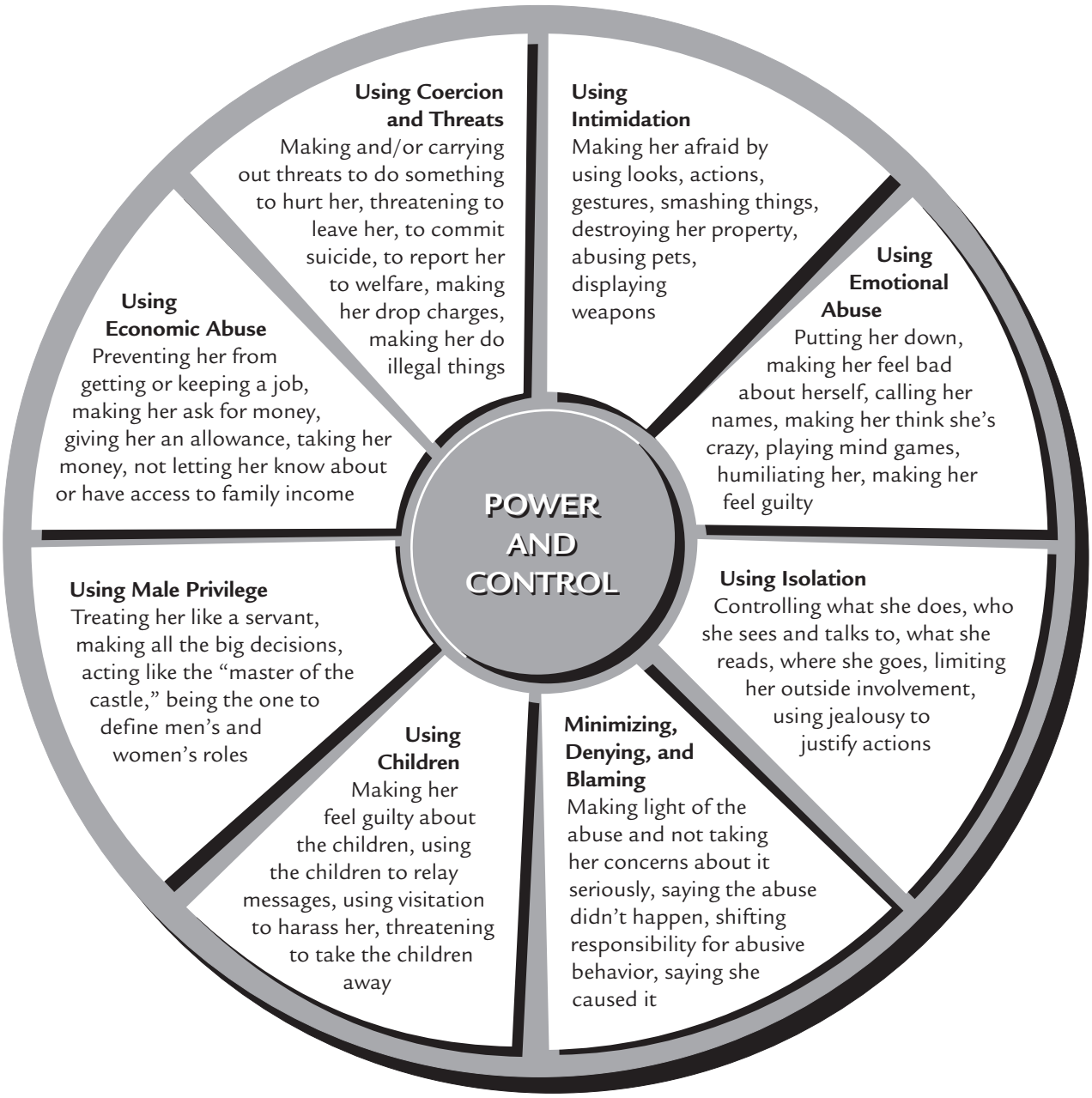
Often the pattern of attempts to intimidate and control begin very subtly and are difficult for individuals to identify. Dynamics of power and intimidation are usually well established through other means of control long before the first physical assault occurs. This long pattern of domination and control, which generally increases in severity over time, begins to "normalize" violence and lack of control as a part of everyday life for many victims of domestic violence. Emotional abuse over a long period of time reinforces **normalization** by encouraging victims of domestic violence to believe that it is their fault, that maybe they are crazy or at least unreasonable, and that they do not deserve help.

Control of women's sexuality is an important and symbolic way for men to control women, and it is not unusual for men to use sexual violence to control their partners. Sexual violence in intimate relationships can range from sexual coercion to marital or partner rape to forcing women into sexual acts with others. Battered women may agree to sex in order to avoid violence and/or agree to sexual interactions believing that it will help end the violence. It is very difficult for a battered partner to have full agency in defining how and under what circumstances she is willing to have sexual interactions with her partner or anyone else.

Domestic violence may ultimately include the use of physical force ranging from pushing, hitting, shoving, or slapping to beatings, sexual assaults, use of weapons, and ultimately to murder. Again, the physical violence usually escalates over time, starting with less extreme forms of violence and gradually becoming more extreme over time.

Early research on domestic violence identified a "cycle of violence" in intimate relationships, which includes several phases:[1]

- **Tension-building phase:** Tension and stress begin to build in the relationship, and relatively minor incidents of violence begin to occur. The battered partner attempts to appease the batterer, and other family members may also be involved in attempting to ease the tension. This phase can last for an extended period.
- **Explosion:** The batterer erupts with an acute incident of violence. This phase usually is relatively short, lasting from less than twenty-four hours to a week. Battered women often attempt to leave the relationship during this phase.
- **Honeymoon phase:** The violence and tension are expended and the batterer is often apologetic, warm, and/or loving. Excuses and/or apologies are offered for the violence, and the batterer frequently promises that it will never happen again. This phase generally lasts longer than the explosion phase but is shorter than the tension-building phase. The honeymoon phase gradually gives way to the tension-building phase, and the cycle begins again.



The cycle of violence can be as short as several days or as long as several years. This cycle can vary in the specifics but exists in most violent relationships. It usually begins with relatively minor forms of control and violence and escalates over time. As the cycles continue, the dynamics deepen and the battered partner becomes more isolated and dependent on the batterer. Generally, the violence becomes more extreme in each cycle, and the cycle itself may become shorter and shorter over time.

Violence also may escalate dramatically in response to circumstances, usually situations in which the batterer feels a loss of control. A striking example of this is that incidents and levels of violence frequently increase during a battered woman's pregnancy. Although the reasoning is complicated, many domestic violence experts see this as relat-

ed to the fact that the batterer believes he is losing physical and emotional control over his partner due to her pregnancy.

Many factors affect a survivor's ability to leave a violent relationship. External factors include financial dependence on the batterer, isolation from outside resources, lack of social support, ineffective systemic support (that is, problems with the criminal justice system, lack of shelter space), fear of losing her children, and fear of escalating violence from the batterer. In addition, internal factors may limit a survivor's ability to leave. Isolation and emotional abuse may have broken down a survivor's self-esteem and/or isolated her from outside sources of emotional support. Often the cycle of violence has come to be seen as a part of normal, everyday existence. Through this normalization, women in abusive relationships may come to believe that violence is an inherent part of any intimate relationship. Due to these factors as well as the long-term and complex dynamics in violent relationships, it is very difficult for women to leave such a relationship. The average battered woman makes eight attempts to leave her batterer before she is able to succeed.

It is very common for violence to escalate when battered partners attempt to leave a relationship. Many experts believe that battered women are at greatest risk of extreme physical violence during this time.

It is very common for violence to escalate when battered partners attempt to leave a relationship. Many experts believe that battered women are at greatest risk of extreme physical violence during this time. Batterers may resort to greater violence as their partners attempt to gain independence and/or show signs of leaving. It is not unusual for batterers to rape their partners at the end of a relationship—this may be to punish the woman for leaving, or it may represent an attempt to reaffirm "ownership" over her. These dynamics connect to the historical context of rape as a sign of ownership over women. In extreme cases men may murder or attempt to murder women who leave them. These cases may also include the murder of children in the family and/or a murder-suicide in which the batterer kills his partner and then himself. Batterers who attempt to murder their partners often make statements indicating that "She can't live at all if she can't live with me."

DATING VIOLENCE

For a long time battered women's programs and rape crisis centers have identified the dynamics of violence against women in dating relationships. When these dating or intimate relationships are between adults, they tend to fall under the broad term *domestic violence* or *adult sexual assault*. What has become disturbingly clear in the last ten years is that these dynamics are common in teen dating relationships.

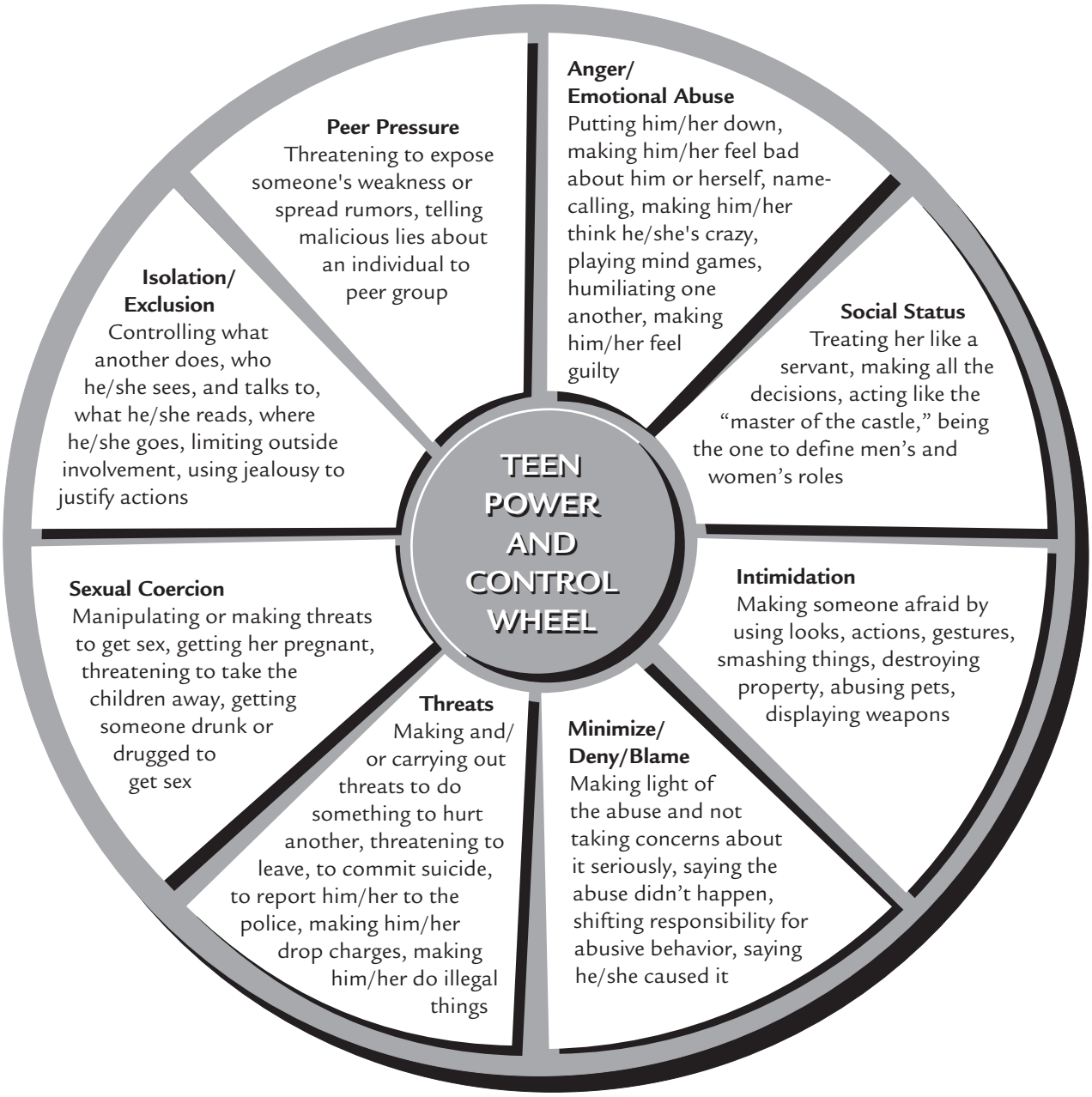
Teens are facing the same issues of power and control acted out in their dating and sexual relationships as adult women. The cycles of violence in teen relationships echo those in adult relationships. The experiences of teens who are sexually assaulted also mirror the experiences of adult women. The dynamics are different only in the teen's youth and relative lack of internal and external resources.

Teens are facing the same issues of power and control acted out in their dating and sexual relationships as adult women.

Teen dating violence is particularly disturbing because it demonstrates the ways in which violence is integrated into intimate relationships and patterns of intimacy. As teens experiment with dating and intimate relationships, they are also experimenting with experiences of violence which are then integrated into their understanding of, and experience with, relationships.

Frequently teens are even more isolated in their experiences of violence and may be unwilling or unable to disclose the violence to adults. Adults are often viewed by teens as inaccessible or unable to understand what the teen is experiencing. When the violence is disclosed to peers, these teen peers often lack the resources to effectively intervene. Many rape crisis centers are training teen peer educators to work in the schools. These peer programs can be more effective in helping teens to talk about what is happening in their relationships, access existing resources, and find effective intervention.

In many cases teens involved in teen dating relationships have experienced violence in their homes. Although many children who grow up in violent homes do not become vio-



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lent as adults, studies reveal that most adult perpetrators of violence against women (batterers and rapists) experienced or witnessed violence as a child. Similarly, many battered women first experienced domestic violence by witnessing it in their parents' relationships.

SEXUAL VIOLENCE

Sexual violence includes child sexual assault, rape, attempted rape, and a wide range of actions loosely called sexual assault. Each of these types of violence also has a wide range of contexts, which affect the dynamics of the violence as well as the way in which the violence is experienced. The different contexts include sexual violence within families, including incest and marital or partner rape; violence between people who know each

It is important for sexual assault counselors to understand that violence also exists within same-sex relationships and generally follows the same dynamics as in heterosexual relationships.

other, including date and acquaintance rape or assault and sexual harassment; and violence between strangers, which is the least common form of sexual violence.

VIOLENCE IN SAME-SEX RELATIONSHIPS

This chapter has addressed different forms of violence, including sexual harassment, domestic violence, dating violence, sexual assault, and rape, within the context of violence within heterosexual communities—or men committing violence against women. It is important for sexual assault counselors to understand that violence also exists within same-sex relationships and generally follows the same dynamics as in heterosexual relationships.

Although the violence in same-sex relationships may follow the same dynamics, several issues are important to note. The first is that the violence may be more "invisible" to someone who experiences it in same-sex relationships. Most public education has been focused on addressing violence in heterosexual relationships, and this may make it harder for someone in a same-sex relationship to identify what is happening as "domestic violence" or "sexual assault." This in turn may make it less likely that the individual will seek assistance or intervention from resources in the community.

Homophobia adds to the difficulty survivors of same-sex violence may experience in seeking services. Many programs do not have specific training or information available to counselors about violence within same-sex relationships. Even if agencies have worked to be more accessible to gay, lesbian, and bisexual survivors, survivors of same-sex assault may not be aware of this and may have justifiable fears that programs will not be accessible or sensitive to their experiences. There may also be strong negative peer pressure in both small and large communities against survivors' disclosing violence within the community or relationship.

Finally, most systems have been set up to respond to violence committed by men against women and are unable to respond effectively to violence within same-sex relationships. As one example, a survivor of violence within a same-sex relationship may find that when she applies for a restraining order against her abusive partner, the judge either does not issue an order or issues a "mutual restraining order," which means that both people may be arrested if one violates the restraining order. This kind of order is less effective, and the survivor risks arrest if her partner violates the order.

Over the last fifteen years, gay, lesbian, and bisexual communities have been addressing issues of violence within their relationships and communities. In some areas there are specific programs established to address sexual violence and domestic violence in same-sex relationships. In most communities, people experiencing these forms of violence may be seeking services from existing, more general programs. Rape crisis programs must begin to effectively address violence within same-sex relationships and to review how our services and programs can better meet the needs of survivors of same-sex violence.

Violence against women affects every woman at some time in her life through threats or actual experiences of violence and through the limitations that fear of violence places on our lives.

Effect of Violence Against Women on Individuals

Violence against women affects every woman at some time in her life through threats or actual experiences of violence and through the limitations that fear of violence places on our lives. The ripple effect of this violence extends far beyond women into our homes, our families, our schools and workplaces, and into every level of our communities.

Some experiences of violence stand out for us as significant or even life-changing events. Often violence or threats of violence form an almost invisible thread that weaves in and out of our lives, quietly informing our day-to-day experiences and perceptions. The invisibility of violence against women stems in part from the pervasiveness of rape culture. Through media, culture, and socialization, violence is normalized, and we begin to see it as an inevitable part of life.

This is true not only for experiences on the "mild" end of the continuum, but also for experiences on the "extreme" end of the continuum. A woman being harassed on the streets is a daily occurrence—but rape, grave physical harm, or even murder of a woman by an intimate partner is also a daily reality. Unfortunately, even these extreme forms of violence are not deemed "newsworthy." Rape, murder, or domestic violence do not make the front-page news unless there are "extenuating circumstances," and in most major urban areas they are relegated to the metro or "police blotter" sections of the paper—if they are reported on at all. Yet every short one-column-inch article means that a woman's life was deeply affected, possibly even ended.

Violence in the media and in popular culture becomes normalized to the point that women see the experience of being controlled or even victimized as an organic part of being female. As each of us grows up, we are socialized with these cultural norms and myths about what it means to be female and male. As part of our coming into adulthood in this environment, we begin to internalize these norms, a process of coming to believe the norms are true about ourselves and the world around us. The normalization occurs on a societal level, and **internalization** is the individual experience of and adaptation to the societal norms. In this way the violence becomes invisible to us on both levels, societal and individual.

One example of this is the myth that women say no to sex but when forced really want it. This myth is prevalent in most forms of popular culture, including movies, video, literature, and music. It is also reflected in media coverage of rape and sexual assault. When we look at teen's attitudes, we find that many males believe that when women say no to sex they don't really mean it. Growing up in this culture and internalizing these norms, girls find it very difficult to determine how and under what circumstances they can participate in a sexual relationship. If they say no, will it be respected? If they want to have sex, should they say no anyway? If they say yes but are supposed to say no, what does that make them? Are they supposed to want to have sex at all? This is only one small example, yet it illustrates the difficulty girls have in developing a healthy sense of their own sexuality and the immense negative impact an experience of sexual violence can have.

In one survey 27 percent of women and 16 percent of men disclosed some form of sexual abuse when they were children.

Given the statistic that violence is happening in 25–50 percent of intimate relationships, many children are witnessing violence and/or violent dynamics in the home. Often the cycle of domestic violence draws children and other family members in, and children either witness the violence outright or are forced to participate in the dynamics in other ways. Again, this teaches children from an early age that violence is a "normal" part of relationships, that violence is part of the way intimate partners relate to each other.

Outside of witnessing violence in the home, children are often the targets of sexual abuse: in one survey 27 percent of women and 16 percent of men disclosed some form of sexual abuse when they were children. The median age for girls was 9.6 years, and the median age for boys was 9.9 years.[2] Most often the perpetrators of this abuse are adult men, usually someone well-known to the survivor—a family member, friend of the family, or other trusted adult.

The psychological impact of this abuse can be devastating and long lasting. Children are extremely vulnerable, especially to information given to them by a trusted adult, and adults who abuse children often work to gain children's trust. Children are frequently told that the abuse is a secret that must be shared between the child and the abuser. When abuse is discovered, the chaos that often follows is frequently experienced by the child as punishment for disclosing the abuse and/or punishment for "participating" in the abuse.

Some of the long-term impacts of child sexual abuse is to isolate survivors from others, to make them feel shame and guilt about the experience that was forced on them, to erode self-esteem and a sense of self-worth, and to create difficulty in trusting others not to create further hurt. Although it is important not to see survivors of abuse or sexual

assault as "damaged," it is also important to understand the effect that sexual abuse, particularly in childhood, can have on an individual's emotional, intellectual, and physical development.

For some women, violence becomes a rite of passage. "Hostile Hallways: The AAUW Study on Sexual Harassment in America's Schools" reveals that 86 percent of girls are being harassed in school. Of this 86 percent, 66 percent experienced sexual harassment "often" or "occasionally," and over half (51%) experienced the harassment starting in the seventh grade or earlier.[3]

Boys and girls are being socialized to believe that sexual violence or coercion is normal, that rape is at least sometimes the girl's fault, and that the consequences for rape are minimal to nonexistent.

By adolescence, teens have internalized disturbing beliefs and values about dating and intimate relationships. A 1995 study of eighth- and ninth-grade students shows the following:

- Eleven percent agreed that if a girl said no to sex she usually really meant yes
- Nearly 27 percent agreed that girls who get drunk at parties or on dates deserve whatever happens to them
- More than 46 percent felt that being raped was sometimes the victim's fault
- Forty percent agreed that girls who wear sexy clothes are asking to be raped
- More than 33 percent felt that they would not be arrested if they forced a dating partner to have sex
- More than 15 percent said that forcing your date to have sex is acceptable in some circumstances[4]

What is important to note is that both male and female teens held these beliefs. Boys and girls are being socialized to believe that sexual violence or coercion is normal, that rape is at least sometimes the girl's fault, and that the consequences for rape are minimal to nonexistent. These attitudes take root in teens' experiences. The same study reveals that 35.5 percent of dating eighth- and ninth-grade students reported being the victim of at least one nonsexual dating violence act; 10.7 percent reported being the victim of at least one act of sexual violence in a dating context. For many girls, rape or coerced sexual activity is their first sexual experience.

By the time they reach adulthood, many women have already directly experienced violence. Anecdotal evidence collected by rape crisis centers reveals that early experiences of violence appear to make adult women even more vulnerable to additional violence. High percentages of adult survivors of sexual assault or domestic violence grew up in violent homes and/or are survivors of child sexual assault or teen dating violence.

One of the most difficult effects of violence against women is the way in which it isolates women. Victim blaming is a widespread and pervasive cultural norm. It is still commonplace to hear questions about what a rape victim was wearing, what she was doing in a certain place, how much she had to drink, and "Why was she dating him after all?" People continue to question why battered women stay in relationships as if they were making a choice to be victimized rather than not seeing a clear choice to leave.

It is extremely difficult for women to disclose that they have been victims of violence, particularly if the perpetrator is someone they know or an intimate partner. A study conducted by the Ms. Foundation revealed that 42 percent of rape victims told no one about their assault.[5] When survivors do disclose the sexual assault, they frequently encounter victim-blaming attitudes, which are expressed directly or indirectly. It can take tremendous courage for a survivor to break her silence, even to contact an anonymous crisis line.

Self-blame and even guilt are very common reactions to sexual assault and other forms of violence. In struggling to understand what has happened to them and how

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they can prevent it in the future, many survivors of sexual assault seek to find the "mistake" they made so they can be sure never to make it again. This often leads to feelings of responsibility for making "bad choices" that led to the violence and therefore shame about "allowing something like this to happen to me." These feelings are common, even normal, responses to an experience of violence; however, they often act to increase the isolation of individual survivors.

The effect of this isolation is particularly troubling. When we look at the statistics, it becomes clear that violence or threats of violence affect every woman, creating a common experience. Yet the actual experience of violence isolates us from one another. Cultural norms and our internalization of these norms operate to increase our sense of self-blame, encouraging each of us to look inward for answers when the true answer lies outward. The responsibility for every woman's experience of victimization lies clearly in the hands of the abuser—the person who chose to initiate the violence. The larger answer of why violence against women happens at all lies in the interlocking systems of power imbalances that operate throughout our Western culture.

Causes and Effects of Violence Against Women

Violence against women affects and connects all women, as the statistics clearly show. Individual women internalize the widespread cultural norms about violence as well as their own experiences with violence. Given the heartbreaking and numbing statistics on the prevalence of violence as well as its tremendous impact on our lives, it is important to understand the root causes of violence as well as its effect on our communities.

It is important to remember that each woman is part of a bigger picture and that the big picture is part of each woman.

BRANDY GRYCEL, MOUNTAIN WOMEN'S RESOURCE CENTER

Violence against women grows out of, and is a symptom of, a power imbalance. In the United States, as in most cultures, there are profound power and privilege differentials between groups of people. In general, people are split into groups through which they have access to power or are restricted in their access to power. Membership in a particular group can come through birth (examples are gender, national origin, race/ethnicity) or through life experience (examples include education, marital status, parenthood). Some factors can change over time (age, health, and economic status), and some are static (race/ethnicity, national origin, gender at birth).

In general, groups have different access to power and privilege and this access or lack of access is institutionalized. Institutionalization means that some groups' access to power and privilege is supported by the various institutions in society: educational systems, media, government, legal (criminal and civil courts), and so on. These institutions work together to maintain the status quo and the relative positions of different groups.

As one example of this power differential, we can look at the power imbalance between men and women. Although this power imbalance can often be seen between individual men and women, it is most clear when men and women are seen as classes or groups. Using almost any indicator possible, men as a group have more power and access to resources than women: men achieve higher educational status, earn more money for comparable work, run more businesses and institutions, do a smaller percentage of household chores, talk more often and at greater length in casual and business conversation, spend less time in child-rearing activities, and hold a greater percentage of wealth. Although comparisons of individuals yield varying results, comparisons of male and female groups do not.

Many classes or groups of people fall into this power differential. It can be helpful to think about broad groups of people and how they have "institutional" access to power or are "institutionally" limited in their access to power.

ACCESS TO POWER	LIMITED ACCESS TO POWER
Men	Women
Adults	Children, youth, elders
White people	People of color
Middle-class and wealthy people	Low-income and poor people
Physically able people	People with physical disabilities
Formally educated people	People without a high school or college degree
Heterosexuals	Lesbians, gays, and bisexuals

Groups overlap and intersect in complex ways. All of us as individuals are members of many different groups, some of which increase our access to privilege and others that decrease our access to privilege. Each individual's experience is therefore unique and complex. This complexity is increased by the ways in which our experience of privilege becomes invisible to us. A good example of this is the way people who have good health and no physical disabilities take their health and physical ability for granted most of the time. Few able-bodied people appreciate that they can climb a flight of stairs, see a stoplight, listen to a radio, or use a restroom. These are all "common" experiences that most of us take for granted, but they are "privileges" that are everyday challenges for someone in a wheelchair or with limited vision or hearing.

Groups have different access to power and privilege and this access or lack of access is institutionalized.

An example can be helpful in illustrating how an individual's experience may be shaped by her inclusion in certain groups: an eighteen-year-old white female who grew up in a middle-class single-parent family has some access to privilege (middle-class and racial privilege) and some ways in which her access to power is limited (gender, age). As she moves through her life, she may gain privilege through attaining formal education, marrying a man, or increasing her economic class—or she may lose access to privilege through not graduating from high school or college, coming out as a lesbian, or developing a health problem or physical disability. Some factors will never change, including her racial privilege, which means that she is statistically less likely to be poor, will be unemployed for shorter periods, will be more likely to complete a formal education, and so on. Another factor that will probably not change is that she is female, which means that she is statistically more likely to be poor, a single parent, underemployed, and so on.

Therefore, each individual throughout his or her life may have different levels of access to privilege. Every individual person has his or her own unique experiences and equation of access or lack of access to power, but the imbalance between groups remains the same. Violence against women as an expression and a symptom of power imbalance also remains the same: all women are at risk of violence because of their gender.

These power differentials are not arbitrary or accidental. They exist within most cultures of the world and have varied little over time. Violence against women is both a result of this power imbalance and is used to maintain the power imbalance. Because of the power imbalance, women are seen as intrinsically less valuable then men.

Historically *less valuable* was meant literally: women had no value except as property of men. A review of the history of the legal system and rape makes it clear that women were seen as property and that sexual violation of women meant a violation against the property owner (father or husband). In the United States, slaves were considered property, and

white slave owners had the legal right to rape black women they owned as slaves. Today, this devaluation of women is more subtle but no less significant. It is no longer legally possible for men to "own" women; however, until less than twenty years ago men in the United States had the legal right to have sexual access to their wives at any time. Marital rape laws began to be enacted in the 1970s and 1980s that for the first time defined a married woman's legal right to refuse a sexual advance from her husband.

Although women now have more legal rights, social mores and conventions limit our actual actions and frequently define our experiences. In the "rape culture," popular media and culture support sexual violence. Through socialization, individuals internalize rape culture along with all the myths and stereotypes about women.

Sexual assault clearly illustrates the ways in which violence against women is a symptom of a power differential along gender lines: men commit 99 percent of rapes, and 91 percent of rapes are committed against women or girls.

For one example of internalized stereotypes, we can look at women's preoccupation with physical appearance. Many women's self-worth is strongly connected to their perception of their physical appearance. Women attempting to improve their physical appearance spend billions of dollars each year on hair, makeup, clothes, and so on. Plastic surgery has become commonplace for women with access to financial resources, and diet crazes come and go, with thousands of women participating in diet programs that put them at risk of developing serious health problems. As a group, women are socialized into an obsession with shaping our bodies into a different, more perfect mold. Very few of us are able to set aside the "commercially attractive" vision of how we "should" look and value and appreciate ourselves for the bodies and faces we were born to have. Even women who fit the "commercially attractive" ideal see themselves as flawed, needing to lose another ten pounds, reshape their nose, breasts, hips, lips, eyes, and so on. The socialization of women to be concerned with physical appearance is intense; billions of dollars are spent creating beauty myths and ideals, which we internalize from infancy into old age. This process of accepting and coming to believe socialization is called "internalizing" oppression, in this case, sexism, or oppression based on gender.

Sexual assault clearly illustrates the ways in which violence against women is a symptom of a power differential along gender lines: men commit 99 percent of rapes, and 91 percent of rapes are committed against women or girls.[6] Of the males who are victims of sexual assault, most are victimized because they are part of a disempowered group: the vast majority of them when they are children (often very young), as well as disproportionate numbers of men with physical or developmental disabilities, prison inmates, gay men, and so on. The violence is directed toward those people without power, those people who are seen as less valuable.

Within the category "women," power differential helps explain some additional statistics pointing to higher rates of violence directed toward marginalized groups of women. Homeless women, women with physical and/or developmental disabilities, and women working in the sex industry all are targeted for sexual violence at a statistically higher rate than women who are not in these marginalized groups. Although little research has been done on different rates of rape between different racial or ethnic groups in the United States, the information available shows significantly higher rates of violence targeted at women of color than at white women. Clearly some external circumstances place individuals at higher risk of sexual assault; what is more hidden is the way that interlocking systems of oppression create a system that places us all on a gender-based continuum of risk.

Violence against women therefore serves as a tool in maintaining or institutionalizing power differentials. Violence and the threat of violence work to keep us contained, "in our place." Sometimes this threat of violence is overt: a direct threat from a husband to his wife that if she does not have dinner ready when he comes home, she will "get what is coming to her." Sometimes this threat comes from the myths we have been raised with,

Sexual violence is used in other ways to maintain the power differential, including power imbalances based on racial privilege.

as illustrated by many women's discomfort in walking alone at night—in spite of the statistical fact that we are more likely to be raped in our home by someone we know than on the streets by a stranger. If we live our lives in fear, we are unlikely to be able to fully participate in the world around us and are therefore unable to focus on fundamentally changing the power differential.

Sexual violence is used in other ways to maintain the power differential, including power imbalances based on racial privilege. Historically, white slave owners forcibly raped thousands of Black women they "owned" as slaves while hundreds of innocent Black men were lynched for allegedly sexually assaulting white women from the late 1800s through recent history. White men used rape to oppress Black women and used false allegations of rape to murder Black men. These historical inequities find resonance today in the current "myth of the Black rapist" that falsely identifies Black men as more likely to rape than other men. The indisputable fact is that in the vast majority of rapes the perpetrator and the victim are of the same race, and when they are of different races, white men more often target women of color than the reverse. In spite of these facts, the myth lives on, both created by racism and working to maintain racism. White women live their lives in fear of the statistically unlikely possibility that they will be raped by a Black man, all the while uninformed of the statistical likelihood that they will be raped by someone they know: their husband, father, friend, date, boss, or neighbor. The myth acts to keep both people of color and women disempowered.

Considerations for Counselors

The impact of violence against women on individuals and communities is immense and far-reaching. The dynamics are complex, and because violence against women is both a symptom and a cause of oppression, untangling the complexity is difficult.

To work effectively with individual survivors, each of us must understand the underlying causes and effects of violence in the lives of women. Women as a class or group represent diversity on every possible level, including race; class; physical, mental, and emotional ability; sexual orientation; culture; ethnicity; religion; national origin; education; profession; family status. In seeking to work with survivors, it is important to remember that although violence against women connects all of us, an individual's actual experience of it is affected by all the ways each of us is unique and diverse. We cannot make assumptions about what happened to the survivors that we work with, about how they feel about what happened, and about what strategies they will use to deal with their experiences.

In addition, every counselor or advocate is affected by the ways in which we are diverse. Our common exposure to and risk of violence unites all women, but the ways in which each of us have grown and developed are unique, heavily affected by each of the larger groups or cultures of which we are a part. Although the socialization of each of us has been unique, we have all been socialized into cultures that actively support violence against women. Each of us has internalized norms and beliefs from these cultures that support violence against women. Each of us has her own relationship to violence and fear of violence that we have experienced in our lives.

By participating in training about violence against women, you are taking a critical and possibly life-changing step. Through the training you will gain crucial information and new perspectives on sexual assault and other forms of violence, learning new things about both yourself and the world around you. This is part of not only learning how to assist other women in dealing with their experiences of sexual violence, but also taking an important step toward creating social change. Through increasing our own understanding, learning how to help others, and beginning to untangle the complex systems

Although rape crisis work can be overwhelming, it can also be amazingly energizing.

that support sexual violence, we begin to work toward stopping sexual violence in our own lives and the world around us. Because this work resonates on a personal level as well as a community level, beginning counselors or advocates can often be overwhelmed. This overload comes from learning about new and sometimes confusing issues as well as dealing with the enormous pain and hurt inflicted on individual women through their experiences of violence.

Although rape crisis work can be overwhelming, it can also be amazingly energizing. It is important always to remember that survivors are incredibly strong, resilient people, that they have in fact survived extremely painful and often life-threatening experiences. By becoming a counselor or advocate, you have an opportunity to participate in the process of an individual's making a transition from a victim of violence to a survivor of violence. This process of survival, of reclaiming power and control, of regaining voice and community, of discovering the strength and depth to deal with experiences of sexual violence, is truly amazing. As a counselor, you do not have to have the answers; you only need to support people in this process and remember to always honor the strength of survivors.

As women, all of our lives have been affected by sexual assault and other forms of violence against women. For counselors who identify as survivors, this training and work with other survivors may bring up difficult personal feelings or emotions. It is important for everyone involved in the training to remember that it is OK to have emotional and other reactions to what you are learning about. It is critical to set aside time to take care of yourself in whatever ways feel helpful to you.

Every counselor deserves high praise for her decision to participate in this work and for her contribution not only to helping individuals, but also to working toward an end to violence. Please take a moment to appreciate yourself for your commitment, and then to appreciate those around you who form a community of resistance to violence against women.

Definitions

Domestic violence. A pattern of actual or threatened acts of physical, emotional, or sexual violence used by one partner in an intimate relationship to control the other.

Internalization. The process through which an individual comes to believe that external norms, myths, or stereotypes about themselves are in fact true.

Normalization. The process through which an individual is socialized to identify a set of circumstances as normal or "natural."

Sexual assault *(informal definition)*. Sexual acts that are conducted against someone's will by force or threat of force or in situations in which an individual is unable to give consent.

Sexual harassment *(informal definition)*. Unwanted and unwelcome sexual behavior that interferes with your life, work, or education. This behavior can include verbal or physical acts as well as acts that create a hostile environment.

Sexual harassment *(legal definition)*. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such an individual; or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive environment (EEOC).[7]

Please take a moment to appreciate yourself for your commitment, and then to appreciate those around you who form a community of resistance to violence against women.

Teen dating violence. A pattern of actual or threatened acts that physically, sexually, or verbally abuse a member of an unmarried couple in which one or both partners is between thirteen and twenty years old.[8]

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Sexual Assault

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Rape is Violence

There is no difference between being raped and being pushed down a flight of cement steps except that the wounds also bleed inside.

There is no difference between being raped and being run over by a truck except that afterwards men ask if you enjoyed it.

There is no difference between being raped and being bit on the ankle by a rattlesnake except that people ask you why your skirt was short and why you were alone anyhow.

There is no difference between being raped and going head first through a windshield except that afterward you are afraid not of cars but half the human race.

The rapist is your boyfriend's brother. He sits beside you in the movies eating popcorn. Rape fattens on the fantasies of the normal male like a maggot in garbage.

Fear of rape is a cold wind blowing all of the time on a woman's hunched back. Never to stroll alone on a sand road through pinewoods, never to climb a trail across a bald mountain without that aluminum in the mouth when I see a man climbing towards me.

Never to open the door to a knock without that razor just grazing the throat. The fear of the dark side of the hedges, the backseat of the car, the empty house, rattling the keys like a snake's warning. The fear of the smiling man in whose pocket is a knife waiting to glide its shark's length between my ribs. The fear of the smiling man in whose pocket is a knife. The fear of the serious man in whose fist is locked hatred.

All it takes to cast a rapist is to be able to see your body as a jackhammer, as blowtorch, as adding machine-gun. All it takes is hating that body, your own, your self, your muscle that softens to flab.

All it takes is to push what you hate, what you fear onto the soft alien flesh. To bucket out invincible as a tank armored with treads without senses to possess and punish in one act, to rip up pleasure, to murder those who dare live in the leafy flesh open to love.

Written by **MARGE PIERCY**

Rape and Sexual Assault

Contributions by
SAUDA BURCH AND VANESSA THOMPSON

As we begin this discussion of rape and sexual assault and its effects on survivors, stop for a moment and try to envision what the world would be like without sexual violence. Timothy Beneke, in his book *Men on Rape,* asks readers, "How would your life be different if rape were suddenly to end?"[1] As we begin to explore life without rape, we might also consider the impact of the threat of sexual assault on our daily lives. If there were no rape, would you go out at night more often? Would you walk in the park at dusk by yourself? Would you be more expressive with what you wear and say? Would you feel more free to look people in the eye as you walk down the street? Would you be more spontaneous? Of course, not all women and men experience the threat of sexual violence in the same way. But it is probable that all women have experienced male sexual aggression in some form or another: from catcalls on the street to gang rape in a fraternity house. By considering the entire continuum of violence against women and how it affects all of our lives, we might be better able to understand the experience of rape survivors.

Your ability to trust yourself and your knowledge while at the same time honoring each survivor's experience will enable you to fulfill the critical role of sexual assault counselor.

The purpose of this chapter is to explore the continuum of sexual violence against women—the forms it takes and its effect on the survivor. As a sexual assault counselor, you will hear survivor stories that may surprise you, upset you, and disturb you. It is important for you to be aware of the forms of sexual assault in order for you to truly hear the survivor's story. At the same time, the goal is not desensitization. Therefore, your challenge as a sexual assault counselor is to strike a balance between being aware enough not to recoil in fear from a survivor's story while at the same time hearing the significance of the individual's experience. Although we must never lose our outrage that rape exists, we must also support each survivor in her individual healing process.

In an attempt to prepare for your work with survivors of rape and sexual assault, you need to be aware of some common experiences of rape and its effects on survivors. The following information will lay a foundation on which you will build a more complete understanding of this issue over time and with experience. Although there are commonalities among survivors, each individual's experience and reaction to that experience is unique. Therefore, the information in this chapter is not meant to speak to the full range of issues you will encounter as a sexual assault counselor. Instead, the hope is that in reading this chapter you will begin to understand how social attitudes are connected to each survivor's reactions to victimization. Your ability to trust yourself and your knowledge while at the same time honoring each survivor's experience will enable you to fulfill the critical role of sexual assault counselor.

Types of Rape and Sexual Assault

As a sexual assault counselor, you benefit from more than twenty-five years of women talking about their experiences of assault and the resulting increased awareness about the forms of expression of male sexual violence. When the first rape crisis centers opened in the early 1970s, the common belief, even among those in the anti-rape movement, was

Rape is legally defined in California as an act of sexual intercourse, by any object, accomplished without consent or against a person's will by means of force, duress, coercion, menace, or fear of immediate and unlawful bodily injury.

that the primary experience of rape was rape by a stranger. But as women have continued to share their experiences of sexual violence, we have come to a more complex understanding of just how pervasive sexual assault is in our society. Consider that seven large-scale studies conducted between 1979 and 1990 have resulted in rape prevalence estimates in the range of 15 to 25 percent of the female population.[2] When you add to that all forms of sexual assault, such as harassment, exhibitionism, voyeurism, obscene phone calls, stalking, and fondling, one study found that 97.6 percent of women reported that they had personally experienced some form of sexual violation.[3]

Rape is legally defined in California as an act of sexual intercourse, by any object, accomplished without consent or against a person's will by means of force, duress, coercion, menace, or fear of immediate and unlawful bodily injury.[4] Sexual assault is a more general term that includes rape but also includes any kind of unwanted sexual contact. What follows are descriptions of the different forms of sexual assault and possible considerations for survivors of that type of assault. Although it is important for you to understand that sexual assault can take many forms, it is also important to remember that the loss of power and control is a common thread.

STRANGER RAPE

As discussed earlier, **stranger rape** was once believed to be the most common experience of rape. The myth of the man jumping out from behind a bush or a parked car is what most women have been conditioned to believe is their greatest threat of rape. In fact, one study found that only 22 percent of perpetrators are strangers to the victims.[5]

There is no set formula for rape by a stranger. It does not just happen to beautiful women, late at night, on deserted streets or in the woods. The unsettling reality of stranger rape is that it happens during the day and at night, to people from all different backgrounds, and in a variety of settings. What's difficult about this reality is that it means that no one can protect herself from being raped. Although you can avoid potentially dangerous situations and can be trained in self-defense techniques, you cannot conduct your life so as to guarantee you will not be raped.

Another misconception about stranger rape is that it is random, is perpetrated by "crazy" people, and is the result of uncontrollable sexual urges. In fact, interviews with convicted rapists have taught us that most rapes are planned. In some cases the rapist may have observed his victim for some time. In other cases, the rapist plans to rape at a particular time, and he chooses the first person he perceives to be vulnerable. Most perpetrators of stranger rape are just like the people we see on the street every day. Many have stable jobs, many have families, and most have access to consensual sex. All of this evidence supports the analysis that rape is an act of power and control, not a biological need for sexual gratification.

Considerations for Counselors

There are some specific issues that may arise for survivors of stranger rape. One such issue is a heightened sense of fear. If the rape happened in her home, the survivor may be afraid of returning there or of being alone. If the assault occurred on the street, she may avoid the area where the rape happened or the survivor may be fearful of going out at all. The seeming randomness of the assault may cause some survivors to become distrustful of all strangers, particularly those that remind her of the assailant. As long the perpetrator is not caught, the survivor may remain in an acute stage of crisis, fearing that the rapist will return and assault her again.

The survivor of stranger rape may also experience trauma and confusion because she compares her experience to the myths she has been taught about rape and how to avoid it. She may feel that she "should have known better." She might also torment herself with

"what if" scenarios about different ways she could have avoided the attack. Additionally, because she does not know the perpetrator and because it is commonly assumed that rapists are more likely to be diseased, she might also have increased concern about pregnancy, AIDS, and other sexually transmitted diseases.

ACQUAINTANCE AND DATE RAPE

Acquaintance rape is an umbrella term used to describe sexual assaults in which the survivor and the perpetrator are known to each other. The perpetrator might be a partner or husband, an ex-partner, coworker, or neighbor. He may be a friend, a doctor, a psychologist, health worker, religious leader, or family friend. The perpetrator may be a passing acquaintance or someone the survivor knows intimately. **Date rape** is a specific kind of acquaintance rape, referring to assaults by a man who is dating the woman and assaults her during that date. Date rape awareness has increased over the last two decades with increased focus on women and girls of college and high school age.

Most women are raped by men they know. As discussed earlier, this is a fact that we have only come to understand as more women have identified their experiences as rape and have come forward to share their stories. It is primarily through this anecdotal evidence that the anti-rape movement came to understand acquaintance rape as the most common experience of sexual assault. From there, researchers performed studies of sexual assault prevalence using examples of acquaintance rape.

Consider these statistics:

- Seventy-eight percent of rapes are committed by a person the victim knows.[6]
- Approximately 35 percent of victims are raped by acquaintances, 28 percent by husbands or boyfriends, and 5 percent by other relatives.[7]
- In a survey of college women, 38 percent reported sexual assaults that met the legal definition of rape or attempted rape, yet only one of twenty-five of these women reported their assault to the police.[8]
- Surveys of American youth found that boys and girls justify forced sex under a variety of circumstances, including when the boy spends money on the girl, when the girl is "sexually experienced," or "when a girl gets a guy sexually excited or agrees to sex and then changes her mind."[9]

Studies have shown that most acquaintance and date rape can be divided into three distinct stages: intrusion, desensitization, and isolation.[10] The first stage, intrusion, may include touching (sexual or nonsexual), suggestive remarks, or intimate conversation. Once the perpetrator has intruded into his potential victim's life, she frequently becomes desensitized and may not pick up on warning signs that might otherwise be obvious. The final stage in acquaintance rape is the active isolation of the victim so that the rape can take place. Although these steps seem very methodical, they are usually carried out in such a way as to be unrecognizable by the survivor. Depending on the relationship between the perpetrator and the survivor, intrusion, desensitization, and isolation can take very different forms.

Considerations for Counselors

The fact that survivors of date and acquaintance rape know their perpetrators greatly affects their experience of the assault and their feelings after the assault. On college and high school campuses, the rape survivor and her perpetrator may live near and see each other daily. If she reports the assault, she may fear she will not be believed or that friends and family may not believe her or support her. If she does tell, family and friends may

belittle her experience, not consider it a "real rape," or believe the survivor herself is responsible. Survivors may also explain away the assault, though they may be clearly traumatized.

Like most rape survivors, an acquaintance rape survivor may blame herself for the assault. She may have agreed to initial sexual activity with her perpetrator, or she may have been drinking or using drugs. The survivor may begin to distrust her ability to discern who to trust or her ability to protect herself.

The more intimate the relationship between the perpetrator and the survivor, the less likely the survivor may be to report the assault. In many instances of date and acquaintance rape, survivors do not perceive the assault as rape, though they may experience some or all of the symptoms of rape trauma syndrome. As a sexual assault counselor, you might come into contact with these survivors long after the assault. You might be the only person she has told, and she may not be ready to call her experience rape. Reaching out for services and support may be a first step in trying to make sense of what happened to her. It will be especially important to remind her that it was not her fault and that no one deserves to be raped.

Acquaintance rape survivors may mistrust their ability to make sound judgments. Helping a survivor reestablish trust in herself can begin in the emergency room or during the initial crisis line call. By supporting and respecting the choices the survivor makes (whether she wants to report, who she wants to tell, whether she will get a medical exam, etc.), counselors reassure survivors of their ability to trust their own judgments and make their own decisions.

It is important for you as a counselor to assure a survivor of acquaintance rape that her experience was real, that no one deserves to be raped, and that the blame lies with the perpetrator.

Increasing numbers of assaults of high-school-aged girls means that many survivors may be minors. Frequently these survivors do not want to involve their family or other authorities. Depending on the policy of the rape crisis center, you may be required to report the assault to Child Protective Services under mandated reporting laws. If you encounter the survivor on the crisis hotline, be clear about your limitations. You might tell her that your conversation will be confidential only if she does not tell you her name or any identifying characteristics. Minors twelve years old or older do not need a parent or guardian present to consent to a medical exam. However, it is likely that a social services representative (in hospitals) will contact a nonperpetrating parent or guardian.

Despite the increasing anecdotal and statistical evidence of the prevalence of date and acquaintance rape, the media still emphasizes reporting stranger rapes, women are still taught that they can avoid rape if they stay home at night, and most convicted rapists have raped a woman unknown to them. It is important for you as a counselor to assure a survivor of acquaintance rape that her experience was real, that no one deserves to be raped, and that the blame lies with the perpetrator.

MARITAL RAPE

Marital rape is a kind of acquaintance rape in that it is a term used to describe rape by the most intimate of acquaintances: the spouse**.** Although marital rape statutes in California recognize violence only in marriages between men and women, sexual violence in long-term heterosexual relationships and in relationships between gay men or lesbians share many of the characteristics of violence within "marriage."

Historically, rape in marriage was not considered a crime. The marital rape exemption (legislated in some states and common law in others) protected men from prosecution in cases where the woman he raped was his spouse. As recently as 1990, twenty-six states still treated at least some forms of spouse rape as noncriminal and eight states still did not criminalize spouse rape at all.[11] Today marital rape is a crime in all fifty states. Yet, under certain circumstances, thirty-three states in the United States still protect men from being charged in the rape of a spouse.[12] Even with these laws and statutes, survivors are unlikely to report

rape by their husbands or long-term partners. Though marital rape is criminal, perpetrators are sheltered by the notion that men own their wives. Many people still believe that a woman should be sexually available to her husband regardless of her desires.

Because of personal and societal barriers to reporting, the prevalence of marital rape, like all rape, is probably higher than we are aware. However, there are still some statistics that might help to uncover this hidden type of assault:

- Sociologist Diana Russell interviewed 900 randomly selected women and found that, while 3 percent had experienced completed rape by a stranger, 8 percent had experienced completed rape by a husband. Spouse rape was the most common type of completed rape reported to these researchers.[13]
- David Finkelhor and Kersti Yllo of the Family Research Laboratory surveyed 300 women in Boston and found that 10 percent of women who had been married reported sexual assault by a husband or ex-husband. Studies of battered women living in shelters and women seeking relationship help conclude that one-third to three-quarters of those women reported sexual assaults by their husbands or intimate partners.[14]
- A national survey found that 10 percent of all sexual assault cases reported by women involved a husband or ex-husband attacker.[15]
- Men who are physically violent toward their partners are also likely to be sexually violent toward their partners and to use violence toward children.[16]
- Results of a 1997 study of sexual coercion within gay and lesbian relationships indicated that 53 percent of the total sample reported having experienced at least one incident of sexual coercion.[17]

Spouses may be the best-hidden serial rapists. According to the National Violence Against Women Survey, 25 percent of surveyed women and 8 percent of surveyed men said they were raped and/or physically assaulted by a current or former spouse, live-in partner, or date in their lifetime.[18] The scant research on husbands as rapists finds that these batterers assault their wives to reinforce their power, dominance, or control. Rape is one crime in a continuum of domestic abuse; women who are raped by their husbands or partners are often survivors of emotional, psychological, and physical abuse by them as well. Most often, women seek help for marital rape in the context of seeking services for the larger issue of domestic violence. Rape crisis centers are most likely to see survivors of spousal rape when the woman is in the process of leaving her abusive partner because that is when the survivor is most likely to identify what happened to her as rape.

During the "honeymoon phase" of the battering cycle, the rapist may initiate or demand sexual activity as a way of "making up" with his spouse. Her willingness to have sex may reassure him of his place in her life—that she loves and forgives him and that he can control her. Other women submit to sex with their abusive partners because they are afraid of further violence. They endure rape to minimize harm to themselves and possibly their children. In fact, many women experience rape at the hands of their spouse when they are in the process of leaving a violent relationship. This is frequently attributed to the fact that the batterer/rapist is experiencing a loss of control over his partner and wants to "punish" her or reassert his power.

Considerations for Counselors

Survivors of marital rape and domestic abuse share their homes and sometimes children with their rapists. This intimacy may increase a woman's reluctance to report rape or other forms of abuse by her partner. Some research indicates that, compared with stranger and acquaintance rape victims, spouse rape victims are more likely to be raped

multiple times and suffer long-lasting physical and psychological injuries that are as severe or more severe than those of stranger rape victims.[19] Many women do not leave their abusers because they don't have the resources to make it on their own. If the survivor has children, leaving might be complicated by concern for her children. Some survivors stay because they believe that they can work their problems out and save the marriage. Additionally, if the rape happens when she is in the process of leaving the violent relationship, she will probably be struggling with her decision and may feel that it would be easier if she stayed in the relationship. She might also blame herself for not leaving the relationship sooner.

Sexual assault counselors may encounter survivors of marital rape on the hotline or at the hospital. When a counselor is called to an emergency room to provide intervention and advocacy to a battered woman who has been raped, it is likely that the survivor sought medical attention for her physical injuries and not necessarily sexual assault. Because of the reluctance by many women to identify their experience of violence in the relationship as rape, in most cases crisis intervention will be provided through the crisis line. On the hotline or at the hospital, the counselor should provide intervention that supports the survivor's ability to move toward safety. Some options include moving into a battered women's shelter or filing a restraining order against her husband-perpetrator. Although counselors may want to see the survivor leave her abusive partner, care should be taken to support decisions the survivor is willing to follow through with. It is not uncommon for women in violent marriages to return to their batterer repeatedly.

The Violence Against Women Act of 1994 added a provision making it easier for immigrants who are abused by their spouses to seek services and to protect their immigration status.

Immigrant women (especially recently immigrated women) may be particularly vulnerable to domestic violence by husbands or long-term partners because their immigration status may depend on their marital status. Therefore, in addition to her concerns related to her experience of marital violence, she may be afraid she will be deported. This may reduce the likelihood that she will report the assault or seek supportive services. It may be helpful to make the survivor aware that the Violence Against Women Act of 1994 added a provision making it easier for immigrants who are abused by their spouses to seek services and to protect their immigration status.[20]

SUBSTANCE-RELATED RAPE

Many sexual assaults are committed while the perpetrator and/or the victim is under the influence of drugs and/or alcohol. According to the U.S. Department of Justice, at least 45 percent of rapists were under the influence of alcohol or drugs at the time they committed their assaults.[21] Although drugs and alcohol are implicated in many assaults, drug use alone does not cause sexual violence. The effects of alcohol might lessen the survivor's ability to resist unwanted sex, and it may heighten the perpetrator's preexisting beliefs about the acceptability of forced sexual activity. The use of alcohol or drugs should never excuse the actions of the rapist, nor should it implicate the survivor.

Much media attention has been given to the "date rape" drugs flunitrazepam, or Rohypnol, and gamma hydroxybutyrate, GHB. Although these two drugs are used to perpetrate sexual assault, it is also important to understand that most **substance-related rape** involves alcohol or other "recreational" drugs.

Although most substance-related rape occurs when both parties voluntarily use substances, many rapists also encourage or force substance use in order to perpetrate the rape. One study that interviewed fraternity members revealed that alcohol is pervasively used as "a weapon against sexual reluctance . . . [and is] the major tool used to gain sexual mastery over women."[22] Other studies have shown that men look for drunken women and encourage women at parties to drink.[23]

Date Rape Drugs: Rohypnol and GBH

Rohypnol and GBH are called date rape drugs because of their potential to cause blackouts and amnesia at high doses. These blackouts and amnesia make it easier for victims to be sexually assaulted, in some cases without knowing it. These drugs have been implicated in sexual assaults throughout the United States.

Rohypnol is a brand name for flunitrazepam, a powerful drug that produces sedation, amnesia, and muscle relaxation. A person who has been given Rohypnol will be heavily sedated within twenty to thirty minutes and will remain sedated for several hours. Rohypnol is often mixed with alcohol, marijuana, or cocaine to produce a speedy and dramatic high. Even when a person uses just Rohypnol, she can appear extremely intoxicated, with slurred speech and little or no coordination. Although these drugs can be used without the survivor's knowledge, they are also frequently used by teens because they are inexpensive and take effect quickly.

Known under the street names of "roofies," "roche," "roffie," "R-2," "rib," and "rope," Rohypnol has become a date rape drug of choice. Rohypnol is popular on high school and college campuses as a recreational drug. It is illegal in the United States but is often transported across the Mexican border, where it can be obtained by prescription, and sold on the street in the United States for $2–4 a tablet. Rohypnol has no taste or odor when it is dissolved in drinks. It is sometimes added to punch and other drinks at fraternity parties and social gatherings, where it is given to female partygoers to lower inhibition and make rape easier. Women who have been assaulted while under the influence of this drug might awake in a fog, not knowing what happened to them. In other cases, the survivor who has been raped while under the influence of substances is immediately alert after "waking" from the effects of the substance.

Rohypnol, particularly when mixed with other drugs, may cause respiratory distress and sometimes death. The drug is currently classified with drugs such as marijuana but is so potent that it is used in some countries as anesthesia during surgery.

Gamma hydroxybutyrate (GHB) is a central nervous system depressant that was once added to bodybuilding formulas to enhance performance. In 1990 the FDA banned the use of GHB except under the supervision of a physician. GHB produces intoxication followed by deep sedation. The drug takes effect fifteen minutes to an hour after it is ingested and lasts one to three hours. GHB's side effects include nausea, vomiting, delusions, depression, seizures, loss of consciousness, amnesia, and coma. The potential for overdosing increases when GBH is mixed with alcohol or other drugs.

The Drug-Induced Rape Prevention and Punishment Act of 1996 made it a crime to give someone a controlled substance without that person's knowledge and with the intent of committing a violent crime. The law also stiffens the penalties for the possession and distribution of Rohypnol and GBH.

Considerations for Counselors

Alcohol and other controlled substances impair a survivor's senses and her ability to recall events. Therefore, she may not remember much of the assault and may question whether she has been assaulted at all. As a sexual assault counselor, it is important for you to encourage the survivor to trust her instincts. Frequently, if the woman thinks something happened, it is likely that it did. And even if she is unsure, she can go to the hospital and get a medical-legal exam and a test for the presence of drugs. A woman who consciously took drugs may believe she was culpable in the assault. She may be reluctant to report for fear that her drug use will be used against her.

If a survivor suspects she was drugged, and she wants to have a medical exam, she can take a urine test that may detect the presence of GBH or Rohypnol.

If a survivor suspects she was drugged, and she wants to have a medical exam, she can take a urine test that may detect the presence of GBH or Rohypnol. Optimally, she should be tested within twelve hours of suspected GBH ingestion and within seventy-two hours for detection of Rohypnol. Because each person's metabolism is different, counselors should not discourage testing at any time.

MULTIPLE ASSAILANT OR GANG RAPE

Gang or multiple assailant rape is when the same survivor is raped by a number of perpetrators as part of the same incident. Research indicates that group sexual assault is most prevalent within the fraternity system and in intercollegiate athletics; but it also extends into other all-male groupings.[24] Group rape is a way for men to ritually act out their contempt for women and to prove their dominance and superiority over women.[25] In its 1994 report *Violence Against Women,* the U.S. Department of Justice explains that as males participate in group rape, "they experience a special bonding with each other, a unity of purpose that comes from pride they feel in reducing their victim to nothing more than a collective vessel for their masculinity."[26] In almost all cases of group rape, the participants do not consider their actions rape. Rather, they see it as normal party behavior. In their minds they engaged in group sex with a willing partner.[27]

Participation in a group sexual assault is motivated by a relationship among men, by the need to maintain and create order and status within the group, and by their relationship to women.[28] Gang rape also serves to reinforce the power dynamics of the patriarchal system. Males might engage in group rape in order to prove their sexual prowess to other group members and to underscore their status within the group.[29] Refusing to join in on a rape might mean they are excluded from the group, a negative consequence for members of groups that enjoy high status or privilege such as fraternities, athletic teams, and gangs.[30] Refusing to participate in a group rape may also call a male's sexuality or *heterosexuality* into question. Males who object to group assault risk being labeled homosexuals. Because of persistent and prevalent homophobia in our society, this fear can influence a male to take part in group rape or fail to stop a rape in progress.[31]

Group rape is seen by the general public as "normal" behavior for some groups of young men. A common reaction from the general public to publicized incidents of group rape is "boys will be boys" or "that's just the way men are," responding with only token disapproval. Another common response is disbelief that the incident was actually rape as opposed to consensual group sex, along with attitudes that blame the victim.

In most cases of group rape, the victim is chosen: sometimes because she has previously engaged in sexual activity with one of the group members and sometimes because she is perceived to be vulnerable or naive. In general the victim's personhood is irrelevant to the assailants, who view her as an object through which they express their brotherhood.

Some gang initiations are completed by prospective gang members being physically assaulted or "beaten in" to prove their toughness and allegiance to the gang. Female gang prospects may be given a choice between sex with male gang members or being "beaten in" to gain membership. Many young people participate in gang activity because it is their only opportunity to feel part of a family and, in some cases, to obtain basic necessities such as food and shelter. Therefore, although a young woman in a gang may "consent" to sex with multiple partners, the fact that she is asked to choose between physical assault or being raped in order to be a part of the gang is coercion—a qualifier of rape.

Considerations for Counselors

The survivor is likely to feel shamed and humiliated by the rape experience because she frequently knows the perpetrators. Additionally, because there are multiple perpetrators,

One of the challenges in this work is keeping your perspective. It's important to balance your own life as much as possible with fun activities like exercise, meditation, friends, family, humor, connections with other people, good books, good movies, good music.

MARLYN HEMELTOR, RAPE CRISIS CENTER OF SAN LUIS OBISPO

there are also more witnesses to her assault. Like other survivors of date or acquaintance rape, she may turn the blame of the assault on herself. "If only I hadn't slept with . . . " or, "I shouldn't have gotten so drunk . . . "

Because the survivor of group rape has been assaulted repeatedly, she is more likely to have physical injuries, specifically genital injuries, that require medical attention. In a group rape any one perpetrator is more likely to harm the victim than if he were alone. Any empathy one perpetrator might have for the victim is weakened by the presence of other perpetrators, who are seen as equally sharing blame. As each perpetrator watches his buddies assaulting the victim, he convinces himself that he is merely doing what the others are doing, reducing any belief that he has individual responsibility for harming the victim.

The survivor of a group rape may also be concerned that she may have contracted a sexually transmitted disease, her risk multiplied by the number of assailants. Survivors may be reluctant to file a police report, fearing reprisals by perpetrators, ostracism from her community, damage to her reputation, or public shame.

The Effects of Rape and Sexual Assault

The impact of sexual assault on the survivor and her healing depends on many factors: the nature of the assault; the number of assault episodes; the levels of physical, spiritual, and sexual violence; the relationship between the survivor and the perpetrator; and the presence of a good support system. These factors will determine her immediate needs and her resources for longer-term healing. Although the circumstances of the assault affect the survivor's healing process, there are some common characteristics seen in many rape survivors. It is important for you to know these common reactions so that you can teach the survivor that *she is not alone* and help her develop a plan for healing.

RAPE TRAUMA SYNDROME

Just as the anti-rape movement's understanding of sexual violence has deepened as we have unveiled the forms of violence against women, so too has our understanding of the effects of rape developed over the years. As researchers Ann Burgess and Lynda Holmstrom explain, "Studies performed prior to 1969 focused on the concern that individuals accused of rape should be protected and studies since 1969 have focused largely on protection and help for the victim."[32] Even once attention turned to the effects of rape experiences on the survivor, early research consisted primarily of personal observations by feminist scholars and therapists. Toward the middle of the 1970s, however, there were a number of studies performed with large enough samples of rape survivors that some common effects of rape began to emerge. Those initial studies were performed at a time when the primary rape experience was thought to be stranger rape. However, as our understanding of the types of assaults that actually occur has broadened, many of the characteristics identified in these first studies have proven true for survivors healing from all forms of sexual assault.

Rape trauma syndrome (RTS) is a specific form of a broader category of trauma response called post-traumatic stress disorder (PTSD). Although PTSD is most commonly associated with the traumatic experiences of Vietnam War veterans, it can be applied to reactions to many forms of trauma, including natural disaster, war, rape, and other forms of violent crime. RTS is specific to the experience of the rape survivor. Reactions to rape are considered separately from other forms of PTSD because of the specific nature of the trauma of rape. One researcher described this difference as her belief that rape is "the

Rape trauma syndrome has three phases that can disrupt the physical, psychological, social, and sexual aspects of the survivor's life.

ultimate violation of the self, short of homicide, with the invasion of one's inner and most private space, as well as the loss of autonomy and control."[33]

Rape trauma syndrome has three phases that can disrupt the physical, psychological, social, and sexual aspects of the survivor's life. These phases were first described by Ann Burgess and Lynda Holmstrom in their 1974 work on rape trauma syndrome. The first phase is the crisis, acute, or disruptive phase and can last from days to weeks. The second phase is the denial, recoil, or suppression phase, which lasts from a few weeks up to six months. Sometimes the survivor alternates between the acute phase and the denial phase. And finally, the third phase is the reorganization, assimilation, or integration phase in which the survivor works to reestablish order in her life and regain a sense of control in the world. This third phase can last from months to years.

- **Phase I: Acute crisis.** The acute phase is the survivor's immediate reaction to the assault and is characterized by shock and disbelief. Survivors' expressions of these feelings might be either visible and outwardly expressed or more controlled. Whereas one survivor might sob outwardly, another might appear calm and unemotional. Some common physical issues at this stage of healing can include physical injury from the assault; tension, fatigue, and difficulty sleeping; and eating disturbances such as changes in appetite or nausea and stomach pains.[34] Emotional reactions might include fear, shame, guilt, anger, embarrassment, revenge, and helplessness. Because the survivor is usually flooded with so many conflicting emotions, she can feel as though she is out of control or "going crazy." One way a sexual assault counselor can help a survivor experiencing an acute crisis is to validate and normalize her feelings.
- **Phase II: Denial.** Numbing or reduced involvement with the environment is a characteristic of PTSD and the second phase of RTS. In this phase, the survivor might attempt to forget the assault and might explain that she is "over it." This represents her desire for mastery over the assault and is an expression of the desire to move forward with life. Frequently, the survivor alternates between the denial phase and the crisis phase.

Because you know that so many survivors have similar reactions to sexual assault, you can reassure a survivor that she is not "going crazy," as she might believe.

- **Phase III: Reorganization or integration.** This third phase of RTS frequently lasts the longest: from a couple of months to many years. The length of time this phase takes depends on how quickly she received crisis intervention, the specific nature of the assault, her past experiences of trauma, how she is treated by medical and legal professionals and rape crisis center staff, and her access to support systems, family, and friends.[35] Symptoms of this phase of healing are psychological, social, and sexual. Psychological characteristics of this phase could include nightmares, phobias, paranoia, and compulsive behavior. Physical problems that might arise include gynecological problems, backaches, migraines, and eating disturbances. It is also common for social responses to include disrupted relationships with family, friends, and lovers. Survivors in this stage might have difficulty in sexual relationships. Although some survivors avoid sex because it reminds them of the assault, others might become more promiscuous to prove they have recovered from the rape.[36]

It is important for you as a counselor to identify the common reactions to rape, as described in the phases of rape trauma syndrome. One of the most empowering and comforting things to remind the survivor is that *she is not alone* and that exactly what she is going through has been experienced by others. Because you know that so many survivors have similar reactions to sexual assault, you can reassure a survivor that she is not "going crazy," as she might believe, but that her body and mind are coping with the trauma and attempting to protect her from further assault. Again, it is important for you to continually remind yourself that each individual's experience of the assault is unique and

so is her reaction to the assault. However, being aware of the commonalities found between survivors' reactions and using this information to educate each woman you encounter can reduce isolation and help her understand her feelings and reactions.

Perpetrators

Rapists are as diverse as the general population. Perpetrators cut across racial, ethnic, gender, cultural, and socioeconomic lines.

This chapter has presented basic information on the forms of sexual assault in order to demystify the dynamics of rape and how survivors are able to cope with its effects. Although the focus of this manual is the healing process of the survivor of sexual assault, it might also be helpful for new sexual assault counselors to have basic information about perpetrators of rape so that you will be more equipped to focus on the survivor's needs and not your own shock at how and why men rape. The more information you have before you begin your work as a sexual assault counselor, the more prepared you will be to support the survivor in her healing.

Because few rapes or other sexual assaults are reported, it would be misguided to offer a conclusive profile of a potential rapist. The majority of rapes happen in situations where women believe they are safe: in their homes and within their relationships. In addition, most rapists are simply never arrested for their crimes. As a result, profiles of convicted rapists provide us with more information about our criminal justice system than about the "typical rapist." With that in mind, it might be helpful to your understanding of rape and sexual assault to understand more about who rapes, why, and how they get away with it.

Rapists are as diverse as the general population. Perpetrators cut across racial, ethnic, gender, cultural, and socioeconomic lines. Rapists are the "guys next door," family friends and relatives, siblings, husbands and partners, ex-spouses, doctors, therapists, parents, teachers, and members of the clergy. Sexual violence occurs in same-sex relationships as well as relationships between males and females.

Pervasive and racist misconceptions of rapists as "dark," hairy guys lurking for unsuspecting women are stereotypes that protect perpetrators. Eighty to ninety percent of violent crimes against women are committed by persons of the same racial background as the victims.[37] Federal statistics on arrested or convicted persons show a similarity in the characteristics of those categorized as rapists: ninety-nine in a hundred are male, six in ten are white, and the average age of perpetrators is the early thirties.[38]

MOTIVATION TO RAPE

Perpetrators rape because they can and because there are usually no consequences when they do. We live in a misogynistic society in which it is normalized for men to control women. Yet, rapists commit their assaults to achieve various ends. Motivation for rape varies. According to the Federal Bureau of Investigation (FBI), motivation for rape can be generally categorized into five types: opportunistic, power-reassurance, power-assertive, anger-retaliatory, and anger-excitation.

The opportunistic rapist doesn't prepare for his rapes in great detail. His victims may be strangers or acquaintances. He uses threats to control his victim. He seeks immediate gratification—the victim is sexually convenient. He uses minimal force and causes minimal physical injury. What happens during the rape is controlled by the context in which it occurs. His assaults are quick, and he usually leaves ample evidence at the crime scene. He may use drugs or alcohol before or during the rape and sometimes uses these to disable his victim. Most acquaintance and date rape perpetrators would be categorized as opportunistic rapists.

The power-reassurance perpetrator often talks to his victim as he assaults her, reassuring her that he does not want to hurt her. He tries to get his victim involved in the rape. Of all types of perpetrators, he is most likely to stop if the victim resists. His victims are usually

strangers. He may keep a record of each rape or take personal items belonging to his victims. He threatens his victim verbally and may have a weapon but usually does not physically harm his victim. He may try to contact the victim after the assault, fantasizing that he has a relationship with her. This rapist rapes because he wants to be assured of his power.

The power-assertive rapist might preselect his victim or wait for an opportunity. He chooses locations that are convenient, safe from exposure, and specific to the victim. His goal is to capture, conquer, and control his victim. He takes power of his victim's sexuality to express his control and identity. He does what he wants to his victim, giving instructions and commands. The victim may be held captive in some way during the assault. He demeans and humiliates the victim, sometimes raping her several times. The amount of force he uses increases as the victim resists, yet he usually uses only the level of force he deems necessary to accomplish the rape.

The anger-retaliatory rapist's assaults are often unplanned. This rapist blames his victims for real or perceived shortcomings in his relationships with women. He is sexually and physically violent during the assault and uses weapons of opportunity. He may try to force the victim to perform acts to degrade or humiliate her. Often the victim knows the rapist well, or she can be a person who symbolizes a person the rapist knows well. He rapes quickly, leaving lots of anger evident at the crime scene. The perpetrator uses sexual assault as revenge. His main goal is to relieve his built-up aggression. His behavior can range from verbal abuse to murder.

The anger-excitation perpetrator has many victims and is a master con artist. He plans his rapes in precise detail and usually leads or kidnaps his victim to an area over which he has complete control (his car, basement, garage, etc.). He usually gets his victim's attention by saying things to lower her guard while enticing her away from a safe area. He may pretend to be a police officer or other authority figure to better trap his victim. This rapist usually has an extensive pornography collection. He is sexually stimulated by the victim's response to physical and emotional pain. He often calls the victim demeaning, humiliating names. He may sexually experiment with the victim, concentrating his brutality on areas of the victim's body that are sexually significant to him. He must physically and psychologically abuse and degrade his victim to become sexually excited and subsequently satisfied. As his anger increases, he becomes more brutal and more sexually aroused. This perpetrator tends to get more aggressive with each rape. He is the most likely to keep some record of the rape (photos, journals, media clippings) and the most likely to murder his victims.

SERIAL RAPISTS

Serial rape is the most frequently sensationalized form of rape. Because of the frequently gruesome nature of the assaults and because of the opportunity to prey on people's fears, serial rape is frequently covered extensively by the media. The term *serial rape* is used to describe a series of rapes committed on different occasions by the same perpetrator. An important distinction is that this term is rarely used to describe marital or date rape, even though these types of rapes can happen repeatedly. Instead, the serial rapist has multiple victims.

The serial rapist, as a career sex offender, develops over time any number of means for keeping his identity unknown and evading detection by law enforcement.[39] Additionally, the way a serial rapist completes his assaults may evolve as he gains experience and confidence; whatever he does that works he continues to do, and whatever fails to work is not repeated.[40] In addition to a rapist's preferred "style," serial rapists frequently possess a "signature," what he has to do during an assault to fulfill himself. This signature is usually a product of a sadistic fantasy life and generally does not change.[41] For example, a rapist

may audiotape his assaults or cut each of his victims on a certain part of their bodies. He may use identical bindings with each rape or may take a certain item from each victim.

Again, it is important to remember that the information provided here about rapists is not to pathologize them as a group, thus forcing us to conclude that only "sick" men rape. As we have discussed throughout this chapter, not only is the experience of rape common, but it is perpetrated by common men.

Conclusion

If you are a survivor of sexual assault, it is all too easy to understand the effects of sexual assault. If you do not identify as a survivor of rape, you might have experienced other forms of sexual violence from which you can develop an understanding of how rape happens and its effects. As you develop your understanding of sexual assault, it might be helpful for you to consider what the world would look like without rape. Rape and sexual assault have far-reaching and pervasive effects on all women's lives and on society in general. Only when we begin to understand how big an issue sexual assault is can we understand the full impact of rape on an individual survivor.

Definitions

Acquaintance rape. An umbrella term used to describe sexual assaults in which the survivor and the perpetrator are known to each other. The perpetrator might be a partner or husband, an ex-partner, coworker, or neighbor. He may be a friend, a doctor, a psychologist, health worker, religious leader, or family friend. The perpetrator may be a passing acquaintance or someone the survivor knows intimately.

Date rape. A specific kind of acquaintance rape, referring to assaults by a man who is dating the woman and assaults her during that date. Date rape awareness has increased over the last two decades with increased focus on women of college and high school age.

Marital rape. Sexual violence against a woman by her male spouse**.** Marital rape statutes in California recognize violence only in marriages between men and women. Sexual violence in long-term relationships and in relationships between gay men and lesbians share many of the characteristics of violence within marriage.

Stranger rape. Rape or sexual assault perpetrated by someone unknown to the survivor.

Substance-related rape. Rape by a perpetrator who uses substances such as alcohol, recreational drugs, or "date rape" drugs to assist in assaulting his victim.

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Sexual Harassment

DANIELLE TILLMAN

SEXUAL HARASSMENT IS A WEAPON of power and control used to threaten, silence, and abuse women and girls in the **workplace** and at **school** (elementary, high school, college, and graduate school). This chapter examines how women and girls can identify **sexual harassment** and identify solutions to end the abuse and how rape crisis counselors can help survivors. Although men can experience harassment, and lawsuits focusing on **same-sex harassment** are increasing, the majority of sexual harassment still occurs when men harass women and boys harass girls.[1]

In 1990, Anita Hill testified before a committee of the U.S. Senate that Supreme Court nominee Clarence Thomas repeatedly sexually harassed her in the workplace. Suddenly a hidden form of violence against women was exposed, and millions of women were inspired by Hill not only to speak out about sexual harassment but also to hold their harassers accountable. For many women, however, sexual harassment had happened in the past and was experienced in different ways. Women may not have labeled the abuse as sexual harassment and, if they did recognize it as such, often viewed it as "part of the job." For many women of color, for example, sexual harassment and rape have often played a central role in their history of oppression. Enslaved women, undocumented workers, or young girls often worked in conditions where their male bosses repeatedly harassed or even raped them. Women felt forced to keep the jobs because they were owned as property, did not speak the language of their oppressor, or had to support their families.

According to Judith Berman Brandenburg, in *Confronting Sexual Harassment*, sexual harassment

> *may be defined as unwanted sexual attention that would be offensive to a reasonable person and that negatively affects the work or school environment. The critical element in almost all definitions of sexual harassment is unwanted sexual attention. Sexual harassment includes a wide range of behaviors from verbal innuendo and subtle suggestions, to overt demands and abuse, including rape and child sexual abuse. Unfortunately, definitions of sexual harassment and their concomitant behaviors vary throughout the literature, policies, and procedures. Several categories of behavior, including gender harassment, harassment based on sexual orientation, and sexual abuse, are sometimes included under the general definition of sexual harassment and sometimes considered separately.*[2]

Sexual harassment is defined by the Equal Employment Opportunity Commission as "unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature" (Civil Rights Act of 1964, Title VII, sec. 703 [1604.11]). There are generally two forms of sexual harassment recognized by courts of law: **quid pro quo** and **hostile environment**. Some other general examples of sexual harassment include a teacher threatening a student or a boss threatening an employee or peer-to-peer threats of violence.

Addressing Sexual Harassment

Sexual harassment today often goes unreported for a variety of reasons. One of the most common is that women do not know what it is or believe they "misunderstood" the other person's words or actions. Sexual harassment can consist of one of the following acts or any combination of them: unwelcome sexual advances, either physical or verbal; "dirty" jokes or stories; comments about your body; obscene gestures; requests for sexual favors; or inappropriate reference to gender or sexual orientation.

Sexual harassment can occur in the workplace and at all levels of school-based education, regardless of the age, class status, gender, sexual orientation, religion, ability, race, or ethnicity of the perpetrator and survivor. Although same-sex harassment exists and men are harassed by women, the majority of sexual harassment is instigated by men threatening women or boys harassing girls.[3]

Understanding sexual harassment and fighting against it is very difficult because at its root it is intertwined with many other forms of violence and oppression against women. In addition, challenging sexual harassment can seem daunting to women and girls who have certain cultural norms and expectations, interconnecting identities such as race/ethnicity, sexual orientation, or different abilities, or who feel alienated from government services.

When Anita Hill charged Clarence Thomas, another African American, with sexual harassment, Hill found little support within the larger African-American community. She was accused of "betraying the race" and "selling a 'brother' out to white society." Because African-American women's bodies have historically and stereotypically been sexualized and degraded, Hill was viewed as "asking for it" and "liking the attention" to advance her career.

Harassment in the Workplace and in School Settings

Although women in the workplace and in the classroom experience sexual harassment differently, they share common experiences. For example, a woman in the workplace may be told by her boss that unless she has sex with him she may be fired. A teacher may tell his student that she will fail a class or not graduate unless she agrees to dates or sexual favors. A student may be harassed by another student and may feel alienated from her friends, experience peer pressure to keep quiet about the abuse, or find that her complaints are not taken seriously. In both the school and the workplace there may be layers of oppression compounding the situation. The woman in the workplace may also be experiencing racism and/or homophobia, she may be monolingual, she may be an undocumented worker who is threatened with deportation, or she may be an older woman nearing retirement. The student may be learning a new language or be new to the school and feel isolated. The harasser is using his position of power and authority to coerce the woman into doing something she does not want to do. Harassment can also occur between coworkers or between peers and may involve threats of violence or retaliation if the survivor tells anyone about the abuse.

It is unknown how many women and young girls actually experience incidents of sexual harassment, because, like rape and sexual assault, the majority go unreported.

Reporting Sexual Harassment

It is unknown how many women and young girls actually experience incidents of sexual harassment, because, like rape and sexual assault, the majority go unreported.[4] Survivors do not formally report the abuse for a variety of reasons, among them, that they do not

understand the definition of sexual harassment; they blame themselves; they do not how to report the harassment; they do not think reporting will make a difference; they do not want to get the harasser in trouble (particularly a person of authority or prominence); they think they are being "foolish"; they do not think they will get support; or they are being physically threatened by the harasser.

Survivors who access the legal system to report the crime often find the process lengthy and exhausting. Before a woman, student, or parent (on behalf of a minor) files a complaint of sexual harassment, several steps should be taken to provide evidence for her case:

- Document everything. Keep a small notebook describing the harassment or speak into an audiotape player after each incident.
- Record the date, time, and location where the harassment took place.
- Record exactly what the harasser said or did to you.
- Record how you felt after the harassment took place and what action you took, if any.
- Make a note of any witnesses to the harassment (if possible, ask them to write down what they observed and heard).
- Keep any notes, photos, or e-mails the harasser sent you.
- Talk to someone about the harassment.
- Review your personnel file and make sure it is accurate.
- *Do not* keep any documentation at work or at school, and keep copies for your records.
- Review workplace and/or school brochures, policies, and procedures regarding sexual harassment.

Even if a survivor does not want to make a formal complaint, it is still a good idea to keep records of what happened in case she changes her mind. The information may also help another woman who plans to file a grievance.

There are several ways to address harassment and which one to use depends on the situation and location (workplace or school).

Nonlegal Strategies

A survivor has some options in addition to legal recourse, and many can be effective in ending the abuse. According to Bernice Sandler in "Handling Sexual Harassment," some strategies include immediately confronting the harasser by naming the harassment as inappropriate; repeating what the harasser said and asking him to clarify what he just said; using humor by naming the harassment, "Is this a test to see how I handle sexual harassment?"; visibly carrying a notebook around and writing down everything he says or does in his presence and making comments such as "I'm thinking about writing a book on sexual harassment." Sandler also recommends writing a letter to the perpetrator detailing what he is doing, how the survivor feels, and what steps need to be taken to resolve the issue. This method is effective when the letter is sent via certified mail with return receipt requested.[5]

It is important for women who cannot or do not wish to use conventional methods of reporting harassment to access other support systems, such as friends, family, religious advisers, or rape crisis centers.

Legal Strategies

The process of pursuing legal avenues for ending the sexual harassment usually begins with the woman or student notifying, in writing, an official in the workplace (human resource personnel) or at the school (a principal or other administrator) about the harassment. Depending on the steps the official takes after the written notification, the survivor may want to proceed with a more formal complaint, investigation, and possibly a lawsuit.

The Equal Employment Opportunity officer at the company or school can be contacted to initiate the formal process. The **U.S. Equal Employment Opportunity Commission (EEOC)** is a federal agency that investigates complaints of discrimination. The EEOC will give the survivor a detailed questionnaire asking for specific information regarding the harassment. The EEOC enforces **Title VII** (seven) and **Title IX** (nine) compliance by businesses and educational institutions receiving federal aid or contracts. Title VII covers employees, including student employees, who wish to file a complaint of discrimination or harassment, and Title IX prohibits different treatment of girls and boys in school settings. Survivors may also file a grievance with the **Fair Employment Practices Commission (FEPC)**, a state agency that also investigates complaints of unfair labor practices.

The EEOC will determine if the workplace or school is out of compliance with federal law and will take appropriate action. The outcome may include imposing a monetary fine, firing the harasser, and mandating policy changes. The survivor can also file a **civil lawsuit**, which seeks personal damages and is awarded by a court of law, against the harasser, company, and/or school. Survivors may also decide to press charges of rape and/or sexual assault against their perpetrators if they were inappropriately touched or forced to have sexual relations. Additionally, survivors can file complaints with their union if they are members and if the union contract covers sexual harassment. It is vital that the survivor files as soon as possible, because, depending on her state of residence, she may only have between 180 days and one year, based on the date of the last act of harassment, to file a claim. It is also important to note that it is illegal to fire an employee for filing a complaint of discrimination (although it can happen). If she is fired, she can file a claim of retaliation and discrimination against her employer.

Repercussions

Regardless of how the survivor decides to respond to the harassment, she should be prepared emotionally, financially, and socially if she decides to go public with her charges. Loss of employment; a lengthy investigation of her claim (it may take several months or years to resolve a complaint, especially if there is a lawsuit); ostracism by friends, family, and her larger cultural group; change of career or school; threats of physical harm; and feelings of depression and anxiety are common. Some survivors may also be fueled by positive feelings of stopping the abuse and the harasser, helping other women, or taking a leadership role in their community, workplace, or school to initiate changes in attitudes, behaviors, and policies regarding sexual harassment.

Considerations for Counselors

There are many challenges for counselors working with survivors of sexual harassment. One of the most important things is to remind the survivor that it is not her fault. It is critical to remember that, depending on her cultural background, worker status, and financial needs or other circumstances, not all survivors will be able to leave the abusive

Common symptoms survivors may experience include shock, denial, anger, self-blame, shame, feelings of powerlessness, and depression.

situation. Do not pressure the survivor to change her job or school; instead, focus on providing resource information and counseling support.

How you counsel the survivor will vary depending on whether she is a woman in the workplace, a college student, or a young girl in elementary or high school. Common symptoms survivors may experience include shock, denial, anger, self-blame, shame, feelings of powerlessness, and depression. Outlined below are some general and common issues experienced by different groups of survivors:

A woman in the workplace may fear

- That no one believes her
- That she won't be viewed as a "team player"
- Being fired and not able to find other employment
- Having to change careers because she is marked as a troublemaker (particularly true in occupations with few women: attorney, firefighter, professor, engineer, etc.)
- Loss of home and other personal property because she is involved in a lawsuit and has no income
- As an undocumented worker, that she may not be able to find another job
- Having to keep working at the job without reporting because she needs the income
- Having to keep giving boss sexual favors because she cannot afford to leave the job
- Continuing to work alone with the harasser
- Alienation from coworkers
- Having to endure further harassment from coworkers, family, friends if she goes public with the abuse
- As a single mother, that she will lose her children if she does not work

A college or graduate or professional school student may fear

- That no one believes her
- Failing a course
- Not graduating
- Not getting letters of recommendation for jobs or graduate school
- Getting a "bad reputation" within her field of study and professional circles
- Ostracism by friends
- Leaving and not getting admitted to another school
- Parents' disapproval

Girl in elementary, middle or high school may fear

- That no one will believe her
- Telling her parents
- Failing a class
- Being given extra homework

- Not graduating
- Not getting letters of recommendation for college
- Getting a bad reputation among her friends
- Teasing and name-calling by friends
- Going to a new school

Conclusion

Sexual harassment is still a issue that is largely disregarded as a form of violence against women. However, it is important that women and men are educated about sexual harassment and understand how it's interconnected with all forms of oppression. Equally important is to find ways to address sexual harassment and stop both the abuse and the toleration of it by society. For some women, challenging sexual harassment may mean helping to institute policies in their workplace or educational institutions or filing a lawsuit. For others, advocacy may take the form of leaving an abusive situation or trying to work with the harasser to end the abuse.

Definitions

Civil lawsuit. Seeking personal damages, usually monetary, from a court of law as a result of personal injury.

Fair Employment Practices Commission (FEPC). State agency that investigates complaints of unfair labor practices. Operates similarly to the EEOC on the state level.

Hostile environment. A condition created when someone engages in unwelcome behavior that creates an offensive, hostile, or intimidating working or learning environment.

Office of Civil Rights, U.S. Department of Education. Federal agency where a formal complaint of discrimination or harassment under Title VII (seven) or Title IX (nine) can be filed.

Quid pro quo, or "this for that." When someone, usually in a position of power, asks for sexual favors in exchange for some form of employment benefit, such as a promotion or, in the school environment, better grades or passing an exam.

Same-sex harassment. Harassment between members of the same sex (woman to woman or man to man).

School. Any institution that formally educates people; elementary and high schools, colleges, and graduate and professional schools are included in this group.

Sex discrimination. Unequal treatment based on gender. This can occur in all aspects of society: the family, the workplace, educational institutions, social functions, and religious organizations, among others. For women in the workplace, some examples include lower pay than a man in the same job, not being promoted because you are a woman, and/or job discrimination due to pregnancy.

Sexual harassment. According to Judith Berman Brandenburg, in *Confronting Sexual Harassment*, "may be defined as unwanted sexual attention that would be offensive to a reasonable person and that negatively affects the work or school environment. The critical element in almost all definitions of sexual harassment is unwanted sexual attention. Sexual harassment includes a wide range of behaviors from verbal innuendo and subtle suggestions, to overt demands and abuse, including rape and child sexual abuse. Unfortunately, definitions of sexual harassment and their concomitant behaviors vary throughout the literature, policies, and procedures. Several categories of behavior,

including gender harassment, harassment based on sexual orientation, and sexual abuse, are sometimes included under the general definition of sexual harassment and sometimes considered separately."[6] Sexual harassment is defined by the Equal Employment Opportunity Commission as "unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature" (Civil Rights Act of 1964, Title VII, sec. 703 [1604.11]). There are generally two forms of sexual harassment recognized by courts of law: quid pro quo and hostile environment.

Title IX (nine). Under the Education Amendments of 1972, a federal law that prohibits different treatment of girls and boys in school settings. Any school or institution receiving federal aid, including financial aid, is bound by Title IX. Every school or region has a Title IX officer who can investigate complaints of harassment. No attorney is needed to file a complaint under Title IX. Same-sex harassment is also covered by Title IX.

Title VII (seven). A federal law that, among its provisions, prohibits employment discrimination based on sex. It covers employees, including student employees. Under the Civil Rights Act of 1964, Title VII has been used to file complaints of sexual harassment. No attorney is needed to file a complaint under Title VII, but approval from the U.S. Equal Employment Opportunity Commission (EEOC) is needed to file a lawsuit. The local EEOC can provide information about the appropriate procedures.

U.S. Equal Employment Opportunity Commission (EEOC). Federal agency that investigates complaints of discrimination based on race, ethnicity, sex, disability, age, and/or religious affiliation. The EEOC enforces Title IX (nine) compliance by companies and educational institutions receiving federal aid.

Workplace. For the purposes of this chapter, where a woman works on a job outside the home.

Notes

1. According to the fall 1997 issue of *About Women on Campus,* published by the National Association for Women in Higher Education, sexual harassment complaints filed with U.S. Department of Education under Title IX have been rising from 25 cases filed against colleges in 1991 to 78 cases filed in 1996. Almost all of these cases involved students. Similarly, cases filed against K through 12 institutions have increased from 11 in 1991 to 72 in 1996. According to the Equal Employment Opportunity Commission, which enforces Title VII, the fastest growing area of employment discrimination cases is that of sexual harassment. In 1996 there were more than 15,000 complaints, up from roughly 6,000 complaints in 1990, the year of the Thomas–Hill hearings. The number of cases filed by men complaining about sexual harassment is also increasing. In 1990, 8 percent of the cases were filed by men; in 1996, 10 percent of the cases, about 1,500 complaints, were filed by men.
2. Judith Berman Brandenburg, *Confronting Sexual Harassment: What Schools and Colleges Can Do* (New York: Teachers College Press, 1997).
3. National Association for Women in Higher Education, *About Women on Campus*.
4. The National Victim Center reports that 9 out of 10 rapes are unreported. D. G. Kilpatrick, C. N. Edmunds, and A. Seymour, *Rape in America: A Report to the Nation* (Arlington, VA: National Victim Center, 1992).
5. Bernice R. Sandler, "Handling Sexual Harassment," *About Women on Campus* (fall 1997): 1–4.
6. Brandenberg, *Confronting Sexual Harassment.*

Same-sex Abuse

ANNE KING AND JAMIE LEE EVANS

AUTHORS' NOTE: *We would like to acknowledge all of the same-sex sexual assault survivors who helped to inform this chapter and whose courage continues to inspire us.*

THERE ARE MANY LEVELS to internalized and externalized **homophobia**, and in order to understand **same-sex sexual assault**, it is important to first make a commitment to acknowledge and challenge your own homophobia. Furthermore, it's important to recognize that, although violence exists within **queer** communities, "queerness" is not a cause of this violence.

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The anti-rape movement has accurately described the majority of rapes as hate violence against women: violence motivated by male supremacy and encouraged in **patriarchal** societies that privilege men over women and use rape and the threat of rape as a means of control over all women. As women the world over fight patriarchal violence, it is vital to recognize that sexual violence is not just a phenomenon of male supremacy but is also used as a tool of control and domination by women over other women and men over other men. As we continue to develop our feminist analysis of rape, we must include the research and anecdotal evidence of same-sex rape in our studies. Thus far the lack of attention to same-sex rape has left many survivors without culturally competent support and, therefore, with few resources for healing.

Although California state law defines *rape* as an act that is perpetrated by a man against a woman, in this chapter we use the terms *rape* and *sexual assault* interchangeably. Because same-sex sexual abuse has had no specific language to describe it, it is important to give it a name, regardless of legal acceptance. In speaking to any survivor of sexual abuse, it is important to let the survivor define his or her own experience and to reflect whatever language or terminology the survivor chooses to use.

Same-sex sexual assault may include forced vaginal or anal penetration, forced oral sex, forced touching, or any other type of forced sexual activity. Same-sex sexual assault can happen on a date; between friends, partners, or strangers; and in employment situations. It can also interrupt an otherwise consensual sexual experience. Same-sex survivors are even less likely than opposite-sex survivors to report the assault to the police or seek counseling after it occurs. Most survivors of same-sex assault report additional barriers to seeking support from the police or even rape crisis centers. Because survivors of same-sex sexual assault do not seek support services, there is very little statistical data compiled about same-sex violence.

Woman-to-Woman Assault

Lesbian, or woman-to-woman, rape survivors often experience a sense of betrayal and disbelief that a woman could assault another woman. Some survivors speak of entering relationships with a certain romanticism that women are nonviolent and nonabusive. Unfortunately we know that controlling and abusive conduct can happen in all relationships and that abusive behavior crosses boundaries of gender, sexual orientation, race, color, class,

physical ability, political allegiance, spirituality, professional affiliation, and so on. Woman-to-woman abuse has often been trivialized or misrepresented as harmless "cat fights," with no victim and no injury. These sexist and homophobic beliefs act to ensure a sense of isolation and alienation of the survivor of woman-to-woman violence.

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Survivors of same-sex rape may initially experience denial, self-blame, minimization, difficulty trusting in same-sex relationships, internalized homophobia, and even an urge to blame the act of violence on sexual orientation.

A woman rapist might use a fist, a finger, a dildo, or other external objects in an assault, although this type of assault may or may not involve penetration. When a woman is raped by another woman, she does not have to worry about pregnancy, but she may still be at risk of getting vaginal, cervical, or anal infections. Although anecdotal evidence suggests that the majority of woman-to-woman assaults do not result in external physical injury, it's still important to talk to a survivor about the possibility of internal injury or sexually transmitted diseases whether or not penetration has taken place. Sometimes medical attention may be necessary to rule out internal or other physical damage a survivor may have sustained. If a same-sex survivor needs to seek medical attention, she may need referrals to nonhomophobic medical professionals, and she may also want to talk about her fears with you before her appointment. As a sexual assault counselor, it is important for you to have appropriate and queer-friendly information and referrals on hand.

In addition to potential physical injury, every rape survivor is affected psychologically. Survivors of same-sex rape may initially experience denial, self-blame, minimization, difficulty trusting in same-sex relationships, internalized homophobia, and even an urge to blame the act of violence on sexual orientation. It is important that a survivor be able to share her feelings with a counselor or advocate who will let her express her range of feelings without fear of being labeled, criticized, or pathologized. Although it's important to allow a survivor to process her own feelings, it's also important to delicately challenge all forms of homophobia, whether they come from a straight or a queer survivor.

Male-to-Male Assault

The 1991 National Crime Survey released by the U.S. Department of Justice reports that approximately 7.7 percent of annual rapes in the United States involved male victims. Any man—gay, straight, or **bisexual**—can be raped by another man. According to Michael Scarce, author of *The Reality of Male Rape,* the least common type of same-sex male sexual assault is the rape of a straight man by a gay man. This fact dispels the widespread homophobic belief that gay men are pathological sexual predators and molesters who seek out straight men to violate. Furthermore, it appears that the most common type of male-to-male rape is the rape of a man who is perceived to be gay by a heterosexual man. This finding is consistent with the feminist analysis that rape is primarily an act of power, not sex.

Unfortunately, sexual assault between gay men is also a problem within gay communities. Not surprisingly, most of these assaults occur among acquaintances. As with women, the same-sex assault of men can happen in dating situations, between partners, coworkers, friends, and so on. And though male survivors of same-sex rape do have much in common with female survivors of same-sex rape (for example, emotional trauma, confusion), there are also significant differences. For example, it is extremely rare for a female same-sex survivor to be sexually assaulted by a stranger. This is not true for men. Also, it is much more common for men to be assaulted by men who identify as straight, whereas the majority of woman-to-woman assault is perpetrated by queer women. Because men are socialized differently than women, they often react differently to sexual assault. For instance, many men are more likely to question their sexual orientation following a same-sex assault and tend to react with more overt anger and violent feelings than women do.

Many male survivors are afraid to seek services at rape crisis centers because they perceive them to be "for women only." Indeed, most rape crisis centers originated to serve the needs of women (albeit mostly straight and white women) and are not adequately trained about the issues faced by male survivors. In addition, most crank callers are men; therefore, many counselors are more hesitant when they first hear a male voice on the line, and that may have a negative effect on the experience of a legitimate male caller. In response to these issues, it may be necessary for sexual assault counselors to have additional training about male survivors and crank callers (to be able to differentiate). It is also appropriate that more men take the initiative to work with other men to provide gender-sensitive services.

Considerations for Counselors

What are the barriers that survivors of same-sex sexual violence have to face when they reach out for help? In response to this question, first, it is important to consider that we all live in a **heterosexist** society that is overwhelmed with misconceptions about sexual assault in general and especially same-sex sexual assault. For these reasons, almost all of the barriers that same-sex survivors experience are part of the context of homophobia and victim blaming, and often within the context of racism, classism, **transphobia**, and so on.

It is important to remember that there are differences between same-sex and opposite-sex rape but not to focus solely on those differences. Survivors of same-sex sexual violence may experience the same emotional reactions that opposite-sex survivors do. These reactions may include a variety of feelings and moods, nightmares, flashbacks, and so on. In addition, same-sex survivors are *also* having to cope with feelings of betrayal, and other more specific barriers, including

- Not being taken seriously or having their experience minimized
- Not having their experience labeled as sexual assault or rape
- Having to explain how it happened in more detail than one would ask a survivor of opposite-sex assault
- Having to educate those they reach out to
- Having their experiences sensationalized
- Increasing people's homophobia or being seen as a traitor to their community if they tell their story to straight people
- Having fewer people to talk to (because the gay, lesbian, bisexual, transgender, or glbt, community is a smaller, more tightly knit community)
- Mistakenly being seen as the perpetrator (especially if the survivor is more masculine or "butch")
- Being blamed for the assault—"You could have screamed, run away, said no more assertively"
- Not being understood or being blamed if it happened in a sadomasochistic environment
- Being treated in a homophobic manner by the police, the hospital, the rape crisis center, and others
- Being **outed**

All rape crisis centers can benefit from learning more about same-sex sexual assault, regardless of our own sexual orientation or the degree to which we've been affected by sexual violence. Ultimately, a more accurate and inclusive analysis of sexual violence will lead to the development of effective strategies to eliminate all kinds of sexual violence. As sexual assault counselors, you are very likely to come into contact with survivors of same-sex sexual assault, even if they don't identify as such. Please take into consideration the barriers they may be experiencing or anticipating. Most important, remember to be nonjudgmental and to remain open to the real struggles and needs of same-sex sexual assault survivors. Trust that the survivors you encounter will eventually recover from this trauma if they are met with understanding, respect, and support along the way.

Things to remember when working with same-sex rape survivors:

- Listen to the caller and reflect his or her language.
- Remember that same-sex assault is no less traumatic than opposite-sex assault.
- Ask the caller what he or she would like to have happen and help the caller achieve that, if possible.
- Make sure the caller is OK physically.
- Understand that there are differences between same-sex and opposite-sex assault.
- Ask the caller his or her gender if you are uncertain and it is relevant.
- Educate yourself about queer issues.
- Make sure you have referrals for "safe" resources for queers (for example, medical, legal).
- Ask if the caller would like a queer-specific referral.
- Validate that what happened was sexual assault and was not OK.

Things to avoid when working with same-sex rape survivors:

- Don't make assumptions about the perpetrator's gender (or the caller's gender).
- Don't ask for details of the assault if the caller does not want to share them.
- Don't minimize the abuse, categorizing it as a "special" rape versus a "regular" rape.
- Don't assume the caller will want to make a police report or go to the hospital.
- Don't focus *only* on the differences between same-sex and opposite-sex assault.
- Don't refuse to call a same-sex assault a "rape" (unless answering specific legal questions).
- Don't assume the caller is out.

Definitions

Bisexual. A woman or a man who is open to or has sexual relationships with men and women.

Heterosexist. Beliefs and practices that see heterosexuality as normative behavior and pathologize or marginalize nonheterosexual or queer experiences and relationships.

Homophobia. An irrational fear of lesbians or gays; also used to mean an intense hatred of lesbians and gays.

Outed. Having had one's sexual orientation discussed or revealed without one's consent. "Coming out" is the process of acknowledging that one is lesbian, gay, bisexual, or **transgendered.** It is an ongoing process and first means coming out to yourself. "Queers" may be out to some and not to others, for example, out to friends but not to family members or coworkers.

Patriarchal. A society that is ruled or dominated by men.

Queer. An umbrella term used to define persons who are gay, lesbian, bisexual, or transgendered (glbt). It is a word that has been and continues to be used in derogatory ways against queer communities but has been "reclaimed" by many glbts (but not all) as a term of empowerment and as a way to disempower the homophobic use of it.

Same-sex sexual assault. The sexual assault of either a woman by a woman or a man by a man. In each case the perpetrator and survivor may or may not be identified as gay, lesbian, or queer.

Transgendered. An umbrella term that generally means to cross traditionally accepted gender roles. Included under this term may be transexuals, transvestites, cross-dressers, and intersexed people. Usually this term refers to transexuals (male-to-female or female-to-male), whether they be pre-, post-, or nonoperative.

Transphobia. Fear of or hatred toward transgendered people.

Child Sexual Abuse

JACQUELINE GOLDING

BOTH LEGAL AND RESEARCH DEFINITIONS of child sexual abuse usually include two components: "(1) sexual activities including a child and (2) an 'abusive condition.'"[1, p. 33] "Sexual activities including a child" means any behaviors intended for sexual stimulation; contact with a child's genitals that is required for normal caretaking does not count as sexual abuse. These activities may or may not include physical contact with the child. For example, *noncontact sexual abuse* includes exhibitionism, voyeurism, and child pornography.[1] *Contact sexual abuse* includes both penetration and nonpenetration. Examples of penetration are penetration of the vagina, mouth, or anus by a penis, finger, or object.[1] Examples of nonpenetration are touching of the sexual parts of either person's body and sexual kissing.[1]

Defining who is a child can be complex. Researchers defining child sexual abuse have used ages ranging from twelve[2] to eighteen[3–5] to define what they mean by childhood. Their choices reflect assumptions about whether there is a difference (in whatever is important to a particular researcher) between child and adult sexual assault, and in when a person ceases to be a child and becomes an adult. In California, persons fourteen and older can legally consent to noncoercive and nonexploitive sexual activities; legally, they may not consent to sex with an adult.[6] Clearly, there are developmental differences among infants, toddlers, preschoolers, school-age children, pubertal children, early adolescents, and later adolescents. These may or may not affect the various impacts of sexual abuse under different conditions.

Finkelhor[1] identified three kinds of abusive conditions:

- The offender is in a position of power or authority over the child
- The offender is much older or more mature than the child
- The offender uses force or trickery to carry out sexual activities

Each of these will be discussed.

Abusive conditions exist when the offender is in a position of power or authority over the child or is in a caretaking relationship with the child. Another way to say this is that exploitation is involved.[7, 8] In one national survey, fully half the people who had been sexually abused during childhood reported that they saw the person who abused them as an authority figure.[3]

It is thought that people who are intellectually or physically disabled have an additional source of vulnerability to sexual abuse if their disability reduces the extent to which they can resist possible abuse.[9, 10] For example, intellectual limitations (beyond the developmental limitations that are typical for the person's age) may reduce a child's ability to understand what is happening relative to other children the same age.[9] Likewise, when a disabled person depends on someone else for personal care, he or she can find it difficult to differentiate assistance with this from sexual exploitation or may be terrified to resist it because of dependence on the offender for daily survival.[9, 10]

Finkelhor identified three kinds of abusive conditions:

- The offender is in a position of power or authority
- The offender is much older or more mature
- The offender uses force or trickery

The presence of a caretaking relationship confers power: for example, one of every eight adults who had been sexually abused during childhood reported that the sexual contact was gained "because you were afraid they wouldn't like or love you."[11] Adults may coerce children into sexual activity by using psychological pressure, by referring to adult authority, or by promising gifts or rewards.[12] In one study, bribery was the third most common form of coercion, reported by nearly one of every five sexually abused persons.[11] "Grooming," or intentionally establishing an affectionate, trusting relationship with a child for the purpose of eventual sexual molestation (including taking the child out for meals, giving gifts), is thought to be common among both intra- and extrafamilial child molesters.[13, 14]

A second type of abusive condition exists when the offender is much older or more mature than the child. The age difference is seen as conferring power or authority or as increasing the likelihood of exploitation. Some research definitions specify that a five-year age difference between the people involved counts as sexual abuse, regardless of whether the individuals see the sexual contact as consensual.[4] Some researchers use the age differential as a defining factor only under specific circumstances.[e.g., 8] Large age differences (that is, more than ten years) have been linked to greater emotional trauma in adulthood.[15]

The use of age to define child sexual abuse can be quite complicated. As an illustration of this complexity, some aspects of one legal definition of child sexual abuse are summarized (for more details about child sexual abuse reporting laws, see "Mandated Reporting Guidelines Procedures"). Although, in California, the age of eighteen is used to define who is a child, not all sexual behaviors involving someone under eighteen are defined as sexual abuse. The age of fourteen is an important dividing line in the legal definition of sexual abuse. Consensual sexual activity between two minors who are both under fourteen, or both over fourteen, does not count as sexual abuse.[6] However, sexual contact between someone over fourteen and someone under fourteen is defined as sexual abuse even if the individuals involved see it as consensual.[6] In addition, intercourse between a minor under sixteen and an adult over twenty-one is considered to be sexual abuse (Child Abuse and Neglect Reporting Act, 1998, California Penal Code sec. 11165.1). Any kind of sexual contact with a minor who is fourteen or fifteen years old by someone more than ten years older is also considered to be sexual abuse (Child Abuse and Neglect Reporting Act, 1998, California Penal Code sec. 11165.1).

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In one national survey, fully half the people who had been sexually abused during childhood reported that they saw the person who abused them as an authority figure.

Third, abusive conditions exist when the offender uses force or trickery to carry out sexual activities. Research suggests that force is used in about one out of six cases of child sexual abuse.[3, 11] The use of force is related to greater emotional trauma.[15, 16]

The survivor's own definition of abuse, and her perception of whether she was abused, is important in understanding her experience. Research has illuminated one aspect of this issue. People who are asked whether they were ever "molested" or "sexually abused" are typically less likely to report having been sexually abused than are people who are asked about their childhood sexual experiences and then asked whether the experience was wanted and whether the other person was older (and if so, how much older). In a study of experiences during early adulthood, only about half the women who answered yes to a question that described an experience that met the legal definition of rape in their state also answered yes when asked whether they had ever been raped.[17] These findings suggest that people may not define as abuse experiences that meet reasonable, or even conservative, definitions of abuse.

What does this mean? Of course, individuals' perceptions of their own experiences should be respected and taken seriously. Yet the kinds of mental and physical health

Sexual abuse exists when there are sexual activities that include a child (regardless of penetration or even physical contact) and when an abusive condition is present. Abusive conditions include differences in power, age, or maturity, and the use of force or trickery.

problems that are related to having been sexually abused seem not to depend on whether the person defines the experience as "abuse." It is possible that the person simply didn't think that his or her experience was what the researchers were asking about or was too embarrassed to report it.[18] The bottom line is that people's self-definitions need to be attended to sensitively.

In addition, there may be cultural differences in which behaviors are defined as sexually abusive.[19] Not all cultural groups have been studied in this regard, and so only examples based on existing research are given here. (This is true with respect to cultural issues in general throughout this chapter). One survey showed diversity among Asian-American, Pacific Islander, and Filipino human service providers in the extent to which various behaviors were seen as culturally acceptable; for example, "for a baby boy to have his genitals kissed and fondled by family members as expressions of joy that it is a boy child."[20, p. 81] At the same time, it is not helpful to take the perspective of cultural relativism, or "seeing everything that is different in the other as related to culture and therefore acceptable."[21, p. 410] Cultural relativism has within it the danger that destructive behaviors will be ignored.[19, 21] Therefore, it is dangerous to excuse potentially abusive behavior simply on the basis of cultural differences.

In summary, sexual abuse exists when there are sexual activities that include a child (regardless of penetration or even physical contact) and when an abusive condition is present. Abusive conditions include differences in power, age, or maturity, and the use of force or trickery. There may be both individual and cultural differences in definitions of sexual abuse and in contextual experiences, such as other kinds of trauma, that need to be taken into account in defining sexual abuse.

Prevalence of Child Sexual Abuse

Child sexual abuse is a common experience. On the average, in surveys of adults, roughly one of every six women and one of every twenty men reported having been sexually abused during childhood.[2–5, 8, 11, 24–33, Keckley Market Research, 1983, cited in 18] Some of the most carefully conducted studies have obtained much higher estimates. For example, in a national telephone survey, 27 percent of women and 16 percent of men reported a history of childhood sexual abuse.[3] A study in which 930 San Francisco women were carefully interviewed found that 38 percent had been sexually abused during childhood.[8] So, although many people who have been sexually abused during childhood may feel isolated or "different,"[16, 34] in reality their experience is shared by many other people.

RISK FACTORS

Some children are at higher risk for sexual abuse than others. Sexual abuse is more common among girls than boys.[35, 36] However, it is possible that sexual abuse of boys is less likely to be reported, and thus the gender difference may be smaller than is commonly believed.[36, 37] Reasons for possible underreporting by boys and men include gender role norms (because reporting and being victimized are particularly inconsistent with the masculine ideals of self-reliance and strength) and homophobia (because most sexual abusers are males).[7, 36, 37] A comprehensive review of the evidence regarding gender differences concluded that although sexual abuse of boys may be underreported, girls are still at higher risk.[36]

Social class seems to be unrelated to risk for child sexual abuse,[36] although some early studies suggested that low socioeconomic status was related to increased risk.[19]

Risk for sexual abuse among African-American and European-American children have been similar in most studies,[36] although the most recent research found a higher rate in European-American women.[5] It is thought that stereotypes of African Americans as

hypersexual might reduce the likelihood of detection of sexual abuse in this population, either through nonrecognition of its abusive nature or through lack of concern.[38] Studies comparing rates of child sexual abuse among Latinos and European Americans have found mixed results.[11, 36] Rates of child sexual abuse among Asian Americans, Pacific Islanders, and Filipinos tend to be relatively low, although few data are available.[20] Some clinicians suspect that underreporting in these groups due to cultural factors leads to underestimates of the true prevalence.[20]

In summary, then, there are no clear ethnic differences in risk for child sexual abuse, although several groups have not been studied.

Reported prevalence of child sexual abuse ranges from 21 percent to 38 percent among lesbians and 21 to 37 percent of gay and bisexual men, although the samples were probably not representative of lesbian, gay, or bisexual populations in general.[41] The rate for lesbians is at the high end of the range of findings for women in general, whereas the rate for gay and bisexual men is higher than rates for men in general.

It is thought that physically disabled people may potentially be at higher risk than others for sexual abuse.[9] Denial by others may be particularly acute for disabled people, because they may be perceived by others as asexual and thus abuse seen as "unthinkable."[9] There is also a myth that "society feels compassion toward disabled individuals and therefore would not think to do such a thing."[9, p. 374] It is thought that sexual abuse of disabled people is sometimes taken less seriously than sexual abuse of other people because the disabled person is "different" or has less power.[9] Another problem is that people who cannot speak or are intellectually disabled are perceived as less believable.[9]

Living away from one's mother or one's father tended to serve as risk factors for child sexual abuse.[36] Frequent parental illness appeared to be a risk factor in some studies.[36] Lack of support from parents, particularly mothers, was related to higher risk of child sexual abuse.[36, 42] Conflict between the parents also increased risk for child sexual abuse.[36] It is thought that these factors increase risk in two ways.[36] First, in households characterized by conflict and fewer or less-available parents, supervision, and thus protection, may be limited. Second, if these forms of conflict and separation cause emotional distress in the child, he or she may be seen by potential molesters as both more vulnerable and less likely to disclose the abuse.

The presence of a stepfather seems to increase risk for sexual abuse over and above the absence of the biological father.[36] However, little current research is available on this issue, although stepfamilies are more common now than in the past.[36]

In summary, risk factors for child sexual abuse include female gender, family disruption, the presence of a stepfather, and possibly physical disability.

CHARACTERISTICS OF CHILD SEXUAL ABUSE EXPERIENCES

Although child sexual abuse is common, experiences of child sexual abuse differ in many ways. Some of the ways that are relatively easy to specify include how old the child was at the time of the abuse, how many times he or she was abused, whether he or she was abused repeatedly by the same person, what kind of sexual activity occurred, and who the offender was—as well as the type of abusive condition. The many possible combinations of these factors, along with unique aspects of individual situations, mean that child sexual abuse experiences may differ greatly from one individual to another, as well as from one experience to another for the same individual.

On the average, childhood sexual abuse begins around the age of ten years, although there is a wide range.[2, 3, 5, 11, see also 36] Rates of child sexual abuse climb steadily from infancy to peak around age seven and then decrease somewhat.[36] The time between ages ten and

Children who have been sexually abused are more likely than other children to have been physically abused also.

thirteen is also a particularly high risk period, with rates climbing again at sixteen to seventeen.[36] Research findings about age of risk are affected by the kinds of experiences that were studied (specifically, whether they included abuse by peers or only by adults) and difficulties with memory and reporting for children preschool age and younger.[36, see also 43] Research does not provide consistent conclusions about the relationship, if any, between the age at which abuse occurs and its long-term effects.[16, 44]

Of people who have been sexually abused at some time during their childhood, somewhere between one-third and two-thirds are abused more than once.[2–5, 11] About one in ten to one in four sexually abused children are abused repeatedly by the same person.[3, 11] Thus, the multiple incidents of abuse that seem to be particularly traumatic and related to later mental and physical health[15, 45, 46] are quite common.

About one-fourth to one-half of sexually abused women[2–5, 8, 11, 47] and about two-thirds of sexually abused men[2, 3, 11] report that the abuse included oral, anal, or vaginal penetration. Penetration has been linked to greater trauma.[15, 16, 44]

The vast majority of child sexual abuse of both women and men is committed by men. Of children who were sexually abused, more than nineteen of every twenty girls were abused by a man,[3–5, 11] as were more than eight of every ten boys.[3, 11] A large majority of lesbians who were sexually abused in childhood were abused by men.[41] Within the lesbian community, there may at times be a tendency to minimize abuse committed by women.[48]

Children who have been sexually abused are more likely than other children to have been physically abused also.[49, 50] Although most physical abuse is committed by family members,[49] the majority of sexual abuse is committed by persons known to the child who are not family members. This suggests that many sexually abused children may be victimized by multiple offenders. It also raises concern about the availability of family support to children who have been sexually abused, which may be particularly problematic, given the importance of family support in the child's coping with sexual abuse.

In summary, the average age of onset of child sexual abuse is about ten years, and among survivors, multiple incidents of abuse are quite common. Penetration occurs in half or more of the cases. Nearly all child sexual abuse is committed by men.

Later Problems Related to Child Sexual Abuse

Both research and clinical experience have shown that child sexual abuse is related to later problems with mental health, physical health, and interpersonal functioning. Because short- and long-term effects may be different,[51] and because some symptoms (such as increased sexual behavior and sexual dysfunction) have different meanings in children and adults,[51] they are summarized separately here. One study that followed sexually abused children and teenagers for two years after the abuse was reported found that many problems became more common over time and continued through the two-year mark.[52]

STUDIES OF CHILDREN

About two of every three sexually abused children display at least one of a wide variety of problems following sexual abuse.[44] Children who have been sexually abused are consistently more likely than nonabused children to show fear, nightmares, post-traumatic stress disorder (PTSD), withdrawn behavior, cruelty, delinquency, sexually inappropriate behavior, behavior characteristic of earlier developmental stages (such as bed-wetting, tantrums, and whining), running away, generally problematic behavior, self-harming behavior, and internalizing and externalizing behavior.[44] (*Internalizing* and *externalizing* problems refer to two groups of emotional or behavioral problems experienced by children. Internalizing problems include depression, fearfulness, and withdrawal; externalizing problems include angry, aggressive, and out-of-control behavior.[44]) These problems were found to a greater

extent in sexually abused than nonabused children in every study in which they were examined.[44] Sexually abused children are at high risk for depressive symptoms, especially if they have been abused repeatedly by the same person.[53] Depressive symptoms and PTSD often occur in the same abused children.[53] Dissociative symptoms are also more common in sexually abused than nonabused children, particularly in children who experienced more intrusive sexual behavior, higher levels of coercion and force, or repeated abuse by the same person.[53]

The most common problems among sexually abused preschool children were anxiety, nightmares, PTSD, internalizing, externalizing, and inappropriate sexual behavior. Among sexually abused school-age children, the most common problems were fear, nightmares, aggression, school problems, excessive activity, and behavior characteristic of younger children. Sexually abused adolescents were most likely to exhibit depression, withdrawal, suicidal or self-harming behavior, physical discomforts, illegal behavior, running away, and substance abuse.[44] It is thought that sexualized behaviors may occur for the youngest children, submerge during the school years, and return during the teenage years in the form of promiscuity, prostitution, or sexual aggression and in adulthood as sexual dysfunction.[44]

Children involved in court proceedings, particularly multiple or long-lasting proceedings, seemed to recover more slowly from the problems they had following abuse.[44] These risks could be reduced by resolving cases quickly, by limiting the number of times the child has to testify, and by allowing the child to testify in a protected setting such as a closed courtroom or on videotape.[44]

Characteristic symptoms include reexperiencing the stress, avoidance of situations or people that remind the person of the stressful experience, and physical anxiety.

Additional studies of older children and teenagers (from age nine to eighteen) found that, compared with nonabused youth, youth who had been sexually abused were more likely to have an anxiety disorder;[54] drank alcohol more frequently, heavily, or with more problematic consequences[55–57] or used other drugs;[56–58] had more sexual partners,[55] more physical symptoms,[55, 59] and more emotional distress;[59] were more likely to self-induce vomiting;[58] had more problems with thinking and attention;[59] were more aggressive and had more social problems;[53, 59] were more likely to have run away from home;[58] and were more likely to have seriously considered[56, 59] or attempted[56–58] suicide.

One way to understand the psychological aftereffects of child sexual abuse—both short-term and long-term—is as manifestations of PTSD. This is a diagnostic category whose essential feature is an experience of extreme stress,[60] which certainly characterizes sexual abuse. Other characteristic symptoms include reexperiencing the stress (for example, in memories or nightmares), avoidance of situations or people that remind the person of the stressful experience (for example, by avoidant behavior, efforts to avoid thinking about the stress, or emotional numbness), and physical anxiety (as shown, for example, by startling easily, having difficulty concentrating, or having disturbed sleep).[60] Understanding the aftereffects of child sexual abuse within the framework of PTSD has several advantages. It connects child sexual abuse with other forms of trauma, which may help us understand more about sexual abuse.[61] It has helped us see the effects of sexual abuse as a coherent set of symptoms rather than individual symptoms in isolation.[61] It also helps to depathologize survivors, because the stresses involved in PTSD are the kinds of experiences that would cause extreme distress in almost anyone.[61] Because the PTSD diagnosis makes the links between violence and distress very clear, it has the potential to facilitate understanding and healing.[62] "Diagnosis is a place to begin. It allows therapist and client together to develop a name for the pain and a manner of comprehending its origins . . . a name that does not create otherness but serves as a powerful source of self-knowledge."[63, p. 152]

The use of the PTSD concept to understand the psychological aftereffects of child sexual abuse has been criticized.[61] One criticism is that PTSD emphasizes the *feelings* of people who have been traumatized; some observers think that the *thoughts* or *beliefs* of chil-

dren who have been sexually abused do not get enough attention in this framework.[61] Not all children who are sexually abused have PTSD,[61] although this seems like a limited criticism, because we would expect different individuals, in at least somewhat different situations, to experience different effects. Some observers also believe that PTSD does not have enough of a theoretical basis to account for the kinds of problems that sexually abused children have.[61]

From one in five to nearly half of children who had been sexually abused had PTSD,[44, 64–66] and those who had been sexually abused had more PTSD-related symptomatology than did those who had not.[67] Children who experienced more severe abuse had more severe PTSD.[53] Incest, especially by a parental figure, seems to be related to the chance of developing PTSD.[53]

It is thought that the way children think about and understand the events that occur in their lives (for example, whether they are prone to blame themselves when bad things happen) is related to the chance that they will develop PTSD following sexual abuse.[53]

STUDIES OF ADULTS

Several studies of adults recalling child sexual abuse have been done among ordinary people, regardless of whether they sought any kind of treatment, and are useful in estimating long-term effects. These studies show that survivors are more likely than others to experience depression.[33, 42, 47, 68, 69] Of the women in these studies who had been sexually abused as girls, between 44 percent and 85 percent could be diagnosed with clinically significant depression. This compares to frequencies of 10 percent[70] to 21 percent[71] in women in general. (The rate in nonabused women is probably lower than this, because at least one in six "women in general" have been abused.) Child sexual abuse seems to increase the risk of depression more for Latinas than for European Americans.[69]

A particularly troubling finding is that one in every five women who had been sexually abused during childhood has made at least one suicide attempt,[42, 59, 68] and many others have thought seriously about suicide.[59, 68] It is thought that Asian-American survivors are at particularly high risk for suicidal thoughts.[20]

PTSD occurred in from one in six to all adults recalling childhood sexual abuse.[59, 68, 72–76] The proportion was at least two-thirds of adults in half of the studies, all but one of which included only women. The highest rates of PTSD were reported in small studies that included only women who had been subjected to incest.[72, 74] Adults who have been sexually abused as children but do not meet diagnostic criteria for full-blown PTSD often have symptoms of PTSD.[35]

Eating disorders were more common among women sexually abused as children than among nonabused women. These include bulimia, a pattern of eating a great deal (bingeing) followed by attempts to "get rid of" the food (purging; for example, self-induced vomiting, excessive use of laxatives).[77] Another disordered eating pattern found to be more common in both women and men who had been sexually abused in childhood was anorexia nervosa.[78] The symptoms included thinking they were too fat, losing more than fifteen pounds, losing weight so that they weighed no more than 85 percent of their normal body weight, and having sudden changes in weight. Sexual abuse in childhood is also related to obesity in adulthood.[79, 80] These symptoms may point to an overarching feeling of powerlessness and attempts to regain control over one's life by controlling one's eating. Specifically, they may suggest an attempt to control—or feelings of lack of control of—what comes into one's body, a form of self-determination that may be especially eroded by the physical intrusions of sexual abuse.

Anxiety disorders such as phobias,[68, 69] panic disorder,[69] and obsessive-compulsive disorder[68] are also reliably related to a history of child sexual abuse. Overall level of anxiety is also related to child sexual abuse history.[51]

Women who were sexually abused in childhood are more likely than other women to abuse or be dependent on alcohol or other drugs.[33, 42, 59, 69] It is thought that, for some survivors, this may represent self-medication of painful thoughts or feelings, a form of "chemical dissociation."

Internalized homophobia was greater among gay men who had been sexually abused during childhood than among nonabused gay men.[41] At some stages in the coming-out process, self-blame for sexual abuse among gay men may be related to internalized homophobic attitudes.[81] Acceptance and clarity about sexual orientation may be hindered for lesbians by sexual abuse.[48] It is thought that a minority of lesbians feel unresolved about whether sexual abuse by a man contributed to their lesbian orientation.[48] Some studies suggest a connection between incest or other childhood sexual abuse and later lesbian identity, but others do not.[34] Some women experience the development of lesbian identity as a positive, adaptive way of coming to terms with the trauma of incest.[34] One woman commented, "If I'm a lesbian because I was sexually abused, at least something good came out of it."[48]

Dissociation, or a pattern of disturbances in identity and memory (shown on a minor level in daydreaming or "spacing out" while driving, and including detachment or numbing and "out-of-body" experiences), has been found to be related to child sexual abuse.[75, 82–86]

Overall emotional distress related to childhood sexual abuse may be greater among African-American than European-American women, and this is probably because African-American women tend to be subjected to more invasive contact and greater use of force.[87] Little is known about other possible cultural differences or similarities in emotional distress related to child sexual abuse.

Sexual abuse during childhood is also related to a wide range of physical health problems in adults.[88] Women who were sexually abused as girls are more likely than other women to have problems with chronic pain, including pelvic pain,[89, 90] fibromyalgia (a disorder characterized by chronic muscle pain in many parts of the body),[91, 92] and headache,[93–95] and childhood sexual abuse is thought to be related to back pain[96] and facial pain.[97]

Sexual abuse is also related to later gynecologic problems such as painful or irregular menstrual periods,[98, 99] premenstrual disturbances,[100, 101] sexually transmitted disease, pelvic inflammatory disease, multiple yeast infections, and early hysterectomy or other gynecologic surgery.[80, 89, 90]

A third group of adult health problems related to child sexual abuse is digestive disorders, such as irritable bowel syndrome, heartburn, constipation, diarrhea, and chronic abdominal pain.[79, 90, 102–105]

Survivors of child sexual abuse are more likely than others to be subjected to violence by an intimate partner and to be sexually assaulted during adulthood.

As well as being at increased risk for specific health problems, women sexually abused as children are at increased risk for having multiple physical symptoms.[85, 106–108]

Perhaps because child sexual abuse involves emotional distress, a profound sense of betrayal, distortion of beliefs about the self and others,[109] and sometimes maladaptive ways of coping with the abuse, it can lead to difficulties with trust and the ability to have secure, stable relationships.[35] As adults, survivors are less likely than others to marry or stay married, have fewer friends and have less satisfaction and more discomfort in relationships, and experience their relationships with friends, relatives, and spouse as less emotionally supportive.[35, 75, 110] Thus, the violation of trust early in life that is inherent in child sexual abuse seems to have long-term effects on intimacy.

Within relationships, sexual dysfunction is more likely in women who have been sexually abused.[16, 33, 35, 75, 98] This finding is similar for European-American, Latina, and African-American women, although some forms of sexual dysfunction relate to sexual assault only among Latina women.[98] When only lesbians were studied, child sexual abuse

Adults who were sexually abused during childhood are at greater risk than others for depression, suicidality, PTSD, eating disorders, anxiety disorders, substance abuse or dependence, difficulties with acceptance of sexual orientation, dissociation, and emotional distress in general.

was not related to a later risk for decreased sexual activity or enjoyment.[41] It is possible that difficulties with intimacy that may result from child sexual abuse—and in particular, difficulties related to intimacy with men, who are the vast majority of child sexual abuse offenders—may contribute to this increased risk of sexual dysfunction.

Survivors of child sexual abuse are more likely than others to be subjected to violence by an intimate partner and to be sexually assaulted during adulthood.[16, 51, 75, 111] The finding of risk for adult rape was replicated in a study that included only lesbians,[41] one that included both European-American and African-American women,[75] and one that included both Latina and European-American women.[111] Child sexual abuse seems to increase risk for later prostitution[45, 53, 75, 112, 113] and other high-risk sexual behavior.[33, 53, 75, 113]

Self-disclosure issues can take on an additional dimension for adult lesbians who have been sexually abused during childhood. Sometimes lesbian survivors are concerned that if they disclose both their sexual orientation and their abuse history, these facts about them will become somehow connected in the listener's mind.[48] This is thought to lead to complications in self-disclosure in relationships in some situations.

In summary, adults who were sexually abused during childhood are at greater risk than others for depression, suicidality, PTSD, eating disorders, anxiety disorders, substance abuse or dependence, difficulties with acceptance of sexual orientation, dissociation, and emotional distress in general. Child sexual abuse is also related to physical health problems, including chronic pain disorders, gynecologic problems, digestive disorders, and multiple physical symptoms. Child sexual abuse is also related to interpersonal problems during adulthood, including difficulties with trust, intimacy, stability of relationships, and self-disclosure and lack of social support. Child sexual abuse is also related to sexual dysfunction in adulthood. Survivors are at greater risk than others for revictimization, and for prostitution and other high-risk sexual behaviors or experiences.

Trauma of Child Sexual Abuse

Sexual abuse may have harmful effects on survivors in multiple ways. Finkelhor and Browne[114] have proposed that these ways can be classified into four categories, which they call *traumagenic dynamics*. "A traumagenic dynamic is an experience that alters a child's cognitive or emotional orientation to the world and causes trauma by distorting the child's self-concept, worldview, or affective capacities."[61, p. 68] The four traumagenic dynamics specified by the theory are

- Traumatic sexualization
- Stigmatization
- Betrayal
- Powerlessness

Each of these is discussed.

Traumatic sexualization refers to the shaping of a child's sexuality in ways that are developmentally inappropriate and interpersonally dysfunctional.[114] For example, this can happen when the child is rewarded by the offender for sexual behavior that is not appropriate to the child's age. One consequence is that the child learns to use sexual behavior as a way to manipulate others. The child may view herself as being valued only for her sexuality.[115] Traumatic sexualization can also happen when frightening or painful memories become connected, in the child's mind, with sexual activity. For example, physical violence or graphic threats to the child or someone close to her may be accompanied by sexual contact. A third way that traumatic sexualization can happen is when the offender

The four traumagenic dynamics of child sexual abuse are

- Traumatic sexualization
- Stigmatization
- Betrayal
- Powerlessness

transmits misconceptions and confusions about sexuality to the child. It is thought that traumatic sexualization is most likely when the offender tries to get the child to respond sexually.[114] Traumatic sexualization may possibly account for sexual disturbances seen in survivors, such as excessive or compulsive masturbation or sexual play,[116] sexual aggression toward others, sexual dysfunction, promiscuity, and prostitution.[114]

Stigmatization is the communicating of ideas of badness, shame, guilt, and differentness to the child that then become part of the child's self-image.[86, 114] The offender may convey a sense of shame about the abuse or may directly blame the child for it. When offenders pressure the child for secrecy, this also conveys a sense of shame.[117] If, in response to disclosure of the abuse, people react with shock, hysteria, blame of the child, or attribution of related undesirable characteristics to the child (for example, "loose morals" or "spoiled goods"), stigmatization is likely to be increased. Stigmatization is thought to underlie the isolation,[115] substance abuse, criminal behavior, and self-destructive behavior sometimes seen in survivors.[114]

Betrayal relates to destruction of trust. Basic trust—part of a sense of connection to other people—is necessary to sustain people throughout their lives and is destroyed by trauma because traumatized people experience themselves as being completely abandoned.[118] Thus, betrayal involves loss.[115] Betrayal occurs when the child discovers that someone on whom she depended has harmed her.[114] The harm can come in the form of manipulation, deceit, and callous disregard, as well as the abuse itself. People other than the offender may contribute to the child's sense of betrayal by not protecting or believing the child or by changing their perception of the child following disclosure of the abuse. Sexual abuse by persons close to the child is likely to result in a greater sense of betrayal.[114] It is thought that betrayal may account for the clinging, vulnerability to revictimization, isolation, difficulties in intimate relationships, and aggressive or delinquent behavior seen in some survivors.[114, 119]

Powerlessness, or disempowerment, occurs because the abusive behavior occurs against the child's will.[114] The child is coerced and manipulated and finds herself unable to stop the abuse. She may feel trapped by her dependency on the abuser. She may be unable to make other adults believe that the abuse is occurring. Her powerlessness in the abuse situation may extend to other areas of her life as well.[86, 115] It is thought that powerlessness may be related to some survivors' nightmares, fearfulness, somatic symptoms, eating and sleeping disturbances, depression, dissociation, running away, delinquency, and vulnerability to revictimization[114] and to bullying of others.[115]

These four traumagenic dynamics have been expanded by James[115] to nine, which are meant to include the effects of trauma other than sexual abuse. Some or all of these, however, may be applicable to sexual abuse also. The additional five traumagenic dynamics are self-blame, fragmentation of body experience (a sense of being unable to respect, trust, or love one's body), destructiveness (loss of control over angry impulses), dissociative/multiple personality disorder, and attachment disorder (difficulties in having a secure relationship with a caretaking person, as shown by behaviors such as indiscriminate clinging to adults or inability to have close, trusting relationships).

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Of people who have been sexually abused as children, about four out of five were abused by someone they knew.

Types of Child Sexual Abuse

Child sexual abuse can be divided into "types" based on many of the characteristics discussed above (for example, age of the child, degree of sexual contact). Another basis for defining different types of child sexual abuse has to do with the relationship of the

offender to the survivor. Research suggests that abuse by people who are closer to the child,[44] particularly father figures,[15, 16, 120] is related to more problematic outcomes.

Of people who have been sexually abused as children, about four out of five were abused by someone they knew.[3, 8, 11, 28] A study of developmentally disabled people who had been sexually abused found that nearly all had been abused by relatives and caretakers.[9]

INCEST

Incest is defined as sexual abuse by a relative. About three of every ten women who were sexually abused in childhood were subjected to incest,[2–5, 8, 11, 26, 28, 32, 47, 59] as were about one in ten sexually abused men.[2, 3, 11]

One study found lower risk for incest among Asian-American and Jewish women than others.[36] Incest was equally common among European-American and African-American survivors[4, 5, 87] and among Latina and European-American survivors.[11] In one study, African-American women had incest experiences that were characterized by a later onset than those of European-American women, more invasive sexual contact, and more physical force or violence, and they described their incest experiences as more upsetting.[87]

More than nineteen of every twenty women who had been subjected to incest were abused by a male.[8] Both physical abuse and additional sexual victimization were common among teenage girls who had been subjected to incest.[56]

About one of every ten women who were sexually abused during childhood were abused by a parent, most often a father figure.[2, 3, 8, 11, 28] Survey research has found that sexual abuse by a father or stepfather is more traumatic than abuse by others.[15, 16, 120] Sexual abuse by biological fathers or stepfathers was equally common among African-American and European-American women[87] and among Latina and European-American women.[11]

About three of every ten women who were sexually abused in childhood were subjected to incest, as were about one in ten sexually abused men.

In summary, about one-third of survivors of child sexual abuse were abused by a relative, and about one-third of those were abused by a parent. Nearly all incest was committed by men. There may be cultural differences in prevalence of incest.

In families in which father-daughter incest occurs, a common pattern is one in which the father dominates the household and devalues women.[34, 121] Fathers are often competent economic providers, and mothers are often homemakers or otherwise unable to survive independently.[34, 121] Fathers often restrict the mother's and daughters' social contacts outside the household.[34] (This pattern resembles the intimidation and control that is often characteristic of couples in whom battering occurs,[122–124] and, in fact, the fathers in these households may be more likely than others to batter their wives.[34]) It can become particularly intense during the daughter's teenage years, when fathers may become jealous and either forbid any dating or other peer relationships or insist on hearing all the details of the daughter's sexual experiences.[34] At the same time, maternal illness, mental health problems, and repeated pregnancies often limit the mother's capacities both to challenge the father's domination effectively and to give their daughters the affection and compassion that they want to give.[34]

The male domination that is at the heart of this set of family dynamics is common to many cultural groups in North America; for example, Asians, Pacific Islanders, and Filipinos,[20] Puerto Ricans,[39] Seventh Day Adventists,[40] and white Anglo-Saxon Protestants.[125] The parental authority and expectations for obedience that may contribute to these conditions also are common to Asian, Pacific Island, Filipino,[20] Puerto Rican,[39] Seventh Day Adventist,[40] and white Anglo-Saxon Protestant[125] cultures. The social isolation that may be characteristic of white Anglo-Saxon Protestant families may also contribute to these conditions.[125]

The daughter who is subjected to incest may become "Daddy's girl" and given favored treatment by a father who otherwise devalues all females.[34, 121] Because of this situation,

the daughter feels she has no choice but to comply with her father's sexual demands.[34] At the same time, the sexual contact between father and daughter may drive a wedge between mother and daughter, which could potentially decrease the mother's protection of the daughter. The father's sexual coercion of the daughter tends to recur and escalate over a period of years.[12, 34] It is typical for the daughter to escape the incestuous relationship in any way she can—often by running away from home or by early marriage.[34]

Guilt may be particularly strong in incest survivors because the child may blame herself for the destruction of her family,[119] especially because it is typical for incestuous offenders to threaten survivors that if they disclosed the abuse, this would break up the family[34] or cause other terrible things to happen.[12, 117] The offender attributes great power to the child, who, if she keeps the secret, can protect her siblings from abuse, protect her mother from falling apart, protect her father from temptation, and keep the family together.[117] This role reversal gives to the child responsibilities that belong to a parent,[117] while the offender is taking on a childlike role not only of irresponsibility but of having his sexual (and perhaps other) needs met by the abuse.

A girl who discloses incest needs reassurance.[34] She needs to be told that she is believed; that the incest is not her fault (which she particularly needs to hear from her mother); and that she will be protected from future sexual abuse and from any retaliation that her father has threatened.[34] "She should be praised for her courage in coming forward and should be assured that her confession will, in the long run, help the whole family."[34, p. 137]

Mothers whose daughters have disclosed incest by the father are also likely to need support. Women in this situation often feel torn between their husband and their daughter and terrified of the possible results of ending their marriage.[34, 117]

During this crisis period, for the daughter's safety, she and the father should not live in the same household.[34] Although it makes more sense for the father to be removed from the home, this often cannot be compelled legally.[34] In one program, when incest is reported, a father who is already involved with a self-help group run by the program visits the newly reported father and explains why it would be in his best interest (for example, with respect to how he will look in court) to confess immediately and to do whatever will make life easier for his daughter, including leaving.[34]

About half of sexual abuse of both girls and boys is committed by nonrelatives known to the child.

EXTRAFAMILIAL ABUSE

Extrafamilial abuse, or abuse by someone not related to the child, can be committed by other people known to the person, or by strangers. About two of every ten women who were sexually abused during childhood were abused by a stranger,[3, 8, 11, 28, 32, 47] as were about three to four of every ten sexually abused men.[3, 11, 32] Combined with the statistics on incest cited earlier, this means that about half of sexual abuse of both girls and boys is committed by nonrelatives known to the child.

It has been speculated that the lack of a clear difference between incestuous and other child sexual abuse has to do with the imperfect correspondence between family relationship and emotional closeness. For example, "abuse by a trusted neighbor may actually be more betraying than abuse by a distant uncle or grandfather."[16, p. 60]

RITUAL ABUSE

Little research has been conducted to date on ritual abuse, and the research that does exist has technical limitations.[126] There is no one agreed-on definition of *ritual abuse*—nor, indeed, agreement that the phenomenon is distinct enough to warrant its own label[126, 127]—with some definitions emphasizing its apparent occurrence within the context of religious ceremonies and others emphasizing specific behaviors such as cruelty to animals or threats of harm to the child, to animals, or to other people.[126] Because many

instances of child sexual abuse involve harm or threats of harm to the child (for example, in one study, one in five sexually abused children were threatened with being hurt[11] and force was used in many other cases), a substantial proportion of child sexual abuse incidents would qualify as ritual abuse under the latter definition. Also, it is possible that some offenders use religious symbols or threats to intimidate children rather than using the abuse as part of a religious practice as such.[126] If that was the case, the kinds of abuse incidents being identified might better be understood in terms of the degree to which they are unusually sadistic rather than the religious beliefs involved.

Not only are definitions of ritual abuse controversial, but also the very existence of this phenomenon is a source of debate.[126] Some observers state that "there is a complete absence of independent evidence corroborating the existence of such cults or their alleged activities."[128, p. 175] It is asserted that "there has never been a single documented case of satanic murder, human sacrifice, or cannibalism."[128, p. 175] However, Olafson et al.[129, p. 16] refer to "confirmed ritual abuse cases such as Country Walk" but without providing citations. It has also been reported that in at least some cases, witnesses' accounts have substantiated charges, though "not as yet about the satanic type of abuse cases."[127, p. 165] For example, in one case, the adult partner of one multiple sexual abuser (a day care worker) confirmed children's accounts, leading to a conviction.[127] Some observers suggest that one source of evidence for the existence of ritual abuse is similarities in the accounts of adults recalling ritual abuse during childhood to those of children who report recent ritual abuse; others emphasize the differences between these sets of reports.[128] A third possibility—in addition to the possibilities that reports of ritual abuse are either true or false—is that the reports may be distortions of something else, possibly resulting from ingestion of psychoactive substances.[126, 127]

Although reliable estimates of the prevalence of ritual abuse are not available, in a national study, approximately one of eight children who had been sexually abused in day care settings reported ritualistic elements.

Because the acts of ritual abuse that have been described are extremely bizarre and sadistic, it is difficult for many people, including many professionals, to take a neutral attitude toward ritual abuse.[127] On the one hand, many listeners may find ritual abuse too terrible to believe and may react with skepticism as a way to protect themselves.[130] On the other, allegations of such horrific acts have historically been used to demonize cultural minorities.[128] This controversy can be seen as paralleling the historical cycles of public and professional belief and disbelief of childhood sexual abuse in general.[34, 129, 130]

Because of the state of the evidence regarding ritual abuse, it has been recommended that professionals interviewing children emphasize "nonleading questioning, careful recording of the full interview process including its preparatory stages, and the requirement upon interviewers to suspend judgment of the exact meaning where satanism is suspected. . . . Professionals also need information, back-up, and emotional support to preserve objectivity."[127, p. 168] A study of children's disclosure of ritual abuse in psychotherapy found that children tended to disclose vague information (for example, "bad things happened") before disclosing specific sexual acts; to disclose less-intrusive sexual acts before more-intrusive sexual acts; and to disclose the ritualistic aspects of the abuse last.[131] Following disclosure of the abuse, about one-fourth recanted; nine out of ten who recanted later redisclosed the abuse, and more than half of those disclosed previously undisclosed aspects of the abuse.[131] The children's experiences of the legal system's response to the abuse seemed to be related to most of the recanting.

Although reliable estimates of the prevalence of ritual abuse are not available, in a national study, approximately one of eight children who had been sexually abused in day care settings reported ritualistic elements.[126] Girls and boys appear to be at approximately equal risk for ritual abuse, unlike child sexual abuse in general.[126]

Several studies found that multiple offenders were much more common in ritual abuse cases compared with other child sexual abuse cases, with up to two-thirds of the ritual abuse cases involving more than one offender.[126] Ritual abuse involved female offenders

more often than did other child sexual abuse.[126] Most studies found that the majority of children who had been ritualistically abused had experiences that included physical abuse and drugging.[126] Many children were forced to touch or ingest body fluids or excrement.[126] The vast majority of children (more than eight out of ten in each of three studies) were threatened with death, or with the death of their parents, siblings, or pets, if they disclosed the abuse.[126] These threats were often accompanied by torture and/or killing of animals and statements that the child would meet the same fate if she disclosed the abuse.[126] Most of the children were also threatened with harm by demons, monsters, or devils.[126] These experiences were all more common than among children who were otherwise sexually abused, as were most forms of sexual penetration and sexual activity with other children.[132] Even more extreme, sadistic, and bizarre experiences are often reported by adults recalling ritual abuse during childhood,[126, 133] although the content is in many ways similar.[127] If a child is forced to abuse other children, this could add to the child's guilt and thus to the difficulty of the recovery process.

It is thought that "the embedding of CSA [child sexual abuse] within a powerful belief system, especially deviant ones such as satanism, creates significant and long-lasting distortion of the victim's attitudes, beliefs, allegiances, and fundamental personality structure to such a degree that adaptive recovery is very difficult."[127, p. 164] Research is consistent with this speculation, finding that children subjected to ritual abuse experience more severe psychological reactions than children who are otherwise sexually abused.[126] These include internalizing and externalizing problems, PTSD, low self-esteem, low social competence, and high overall level of psychological disturbance.[126, 134] Problems with self-esteem, in particular, may be understood as deriving from the extreme degradation and demeaning of children in ritual abuse.[127] Also, about one in three ritually abused children, compared to none of the otherwise sexually abused children, were reported by their parents to have excessive fears of the devil and of hell.[134]

Indicators of Child Sexual Abuse

Children often do not disclose sexual abuse immediately. In fact, in research surveys, about three to four of every ten adults who report having been sexually abused in childhood tell the researchers that they had never disclosed the abuse to anyone until the survey.[35, 135, 136, see also 3] Studies of children found that as many as three-fourths of abused children did not disclose sexual abuse when they were first asked about it, although all the cases were eventually confirmed.[35] In addition, up to one in five children recant true accusations of sexual abuse.[35] It is thought that these retractions occur because children have been pressured by the offender or by family members, because of feared or actual negative consequences of disclosure, or because of stresses resulting from the legal process.[35, 131, 134] When children do disclose abuse that is eventually confirmed, their reports are often inconsistent and tentative.[35]

Disclosure of child sexual abuse may be affected by cognitive development, intentional drugging or misleading by offenders, and cultural factors.

The normal characteristics of very young children's memory, language, and thought patterns affect their disclosure.[134] Children younger than about three years often cannot put their traumatic memories into words, even though they reenact them in their play and express them in their specific fears.[134] Children in the preschool years normally recall less detail than older children and adults.[134] They are less able than people about ten or older to remember the frequency of events or the time sequence of events.[134] Also, preschool children do not understand other people's motivations well and thus will have great difficulty answering *why* questions.[134]

Sometimes drugging of children at the time of abuse distorts the child's perceptions and/or memories of the event.[134] Children may also be intentionally misled. For example, one offender showed a child a large knife and said it would be put in the child's rec-

Components of child sexual abuse accommodation syndrome:

- Secrecy
- Helplessness
- Entrapment and accommodation
- Delayed, conflicted, and unconvincing disclosure
- Retraction

tum. But the child was put in the position of being unable to see what was actually inserted. When a finger was inserted, the child continued to believe it was a knife.[134]

Additional issues around disclosure may arise depending on the cultural context. For example, African-American survivors may be reluctant to report abuse by an African-American offender for fear of being seen as insensitive to the harsh legal consequences that are relatively likely for African-American men.[38] They may also hesitate out of dislike or distrust of social service providers who are seen as representing an oppressing group.[38] There may be a concern that reporting sexual abuse will reflect negatively on one's cultural group, for example, a worry that it would fuel the stereotype of African Americans as hypersexual and/or abusive[38] or that it would bring shame to Jews if non-Jews learned of abuse in Jewish families[22] or that non-Adventists might think poorly of the Seventh Day Adventist church if members of this group were to disclose sexual abuse.[40] Cultural requirements to respect elders may discourage African-American[38] or Puerto Rican[39] survivors from reporting abuse by their elders. A religious culture that emphasizes forgiveness of people who have hurt one also discourages disclosure.[40] Cultural emphasis on family loyalty may discourage disclosure of incest, or of sexual abuse by others where disclosure could negatively affect the family, by Asian-American, Pacific Islander, Filipino,[20] or Puerto Rican[39] survivors. Asian-American survivors may also hesitate to disclose abuse because this could lead to conspicuousness for the child.[20] Cultural values of acceptance of fate and tolerating adversity may reduce the chances of disclosure among Asian-American[20] and Puerto Rican[39] survivors.

In summary, disclosure of child sexual abuse is a complex process that may be affected by cognitive development, intentional drugging or misleading by offenders, and cultural factors. Retractions are common, even among cases that are eventually confirmed.

CHILD SEXUAL ABUSE ACCOMMODATION SYNDROME

A useful way to think about the process of disclosure is within the framework of the *child sexual abuse accommodation syndrome,* a pattern that commonly occurs as children attempt to cope with sexual abuse.[117] The child sexual abuse accommodation syndrome has five components:

- Secrecy
- Helplessness
- Entrapment and accommodation
- Delayed, conflicted, and unconvincing disclosure
- Retraction[117]

Each of these components is discussed.

Secrecy refers to the offender's demand that the abuse be kept secret. "The secrecy is both the source of fear and the promise of safety":[117, p. 181] fear because it indicates to the child how wrong and dangerous the sexual contact is, and safety because the child is made to believe that if she keeps the secret, everything will be all right. Many adults who were sexually abused as children report that they *never* told *anyone*.[35, 135, 136]

Helplessness refers to the fact that children do not have equal power to say no to an adult in an authority role.[117] A consequence is that children typically do not physically fight back or scream when assaulted by someone close to them, particularly a father figure.[117]

Entrapment and accommodation refer to the survival skills that children develop in order to cope with ongoing sexual abuse. These often involve restructuring reality in one way or another, using, for example, self-blame, dissociation, or substance abuse.[117]

Delayed, conflicted, and unconvincing disclosure are typical when disclosure occurs at all.[117] Delays are often due to the offender's demands for secrecy and threats regarding disclosure. Often, disclosure of incest comes during adolescence when the survivor begins to demand some separation from her parents and to challenge their authority.[117] Conflicted disclosure may be due to the child's level of cognitive development.[134] Adults may also see conflicts between the child's other behavior and her report. For example, if she is angry, troubled, or rebellious, adults may believe she is lying to retaliate against the offender for punishing her, but if she appears well adjusted, adults may believe that something so terrible could never have happened to such a fine young person.[117] When it is the child's word against that of an apparently normal adult offender, children are often not believed.[117]

Retraction of disclosures is likely to occur because of the child's guilt about the responsibility given to her by the offender to protect him or to hold the family together.[117] This is a normal, expectable part of the disclosure process.[117] Retractions are often more easily believed by adults because they are consistent with adults' expectations and beliefs about the offender as an individual and about the prevalence of sexual abuse.[117] It has been recommended that a child reporting incest be told that many children retract their original complaints, and that she will be supported if this happens with her.[137]

CHILD SEXUAL ABUSE INDICATORS

A single symptom is typically not diagnostic of sexual abuse; instead, a pattern of symptoms is more likely to be informative.[12, 134] Possible indicators of sexual abuse can be classified as

- Historical
- Behavioral
- Physical[12]

Examples of each type of indicator are given.

Historical indicators include direct or indirect disclosures by the child. Other indicators related to history are torn, stained, or bloody underwear, knowledge that a child's injury or disease is unusual for her age group, knowledge of a child's history of previous or recurrent injuries or diseases, injuries or diseases that cannot be explained in a way that is consistent with medical diagnosis, pregnancy, and sexually transmitted disease.

A major category of *behavioral indicators* is sexualized behavior. Sexualized behavior is "often considered the most characteristic symptom of sexual abuse."[44, p. 165] Sexualized behavior includes "sexualized play with dolls, putting objects into anuses or vaginas, excessive or public masturbation, seductive behavior, requesting sexual stimulation from adults or other children, and age-inappropriate sexual knowledge."[44, p. 165, see also 12] Sexualized behavior also includes inappropriate, unusual, or aggressive sexual behavior with peers or toys; excessive curiosity about sexuality or the sexual organs of the child or others; and excessive concern about homosexuality, especially among boys.[12] Sexual behavior was more common among sexually abused than nonabused or physically (but not sexually) abused children in several studies,[116, 138] although it did not occur in all sexually abused children, and some nonabused children showed sexual behavior that was unusual for their age (see "Identification of Age-appropriate Sexual Behavior," page 95).

Behavioral indicators in younger children include fearfulness, as shown by sleep disturbances; nightmares; loss of toilet training; eating disturbances (over- or undereating); compulsive behavior; crying without provocation; various forms of age-inappropriate behavior, such as false maturity, or, at the other end of the spectrum, thumb sucking and clinginess.[12, 139] In one study, the most common disturbances were sleep problems, anxiety and depression, and school problems.[52]

Behavioral indicators in older children may include many of the same symptoms seen in younger children.[139] Older children and adolescents may also develop clinical depression; suicide attempts or other self-destructive behaviors; withdrawal; excessively compliant behavior; inadequate or excessive bathing; difficulty with making friends; aggressive or delinquent behavior; fire setting; running away from home; going to school early or leaving late because of fear of home life; substance abuse; sudden school failure; truancy; nonparticipation in sports and social activities, sometimes because of fearfulness; refusal to dress for physical education; self-consciousness of body beyond what would be expected for the child's age; fear of showers or rest rooms; and sudden acquisition of money or gifts without a reasonable explanation.[12, 139] In sexually abused adolescents, pregnancy, promiscuity, and prostitution are also seen.[139]

Physical indicators that sexual abuse may have occurred include sexually transmitted disease; genital discharge or infection, including urinary tract infection; throat infections; painful urination or defecation; difficulty in walking or sitting because of genital or anal pain; physical trauma or irritation to the anal or genital area (for example, pain, itching, bruising, bleeding); sudden changes in weight; abdominal pain; vomiting; and headaches.[12, 139]

It is thought that

> *father-daughter incest should be suspected in any family which includes a violent or domineering and suspicious father; a battered, chronically ill or disabled mother; or a daughter who appears to have assumed major adult responsibilities. . . . Incest should also be suspected as a precipitant in the behavior of adolescent girls who present as runaways, delinquents, or with drug abuse or suicide attempts.*[137, p. 85]

Additional behaviors can sometimes suggest the possibility of ritual abuse.

> *Symptoms . . . that should alert clinicians to the possibility of ritualized abuse include the following: preoccupation with urine and feces; fear and panic associated with toilet training; sadistic play; harm or killing of animals; mutilation themes; fear of a foreign object inside the body (resulting from "magical surgery" and suggestion); use of satanic symbols including the upside down cross, pentagon, swastika; use of numbers with satanic significance (666, 13); and descriptions of ceremonial robes, chalices, candles, masks, and ceremonies.*[134, pp. 84–85]

Children may be particularly distressed at times of importance in the satanic calendar, which include May 1, Halloween, and the solstices and equinoxes.[134]

Role of Family Members

Families of sexually abused children often have many other problems in addition to the abuse.[35, 75] Among abused children, those whose families are more dysfunctional, more conflicted, and less cohesive tend to have greater distress in general[35] and a higher risk for PTSD[53] in response to the abuse.

There is controversy about whether parents typically believe their children's allegations of abuse and act to protect them.[35, 117] African-American mothers may be less likely than European-American mothers to reject a child who discloses sexual abuse, possibly

because the African-American mother-child pairs had more supportive relationships to begin with, and/or possibly because the African-American mothers might be less afraid of the offenders, who are less likely to live in the home or be the father of the children.[38] Asian-American family members have been found to be less supportive than members of other cultural groups in their responses to a child who disclosed sexual abuse and less likely to report the abuse to authorities.[20] Asian-American family members who believe reports of abuse are thought to be at relatively high risk of blaming the survivor for the abuse and/or for any breakup of the family that follows.[20] Seventh Day Adventist survivors are thought to be at relatively high risk of disbelief, minimization, rejection, and blame by parents for "trying to ruin" the offender when they disclose sexual abuse.[40]

Maternal support is related to less distress in response to both the abuse itself and the process of criminal court testimony,[35] faster recovery from initial problems,[44, 53] and lower risk of depression in adulthood.[42] Lack of maternal support is related to children's recanting of abuse allegations and to their refusal to report the abuse, even if it is clear that abuse has occurred.[35]

Maternal support is most likely to be available to the child when the offender is not close to the mother. Thus, children at highest risk of not being supported by their mother are those who are abused by a stepfather or the mother's cohabiting boyfriend.[35]

Obtaining support from family members may involve additional concerns for adult lesbians disclosing childhood sexual abuse. For example, one woman found that her mother did not believe her account of the abuse because she (the mother) thought that because she was a lesbian, the woman "hated all men and was trying to get back at them."[48] Another woman reported that her mother seemed to be unable to face the woman's abuse history and became much more upset about her lesbian identity.[48]

Ellen Bass writes of an experience in which her mother's anger at an offender validated her own innocence.[140] Her mother was not only angry at the man, who was employed by Bass's parents, but also fired him. She writes, "My mother gave me the gift of anger, the strength and healing power of fury and direct action. My mother believed me, she vindicated me, she protected me. I learned I could protect myself."[140, p. 50]

In summary, family—particularly maternal—support seems to be important in diverse aspects of recovery. Because physical and sexual abuse often occur in the same children, and because most sexual abuse is committed by acquaintances rather than members of the family, there is reason to be concerned that family support is least available to children who need it most (that is, sexually abused children may be at greatest risk of abuse, not support, from family members) or that physically abused children are at increased risk of sexual abuse by others because of needs for affection that are not met by their physically abusive parents (see "Basics of Child Abuse Prevention," page 98). Factors that may affect maternal support include the mother's closeness to the offender and the cultural context. Support from other family members has not been studied as extensively as has support from mothers.

On the one hand, most abusers report having been sexually abused during childhood. On the other hand, most people who have been sexually abused during childhood do not abuse others later.

The Cycle of Abuse

One possible consequence of sexual abuse is that as the child grows up, he or she will be at increased risk of abusing others. This pattern is referred to as a *cycle of abuse*. The research findings in this area can be described as two-sided. On the one hand, most abusers report having been sexually abused during childhood.[7, 49, 141] On the other hand, most people who have been sexually abused during childhood *do not* abuse others later.[49] That is, childhood sexual abuse *increases the risk* of becoming a perpetrator, but it *does not in any way guarantee* that the individual will later become a perpetrator.

Our knowledge about the cycle of abuse is limited by the ways in which research on this topic was done. One main problem is the difficulty in identifying offenders, because

most incidents of sexual abuse are never reported.[135] Some studies rely on convicted sex offenders,[7, 141] and these undoubtedly miss many abusers. Others rely on self-reports,[49] which could also conceivably be underestimates. Another problem with the research is that studies do not often separate out sexual and physical abuse completely.[49]

Gender must be considered in a discussion of the cycle of abuse, because most offenders are male and most survivors are female. This means that it makes the most sense to ask whether, and to what extent, girls who are sexually abused go on to abuse others and whether, and to what extent, boys who are sexually abused go on to abuse others. If victimization increases risk for victimizing others, the degree of increase in risk must be much larger for males than for females—otherwise we would see a majority of female offenders.

Little is known about exactly how the experience of being abused translates into a higher risk of abusing others. It is thought that sexual abuse is a learned behavior.[141] It seems reasonable to think that the experience of having been abused makes abuse seem "normal" in some sense. We can guess that this would particularly be the case when the offender tells the child that this is what all daddies, or teachers, or coaches, or uncles, and so on do with little girls or when the child is made to feel "special" because of the abuse.

It is also thought that children who have been sexually abused learn to connect sexuality with fear, anger, or helplessness, and so experiences of these emotions may lead to sexual offending.[141]

One study found that men who had been sexually abused in childhood were more likely to find gender-related situations stressful (for example, to feel physically inadequate or to worry about performance failure) and to have constricted emotions, and that these characteristics were related to abuse of others.[49] The investigators concluded that among some (but not all) sexually abused boys, there is a pattern of striving toward a stereotypically masculine ideal, which involves suppressing the intense feelings generated by the abuse. They concluded that it is possible that this suppression of feelings reduces the individual's ability to empathize with others' feelings and so reduces his inhibition against abusing others.

Sometimes, children who have been sexually abused will behave in sexually inappropriate ways toward others, including engaging in sexually aggressive behavior. In fact, it is thought that sexual abuse of children often begins when the offender is a child or young teenager.[14, 141] One expert recommends that sexualized behavior in sexually abused children be met with matter-of-fact prohibition, along with showing acceptable ways to interact and praise for appropriate behavior.[115] Caregivers may find it helpful to consider the behavior analogous to nose-picking.[115] However, James[115] expresses pessimism regarding treatment of children who compulsively victimize others.

Identification of Age-appropriate Sexual Behavior

Sexualized behavior is thought by many people to be a "core symptom" of child sexual abuse,[44] and it is commonly cited as a possible indication that child sexual abuse has occurred. Parents and other caregivers may be concerned about sexual behaviors that they observe in children. For these reasons, it is important to know what sexual behaviors are normal for children and which are more common in children who have been sexually abused. One large research project has addressed this question.

In one study, 880 mothers of two- to twelve-year-old children attending a pediatric practice were asked to report their children's sexual behaviors.[142] Children whose mothers reported suspected or confirmed sexual abuse were excluded from the sample, although the authors acknowledge that some sexually abused children were probably included because, for example, their mothers may not have been aware of the abuse.

Another limitation of the study is that few children of non-European descent were included. Overall, the sample was well within the normal range on a measure of child behavior problems.

This study found that in the six months before the study, half or more of the two- to six-year-olds had engaged in the following behaviors (in descending order of frequency for girls):

- Showed shyness with men they didn't know
- Walked around in their underwear
- Played with toys considered "appropriate" for the other gender
- Scratched their crotch
- Undressed in front of other people
- Touched their own sexual parts at home

Almost equally common in this age group were

- Walking around the house naked
- Kissing children and adults who were not members of their own family
- Sitting with their crotch exposed
- Touching (or trying to touch) adult women's breasts

Most of the sexual behaviors that were measured were less common among seven- to twelve-year-olds, but many were quite frequent. In this age group, at least three in ten children had engaged in the following behaviors (in descending order of frequency for girls):

- Showed shyness with men they didn't know
- Showed shyness about undressing
- Played with toys considered "appropriate" for the other gender
- Scratched their crotch
- Sat with their crotch exposed

Among boys this age, more than four in ten had walked around the house in their underwear, and more than three in ten had touched their sex parts at home. Among girls, more than three in ten had showed a high degree of "interest in the opposite sex."

A later study compared these results with results for 276 children who had confirmed histories of sexual abuse.[116] The common sexual behaviors just listed (when they were repeated in the second study, which most were) were equally common in the nonabused and abused samples.

The original study[142] also identified sexual behaviors that were very uncommon among (presumably) nonabused children. Specifically, fewer than two of every hundred children two to six years old engaged in each of the following behaviors (with the behaviors that were rarest for girls listed first):

- Put their mouth on another person's sexual parts
- Asked to engage in sex acts
- Imitated intercourse

- Masturbated with an object
- Made sexual sounds such as sighing or moaning
- Asked to watch sexually explicit television

Equally rare among boys was inserting (or trying to insert) an object in the vagina or anus, French kissing, imitating sexual behavior with dolls, or putting their mouth on an adult woman's breast. Equally rare among girls was using sexual words or touching an animal's sex parts.

Many of the same behaviors were uncommon among children seven to twelve years old. Fewer than two of every hundred children in this age range had engaged in the following behaviors (again, with the rarest behaviors listed first):

- Put their mouth on another's sexual parts
- Undressed other people
- Touched animals' sexual parts
- Tried to put their mouth on an adult woman's breast
- Asked to engage in sex acts
- Inserted (or tried to insert) an object in the vagina or anus
- Masturbated with an object
- Talked about wanting to be the other sex

A behavior that was equally rare among boys was imitating sexual behavior with dolls. Among girls, it was equally rare to imitate intercourse, make sexual sounds, or French kiss.

All of these uncommon sexual behaviors distinguished reliably between these (presumably) nonabused children and children with a confirmed history of sexual abuse.[116] However, although these behaviors were more common among sexually abused children, they were reported by relatively few of them—fewer than one in five displayed each behavior. Likewise, most of the other sexual behaviors on the questionnaire were reliably more common among sexually abused children, but they were reported by only one in five to one in three of them.

On the one hand, it is very clear that sexually abused children are more likely than non-abused children to engage in all but the most common sexual behaviors. On the other hand, there are limitations in the extent to which individual sexual behavior can be used to identify sexually abused children

This means that, on the one hand, it is very clear that sexually abused children are more likely than nonabused children to engage in all but the most common sexual behaviors. A count of the number of sexual behaviors in which the child had engaged, adjusted statistically so that more frequent behaviors "counted" more, correctly detected between seven and nine of every ten sexually abused children.[116] Children who had experienced abuse characterized by more-invasive sexual contact, more offenders, or the use of force or threat of death displayed more sexual behavior.[116]

On the other hand, there are limitations in the extent to which individual sexual behavior can be used to identify sexually abused children, because most sexually abused children do not display any one behavior that is more common in abused than nonabused children. Also, the adjusted number of sexual behaviors tended to identify as abused some children who, to the best of the researchers' knowledge, had not been abused.[116] Finally, degree of recent stressful experiences other than sexual abuse was related to the number of sexual behaviors that children displayed.[116]

An additional limitation of the results is that some sexual behaviors that could not be studied adequately using the self-administered parent rating form might still suggest the possibility of sexual abuse history. For example, Waterman[43] noted that although flirtatious behavior is not unusual in preschoolers, it is usually restricted to people to whom

the child is close. If flirtatious behavior is *indiscriminate* (that is, it is used with many people regardless of their relationship to the child), sexual abuse history should be evaluated.[43] Friedrich and colleagues[142] were surprised to find that affection-seeking behavior such as kisses and hugs (which may resemble the behavior that Waterman[43] termed "flirtatious") toward persons outside the family was common among presumably nonabused children. When they interviewed parents about these behaviors, they discovered that these children were often expected to kiss babysitters, family friends, and others.[142] They concluded that their questionnaire had not adequately measured *indiscriminate* affection seeking by describing it as occurring outside the family.

Basics of Child Abuse Prevention

Three kinds of prevention are usually identified by community health experts. In *primary prevention,* strategies are applied to an entire population, with the goal of stopping child sexual abuse from occurring in the first place. In *secondary prevention,* strategies are applied to people at high risk, with the goal of early detection and intervention. *Tertiary prevention* consists of providing services to known offenders or victims in order to prevent new incidents of abuse.[143, 144] Providing services to survivors is not only important for their own well-being, but, if there is a cycle of abuse, treatment of survivors may help prevent their becoming abusers of the next generation.[144]

It is thought that for child sexual abuse to occur, four conditions are necessary:

- An offender who is motivated to abuse children sexually
- The ability of the offender to overcome internal inhibitions toward the abusive behavior
- The ability to overcome any external barriers to sexually abusing children
- A child who is unable to resist the abusive behavior[143]

This means that strategies for preventing child sexual abuse can be directed at any, some, or all of these preconditions. Presumably, if a prevention strategy is successfully directed at one of the preconditions, sexual abuse cannot occur.

Most prevention programs are directed at the fourth precondition: a child who is unable to resist the abusive behavior. That is, they consist mostly of group-based (most often school-based) instruction for children in personal safety.[10, 143–146] (This is in contrast to prevention programs focused on physical abuse of children, which tend to focus on parents [potential offenders]).[144, 147] The programs often include some instruction for parents and school personnel;[144, 147] the assumption that parental involvement is not essential has not been well tested.[13] These programs can be seen as a primary prevention strategy because they are directed at entire populations of children, not just those who are thought to be at higher risk. At the same time, the assumption that these kinds of programs actually keep sexual abuse from happening in the first place is untested.[10, 13] The advantages of school-based programs include not only their ability to reach virtually all children, but also their cost-effectiveness, the appropriateness of the educational context for learning skills and content and for reflecting on the issues raised, and the expertise of teachers in facilitating those goals.[10, 145, 148] On the other hand, some observers have suggested that peer mentors might be helpful in teaching children to protect themselves.[144]

Being a caring human being and giving power back to individuals who have been traumatized by sexual assault is enormously rewarding.

JULIE WITTNER, FAMILY SERVICES OF TULARE COUNTY

Children must not be expected to protect themselves and cannot logically be responsible for an adult's abusive behavior. However, it would be cruel to withhold from children knowledge about sexuality and the knowledge that certain behaviors are wrong and that children need not endure them.

The programs also can be seen as a form of secondary prevention. In part this is because they encourage children to disclose abuse (early detection)[10, 34, 147] and seek to improve the responses of adults who receive these disclosures (early intervention).[10] At the same time, these programs may represent secondary prevention in a more profound way, in that although they are unlikely to prevent offenders from trying to abuse children, it is thought that this might result indirectly, because, when interviewed, offenders report that they would be less likely to abuse if they believe that the child will tell.[147] Rather, the programs' main utility, if they are effective in doing what they attempt to do, is to stop abuse as an offender begins approaching the child. Another way to think about this is that it is a way of reducing the severity of the abuse (from full-blown to an incomplete attempt) or as intervening very early in the process (secondary prevention). It is unclear whether existing programs have actually improved early detection.[13]

For primary prevention truly to occur, the adult would have to refrain from approaching the child sexually in the first place.[148] (The analogue in rape prevention is that true primary prevention would require changing men so that they did not try to rape in the first place.) Another concern is that in placing responsibility on children to defend themselves, we may be committing the same kind of role reversal that incest perpetrators commit: we evade responsibility and, in a context in which we are introducing sexuality, put forth the expectation that children are to protect themselves (something that is the job of adults). This is particularly unfair given children's developmental limitations—they cannot, realistically, protect themselves against most adults. These kinds of arguments have been used against providing personal safety education for children.[149]

Taken together, these concerns create a dilemma. On the one hand, children must not be expected to protect themselves[10, 13, 144] and cannot logically be responsible for an adult's abusive behavior. The assumption that "children can be empowered to prevent their own sexual abuse" is untested.[13, p. 324] On the other hand, it would be cruel to withhold from children knowledge about sexuality and the knowledge that certain behaviors are wrong and that children need not endure them.[13] Again, there is an analogue in rape prevention. Just because rapists, not survivors, are responsible for rape and are the key to primary prevention does not mean that women should not know how to defend themselves if the need arises. Indeed, many child sexual abuse prevention programs include explicit statements that the abuse is not the child's fault.[10, 146, 150] Although school-based (or other group-based) programs are the most common prevention strategy, most experts recommend that they be considered only one component of a comprehensive prevention effort.[10, 13, 143, 150, 151] Other prevention strategies could include mass media use, including public awareness messages; treatment for survivors to prevent their becoming future offenders; training for professionals; and small discussion groups for employees, church members, and community service group members.[10, 13, 143]

Prevention programs directed at children are intended to teach the "four Rs":

- *Recognizing* potentially abusive situations
- *Resisting* by saying no or going away
- *Reporting* past or current abuse
- *Reassuring* the child that the abuse is not his or her fault[10]

The programs can be classified as mainly instructional (focused on teaching concepts) or mainly behavioral (focused on teaching behavioral skills).[145] The concepts taught in both kinds of programs include the differences among good, bad, and confusing touches; the children's right to choose who touches their bodies and where; the importance of telling a trusted adult about abusive behavior, even if the offender tells the child to keep it a secret,

until someone does something to protect the child; assertiveness skills, such as saying no or running away; and the fact that support systems are available to help children who have been abused.[10, 143, 147, 148] Behaviorally focused programs tend to be more effective.[13]

There are difficulties in teaching this content to children, especially the youngest children. Programs need to be developmentally appropriate.[13, 144] Young children's cognitive development requires that information be presented in a concrete, rather than abstract, manner.[150] Thus, teaching children a rule about when bigger people are allowed to touch or look at their private parts (only if "I need help, like if my private parts are hurt or sick"[10, p. 503]) is more effective than teaching them to use their feelings to differentiate between good, bad, and confusing touches.[10] Although such a rule could potentially be effective in teaching children to recognize most sexually abusive situations, it would not cover some instances of abuse by health care providers or other behaviors ostensibly performed for "health" reasons (for example, repeated pelvic examinations by a parent). The difficulty with formulating the perfect rule is that sexual abuse is both an abstract concept and one that depends to some extent on an adult understanding of sexuality.

Given these difficulties, it is not surprising that some research finds that the programs are most effective with older children, that is, children seven to twelve years old.[10, 13, 143, 147, 148] However, other studies find that younger children (less than five-and-a-half) benefit more.[145] The studies of younger children were conducted using higher-quality methods,[145] so it is difficult to know whether it is the research method or the children's age that accounts for the results.

One example of developmentally appropriate prevention material for preschool children is an episode of the television program *Big Comfy Couch.* In each episode, the program gently, and with humor, addresses issues relevant to preschoolers, from fussy eating to impatience to hiccups. One episode revolves around keeping the secret of a surprise birthday party to be given for one of the characters.[152] When the secret is finally told, the main character discusses how hard it was for her to keep the secret, but comments that secrets must be kept. Another character, Auntie Macassar, comments that secrets shouldn't always be kept. Auntie Macassar illustrates her comment with a story about a game of hide and seek in the woods. One of her animal friends had hidden in a tree, and a lumberjack came to cut the tree down. A fun game between friends has turned into a dangerous situation. Auntie Macassar recounts her ambivalence about telling the secret of where her friend was hiding. She tells the secret, and her friend is safe. She concludes that "I couldn't keep his secret, because he could get hurt. Those secrets you don't keep—ever, ever, ever!" The other characters repeat this idea; one says, "If a secret makes you feel uncomfy, then tell!" This program is appropriate not only because it communicates, in a nonthreatening way, a relevant message that is developmentally appropriate and accessible, but also because it occurs in the context of other day-to-day concerns (unlike programs that "single out" sexual abuse), and it doesn't upset or sexualize children—those who don't have such a secret simply won't know what the characters are talking about but can learn the message anyway. In fact, the message about not keeping secrets when someone could get hurt may be useful for a variety of situations other than sexual abuse.

In addition to being developmentally appropriate, prevention programs need to be culturally competent.[144] This includes consideration of language issues; programs must be offered in the languages understood by the intended participants.[20, 151, 153] It also includes consideration of context. For example, because of the emphasis on religion in many African-American families, one program for an African-American community is church-based.[38] Another example is that it is important to involve established social networks when designing programs for Latino communities.[151] Also, in some cultural groups, issues related to sexuality may be considered too intimate to be discussed with anyone, even

family members.[153] This may be addressed by presenting sexual abuse prevention as a safety issue, in the context of other safety issues such as fires and burglary.[151, 153] Formats for prevention that might be consistent with a specific culture's belief system include *novelas* (soap operas) and *cuentos* (storytelling).[151] Cultural values around children's respect for adults must also be considered.[151, 153] Because arrest and conviction rates tend to be higher for minority offenders, and because most children who are abused are abused by someone they know, the instruction to disclose abuse may be met with more mixed feelings in minority communities, because it may carry with it the consequence of "turning in" one of "their own" to a criminal justice system that is particularly harsh toward minority group members.[38, 153] Attitudes toward children and toward sexual abuse also need to be considered. For example, one survey indicated that Latinos consider both child abuse and sexual abuse in particular as more serious than do European Americans.[153] Values concerning sexuality may become conflictual for Mexican American families as their acculturation proceeds.[153] The emphasis on virginity for young Mexican American[153] and Puerto Rican[39] women can contribute to additional shame surrounding sexual abuse.

Although some researchers have worried that child sexual abuse prevention programs produced only small gains in relevant knowledge or skills,[148] others found that the programs had significant beneficial effects;[147, 148] a well-designed review of thirty-one outcome studies found that overall, the programs had moderate to large effects on children's knowledge about self-protection.[145] The most effective programs were those that lasted longer and included instruction and practice in self-protective behaviors.[145] A behavioral skills training program has been shown to be effective for young adults with mild to moderate mental retardation.[10] A national survey of ten- to sixteen-year-old youths found that four out of ten had used skills or knowledge that they had learned in a personal safety program to protect themselves against threatened sexual assaults.[154] However, there is also evidence that some children have not found prevention programs helpful enough to avoid being abused.[13]

In addition, it has been assumed that if children know enough about sexual abuse, they will behave in ways that prevent it, yet this assumption has not been tested.[13] In fact, the assumption that we know what kinds of knowledge and skills will reduce children's susceptibility to sexual abuse has not been tested either.[13]

It has been assumed that prevention programs have no negative effects;[13] however, at least in theory, negative side effects may be possible.[10, 143, 144, 148] Although apparent adverse effects of programs have been reported in a small proportion of children (for example, anxiety, nightmares, upset stomachs), it was not clear whether these were really due to the prevention program because no comparison group was studied.[143, 144] In one study, the children and parents who were most fearful after a sexual abuse educational program were also most satisfied with the program and were most likely to use what they had learned in their day-to-day lives.[143] Research has found no effect of prevention programs on children's compliance with appropriate adult requests or on their responses to physical affection.[10, 13] Researchers have also reported positive side effects, such as children feeling safer or more able to protect themselves and increased communication about sexual abuse between parents and children.[10]

A necessary ingredient for primary prevention of sexual abuse is equality of power between women and men. As long as fathers dominate their families, they will have the power to make sexual use of their children.

An approach that might be helpful not only in reducing vulnerability to child sexual abuse, but to enhancing many aspects of children's quality of life both during and after childhood, would be to increase children's general assertiveness and self-esteem. Studies of offenders find that often they intentionally seek out children who are passive, troubled, lonely, or lacking in self-confidence or self-esteem, in the belief that such children will be easily manipulated and/or will keep the abuse secret.[14, 147, 155] Development of self-esteem and empowerment may be particularly important for members of minority groups, because in cultural groups in which disempowerment and lack of resources are common, this may

weaken people's sense of competence.[39, 153] It is thought that offenders target Asian-American children because of their apparent submissiveness and impressionability.[20]

Another necessary ingredient for primary prevention of sexual abuse, which would also have other positive social consequences, is equality of power between women and men. "As long as fathers dominate their families, they will have the power to make sexual use of their children."[34, p. 203] It has been pointed out that sex education (with a component related to sexual abuse) may be a useful strategy in the short run, yet it is opposed by the very families in which children are at highest risk for incestuous abuse—that is, families that are extremely traditional, authoritarian, and father-dominated.[34] Too, powerlessness of mothers leads to the alienation of their daughters that is seen to an extreme degree in incestuous families.[34] "When daughters see in their mothers an image of dignity and self-respect, they can more easily find in themselves the courage to resist abuse."[34, p. 207]

In summary, most efforts at child sexual abuse prevention involve school-based instruction in personal safety. These can be seen as a form of secondary prevention, because they do not prevent offenders from approaching children sexually, but they may facilitate early detection and intervention. The programs typically teach children to recognize potentially abusive situations; to resist by saying no or going away; to report past or current abuse; and to understand that the abuse is not their fault. Because of the ways in which cognitive development occurs in young children, these concepts are difficult for them to understand. Although some assumptions about child sexual abuse prevention have not been tested, there is some evidence that the programs are helpful and that they are rarely harmful. Prevention programs that emphasize behaviors, rather than concepts, tend to be more effective, and prevention programs tend to be more effective with older children. Prevention programs need to be developmentally and culturally appropriate. Social changes that would probably facilitate prevention include improvement in children's self-esteem and equality of women and men.

Mandated Reporting Guidelines and Procedures

All states have child abuse reporting laws.[156] The primary purpose of reporting child sexual abuse is to protect the child[157] (Child Abuse and Neglect Reporting Act, California Penal Code sec. 11164). Reporting may also help protect any other children to whom the offender has access.[157]

California law requires (mandates) that some people report child abuse (including child sexual abuse) and provides for optional reporting for other people. There is a wide range of mandated reporters. These include health professionals (physicians, psychologists, dentists, podiatrists, chiropractors, nurses, dental hygienists, optometrists, counselors, paramedics, coroners, and trainees in these professions; California Penal Code sec. 11156.8); child care custodians (including teachers, school and camp administrators, administrators and employees of child day care centers, administrators and employees of other organizations whose duties require direct contact and supervision of children, public assistance workers, social workers, probation or parole officers, peace officers, and district attorneys; California Penal Code sec. 11156.7); and child protective agency employees, firefighters, animal control officers, and humane society officers (California Penal Code sec. 11166 [a]). Also, commercial photographic processors are required to report photographs of children under sixteen engaged in sexual conduct (California Penal Code sec. 11166 [e]). Complicated rules apply to reporting by clergy members, who are sometimes required to report suspected child abuse (California Penal Code sec. 11166 [c][1]) and sometimes not (California Penal Code sec. 11166 [c][2]; California Penal Code sec. 11166 [d]). The law

Quick Reference Mandated Reporting Guidelines

Who Must Report

Mandated (required) reporters include

- Health professionals
- Child care custodians
- Child protective agency employees
- Firefighters
- Animal control officers and humane society officers
- Commercial photographic processors
- Clergy members (in some cases)
- Anyone else who knows or reasonably suspects that child abuse has occurred may report

What Must Be Reported

A mandated reporter must make a report when there is a *reasonable suspicion* of child abuse. No proof is needed.

Child sexual abuse includes any coercive sexual behavior involving a person under eighteen; this includes

- Forcible rape and other forced sexual behavior
- Sexual behavior when there is an inherent power difference between the people, as when, for example, the offender is the child's work supervisor or teacher
- Any sexual contact with a child under fourteen by someone who is fourteen or older (even if the people involved perceive it as consensual)
- Any sexual contact with a child who is fourteen or fifteen years old by someone who is more than ten years older
- Intercourse between a minor under sixteen and an adult over twenty-one

When Reports Must Be Made

Mandated reports must be made

- By telephone immediately or as soon as is practically possible
- In writing within thirty-six hours

Most reports are made to county Child Protective Services agencies.

also provides that anyone else who knows or reasonably suspects that child abuse has occurred may report that abuse (California Penal Code sec. 11166 [f]).

The existence of mandated reporting laws means that when a child abuse report is necessary, health care professionals who normally have a confidential, or privileged, relationship with their patients or clients are required to breach that confidentiality.[158] Clients should be informed in advance of this limitation of confidentiality.[158]

Reports of child sexual abuse are required when there is a *reasonable suspicion* that child abuse has occurred (Child Abuse and Neglect Reporting Act, California Penal Code sec. 11166 [a]). Mandated reporters need not know for sure that the child has been abused. There is no need for proof, only reasonable suspicion. Optional reports can also be made when there is reasonable suspicion. According to the law, *reasonable suspicion* exists when "it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing when appropriate on his or her training and experience, to suspect child abuse" (Child Abuse and Neglect Reporting Act, California Penal Code sec. 11166 [a]).

A child legally means a minor, or anyone under the age of eighteen (Child Abuse and Neglect Reporting Act, California Penal Code sec. 11165). But not all sexual acts involving someone under eighteen are considered to be sexual abuse (although they may, for example, be considered unlawful sexual intercourse). All sexual behaviors that are coercive (and coerciveness can be inferred when there is a power differential between the people),

regardless of the offender's age, are considered child sexual abuse. This means that not only forcible rape, but also other kinds of sexual contact with (for example) the child's teacher, work supervisor, or doctor are considered child sexual abuse. Another way in which a power difference is defined is in terms of age. Intercourse between a minor under sixteen and an adult over twenty-one is considered to be sexual abuse (Child Abuse and Neglect Reporting Act, 1998, California Penal Code sec. 11165.1). Any kind of sexual contact with a child under fourteen by someone who is fourteen or older is considered to be sexual abuse (Child Abuse and Neglect Reporting Act, California Penal Code sec. 11165.1). And any kind of sexual contact with a child who is fourteen or fifteen years old by someone more than ten years older is also considered to be sexual abuse (Child Abuse and Neglect Reporting Act, 1998, California Penal Code sec.11165.1). Consensual sexual activity between two persons who are both under fourteen, or both over fourteen, does not count as sexual abuse. However, if one person is thirteen and one is fourteen, the sexual activity is legally defined as abusive.

The law provides that when child abuse is suspected, mandated reports must be made by telephone immediately or as soon as is practically possible, followed by a written report within thirty-six hours (California Penal Code sec. 11166). Typically, child abuse reports are made to Children's Protective Services (CPS) or a law enforcement agency. CPS maintains special hotline phone numbers for reporting child abuse. In at least some counties, CPS investigates only those situations in which abuse is committed by a parent or guardian; cases of abuse by other persons are referred to police.

When a child abuse report is made, the CPS worker who takes the call screens the initial report. Some of the cases that come into CPS this way are assigned for investigation. Many emergency response investigations are conducted within twenty-four hours of the phone call to CPS. In this investigation, a social worker visits the child and attempts to determine whether abuse has occurred and if so, to what extent the child is in danger. Sometimes CPS workers visit children at school (Child Abuse and Neglect Reporting Act, California Penal Code sec. 11174.3), because this allows the child to talk with the worker without pressures to lie or minimize the situation that might occur if the parents were present. In such cases, the child has a right to choose to be interviewed in private and to have a school employee of her choice present at the interview. This adult's job is to support the child and increase her comfort level, and she or he may not participate in the interview. On home visits, the social worker looks for history as described in collateral statements, physical evidence of abuse, the child's reaction to the problem, and the parents' reaction to the problem.

Many cases are closed within one to four contacts between CPS and the family. The rest of the cases go to court. Depending on the degree of danger to the child, a judge may declare the child a dependent of the court. Within forty-eight hours, a petition can be filed to remove the child from the home. Cases that go to court can result in in-home care of the child (accompanied by a program called Family Maintenance) or out-of-home care of the child (accompanied by a Family Reunification program). In Family Maintenance programs, which can last up to one year, CPS and the family plan what is needed to end CPS involvement; for example, counseling or parenting classes. In Family Reunification programs, children are placed temporarily in various types of living situations while services are provided with the purpose of reuniting the family. The oldest children (sixteen or older), who will not return home, are trained in independent living skills. When parents do not complete their Family Reunification plans, the next step is Permanency Planning, which can include adoption, guardianship, or long-term foster care.

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Adult Survivors of Child Sexual Abuse

Contributions by
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MANY OF THE WOMEN who call sexual assault crisis lines are survivors of childhood sexual abuse (CSA). There are three primary reasons for this. First, women and men who have been sexually abused as children are at greater risk for domestic violence, including marital rape, and sexual assault as adults. Second, an adult experience of sexual assault may trigger or restimulate previously repressed experiences of childhood sexual abuse. Third, a gap in services affects adult survivors of CSA. Most child sexual abuse organizations focus on children, and many sexual assault agencies work primarily with people victimized as adults. The funding for nonprofit organizations tends to ask agencies to specialize, thus separating interconnected issues. Unless a survivor of CSA has social and financial access to individual therapy, there are limited resources and services available for recovery. In particular, culturally relevant services are lacking. Many, then, reach out to the crisis lines for support.

Historical Background

From 1866 to the 1940s, interest in child protection waxed and waned in the United States. During the 1950s, the U.S. media seldom mentioned child abuse, sexual or otherwise. Then, in 1962, Henry Kempe published "The Battered Child" in the *Journal of the American Medical Association.* This paper led to an increase in professional and popular articles about child physical abuse. His influence was so felt that, between 1963 and 1967, all fifty states passed child-abuse reporting laws, culminating in the signing of the federal Child Abuse Prevention and Treatment Act in 1974, bringing increased attention, research, and resources to abused children.

The current wave of concern in the United States regarding child sexual abuse came in the late 1970s, following the increase in women organizing against violence and feminist consciousness raising. Sociologist Nancy Whittier, an expert on social movements, believes that the first discussions about child sexual abuse happened at an anti-rape speak-out and conference organized by New York Women Against Rape in 1971. Florence Rush, a social worker who worked with children and teens, gave a speech during the conference in which she suggested that child sexual abuse was a political issue linked to the power of adults, particularly adult men.

In the past twenty-five years, anti-rape activists, adult survivors of child sexual assault, and other anti-rape and anti-violence activists have built a strong survivor movement. Fifteen years ago, child sexual abuse was considered rare. Today there is a greater recognition that child sexual abuse happens and, indeed, is a horrifying part of our social fabric. Despite this increased recognition, a number of false assumptions about child sexual abuse persist in our society.

Myths and Facts About Childhood Sexual Abuse

Myth: *Childhood sexual abuse happens rarely.*

Fact: *Statistics report that from one in three to one in six girls and one in six to one in twenty boys are sexually abused before the age of eighteen.*

Myth: *Most children are sexually abused by strangers.*

Fact: *The vast majority of children are sexually abused by someone they know and trust. It is most often someone who has access to the child and builds some relationship of trust.*

Myth: *Most children tell adults what is happening to them and get help.*

Fact: *Most children are explicitly told not to tell and that there will be negative consequences if they do (for example, love will be taken away, no one will believe them, someone or something they love will be harmed). When children do tell, often they are not believed or they are blamed for the abuse.*

> *I told my mother that my grandfather had molested me right after it happened.*
> *I was twelve.*
> *She scolded me and told me that I shouldn't have been wearing such a short skirt.*
> *—Survivor*

Myth: *Childhood sexual abuse happens only in poor communities and communities of color.*

Fact: *These stereotypes about incest occurring in the South, among "hillbillies," in Black or Latino communities, play on racist and classist stereotypes. CSA happens across class and culture in the United States. The only group that is disproportionately abused are children with disabilities. They are sexually abused at twice the rate of nondisabled children.*[1]

Myth: *You can tell a child molester by what he looks like. Only crazy or creepy people molest children.*

Fact: *Child sexual abuse offenders come from all class, ethnic, and professional backgrounds. Child sexual abuse tends to be intergenerational, meaning that if it is not dealt with in a family it will usually continue into the next generation.*

Myth: *Only men sexually abuse children.*

Fact: *Although the majority of CSA offenders are men, women also sexually abuse children.*

Myth: *All adult survivors must be an emotional mess, or maybe it wasn't that bad.*

Fact: *Adult survivors of CSA cope in all kinds of ways. Often survivors end up as the really "good" kids, high achievers, or the really "bad" kids, struggling at school or underachievers.*

> *I always thought that it must not have hurt me that much.*
> *I did well in school, had lots of friends, was popular.*
> *No one ever asked me if anything was wrong, I was doing so well.*
> *It was only after I started thawing out and feeling the impact of my dad's sexual abuse that I realized all of that high functioning was my way to survive.*
> *—Survivor*

Myth: *Survivors should confront their perpetrators.*

> *Don't think you're there to* solve *someone's problems or to* fix *them. Instead, be an empty pitcher for people to pour themselves into—a safe, present container.*
>
> JENNIFER LEVINE, SANTA BARBARA RAPE CRISIS CENTER

Fact: *Survivors should do what best takes care of their health, safety, and recovery. For some this means confronting their offender, for others not.*

Myth: *Survivors should forgive their perpetrators. They are not really healed until they do.*

Fact: *Forgiveness is not an essential part of the healing process. Most often forgiveness is touted as "forgive and forget," or a way to let an offender out of taking accountability. Accountability is an essential piece of any forgiveness process.*

> *I am so tired of people asking me if I have forgiven my brother.*
> *Often it is the first question people ask.*
> *Would you ask someone who had been robbed if they forgave the burglar?*
> *People get so uncomfortable with incest, they want to make it neat and tidy again.*
> *—Survivor*

The Impact of Childhood Sexual Abuse

The impact of sexual abuse on the survivor and on her healing depends on many factors, including the nature of the assault; the number of assault episodes; the levels of emotional, physical, spiritual, and sexual violence; the relationship between the perpetrator and the survivor; when the survivor remembers the assault; and the presence of a good support system. These factors all will have contributed to how the survivor has dealt with the abuse up to the point she decides to contact a crisis line. For example, a woman with a single experience of sexual abuse by a stranger who reported the abuse immediately and received support is likely to have different needs than a survivor who was consistently abused by a trusted adult and who did not remember the abuse until she became an adult.

As a sexual assault counselor you will see survivors dealing with a variety of issues.

- **Shame.** Survivors thinking they are bad, wrong, dirty, or permanently flawed.
- **Guilt.** Survivors feeling that the abuse was their fault. It is very difficult for survivors to place the blame on the offender. Often the abuser was a person close to them that they want to protect. Or it may be that in placing the blame on the offender they have to feel their utter helplessness in the abuse.

  I felt guilty for years after my stepfather's "affair" with me.
  That's what he called it, even though I was eight.
  At one point I was so desperate for comfort that I asked for our "special time."
  He said, "I knew you always wanted it."
  I thought that the whole thing was my doing well into adulthood.
  —Survivor

- **Denial.** "It wasn't that bad, it only happened once, I am really OK, I don't need anything."
- **Minimizing.** I have worked with and spoken to hundreds of survivors, and every one of them thought that their abuse was not as bad as the next person's. Minimizing abuse is a coping strategy. Sexual assault counselors should validate the impact of the abuse and that it is appropriate that they are upset, traumatized, or hurting from it.
- **Boundary issues.** Survivors can be unfamiliar with boundaries, not knowing when to have them or that setting boundaries is all right. Many survivors need a reality check on boundaries and support in maintaining boundaries.

- **Difficulty trusting self and others.** CSA is a betrayal of trust. Most survivors find it difficult to trust themselves and their own perceptions. It is useful to offer support there.

  I don't really trust anyone.
  If my mother could do what she did to me, who can I trust?
  —Survivor

- **Safety.** It is important to check whether a survivor is now in a safe environment by asking specific questions: "Is anyone hurting you or asking you to do things you do not want to do?" Often survivors have an unrealistic sense of safety, assessing unsafe situations as safe and safe situations as dangerous.

- **Unfamiliarity with their own needs.** Many survivors are unfamiliar with their own needs (food, water, emotional needs, and support), or do not know how to meet their own needs.

- **Isolation.** This is a big issue for most adult survivors of CSA. Most feel that they do not deserve support, that they are tainted and others will not want them, and so on. Isolation interacts with other forms of oppression. Often survivors from communities targeted by race or class do not want to expose their experiences for fear of bringing further attack to their community.

  As a Black woman I am really reluctant to talk about my incest.
  It just gives white America more fuel to attack and stereotype Black communities.
  —Survivor

  No one thinks that child molestation happens in our Chinese families and community.
  It happens in those other families "out there."
  It is almost impossible to find someone to talk to that understands me culturally and can grasp the sexual abuse.
  —Survivor

Other related issues that may emerge are eating disorders, sexual issues (wanting to avoid sex or having sex compulsively), gynecological issues, depression, anxiety, and addiction or heavy use of drugs, alcohol, or food.

Recovered Memories

A survivor may have endured the sexual abuse by dissociating (shutting down her physical and emotional feelings while the abuse was occurring) or creating an altered state of awareness that protected her from consciously experiencing the abuse. She may continue to use this way of coping after the abuse has stopped. Because this coping mechanism "worked" to decrease the physical pain or emotional stress during the abuse, it may have become a preferred way of dealing with life, even in instances where the survivor is not threatened.[2]

Many survivors retain memories of child sexual abuse throughout their lives; others recover memories in adulthood, well after the abuse has stopped. That CSA survivors cannot remember their abuse does not mean that the abuse did not happen. Recovered memories are recollections of traumatic events that come into conscious awareness after having been forgotten for a period of time.

There is ample evidence that some degree of amnesia is common among child sexual abuse survivors. Studies indicate that a large percentage of persons sexually abused in childhood either had no recall of the abuse, experienced a period of partial or incomplete recall, or reported some degree of amnesia. A study of 450 adults who reported histories of sexual abuse found that more than 50 percent of the participants reported that there

had been times during their lives when they had forgotten or nearly forgotten about the abuse.[3] In a separate study, more than a third of the women with documented histories of childhood sexual abuse did not recall the sexual abuse they had experienced in childhood that had been documented in hospital records seventeen years earlier.[4]

Most disclosures of sexual abuse are not based on recovered memories, nor does the emphasis on recovered memories account for the high childhood sexual assault rates. Still, survivors who gain memories of childhood abuse when they are adults are the center of a controversy regarding the truthfulness and reliability of these memories. Because most childhood sexual abuse is perpetrated without witnesses and many children never disclose their abuse, when the abuse is remembered there is not likely to be anyone to corroborate the survivor's memories. Additionally, traumatic events may initially be very confusing and are often remembered as fragmented impressions. Memories also may come sporadically or survivors may question how reliable their memories are.

The belief that women lie about sexual assault and a few highly publicized cases showing accused family members as victims of false memories have shifted public discourse away from a supportive response to the numbers of child abuse survivors toward a debate about memory and the number of "legitimate" survivors.[5] Some in this debate argue that the "child abuse industry" accounts for the epidemic of child sexual abuse; that is, that increased discussion about child sexual abuse has led children to report abuse when no abuse has occurred. They also cite the increasing use of sexual abuse allegations in child custody cases to underscore their point. Additionally, they suggest that therapists, working with vulnerable clients, "implant" sexual abuse memories in the clients' minds to explain away the client's difficulties. Retractions of abuse by some children and adults have been used to cast doubt on all disclosures by sexual assault survivors. A small percentage of abuse disclosures are unfounded; however, any retractions are insignificant compared to the incidence of child and adult sexual abuse and violence.

In the case of recovered memories, this backlash may best serve to protect perpetrators within the survivor's family. One study found that women who were molested by strangers were more likely to recall the abuse (82 percent) than were those molested by family members (53 percent).[6] The real danger is not the incidence of false reporting of sexual abuse but the widespread existence of sexual abuse. "The current backlash creates a climate in which all memories of sexual abuse, whether they are delayed-recalled or never forgotten, are suspect."[7]

Considerations for Counselors

A goal of all survivors is to regain control over their lives—to integrate the experience of the sexual assault into their lives where it does not control their daily experiences. The experience of integration can be a painful and prolonged process. Some tips for honoring survivors' experiences and working with them in their healing are listed below.

Do the following:

- Treat her as powerful; she has survived. Ask her what she wants or needs.
- Listen.
- Normalize her experience.
- Check that she is safe, that no one is harming her currently.
- Help her consider and build consistent long-term support.
- Encourage expression of feelings.

Do use phrases such as these:

This happens to a lot of people, you are not alone.

This is not your fault. Even if you feel that it is, it was not your fault. The offender is responsible.

I am sorry this happened to you. It should never have happened.

You deserve to be treated with respect. You deserve to be taken care of.

I'm glad you are telling me this. Is there anything else you want to tell me?

I believe you. I believe you.

You are not bad, wrong, dirty.

What kind of support do you have? Who do you speak with about the abuse? How well does your support work for you? What do you need?

Be careful to avoid the following:

- Don't try to fix her or make the feelings go away.
- Don't tell her she is in denial.
- Don't tell her she is an incest, CSA, or ritual abuse survivor.
- Don't assume who the perpetrator is.

Don't use phrases such as these:

Are you sure this happened?

How could you forget something like this?

How exactly did you remember?

Have you forgiven your father [brother, grandfather, mother, coach, etc.]?

Finding appropriate, culturally relevant, and competent support is essential for adult survivors of CSA. To regain choice and empowerment, long-term help is needed. Options for support include individual therapy; groups with other survivors, whether facilitated or peer-led; body-based healing (somatic work or massage that is emotionally focused); and support from at least two friends or partners. Given that CSA is a very intimate violation, often perpetrated by someone close to the child, cultural beliefs about the family, respect, honor, and community play key roles in both how the abuse is experienced and how recovery is approached. Often members of oppressed communities are reluctant to "air dirty laundry" or speak to outsiders for fear of more harassment coming to their community. Support your agency in developing a diverse and financially accessible referral network and familiarize yourself with these resources.

Special Concerns for Survivors of Ritual Abuse

One of the key issues that survivors of ritual abuse (RA) must contend with is people's disbelief. If you think incest is a hidden crime, ask around about ritual abuse. Letting RA survivors know that you support them and believe them is essential. If you cannot believe or process what you are hearing, get support from your agency.

Being a witness to the survivor's abuse or to the recovery process is often the most powerful thing a sexual assault counselor can offer.

Ritual abuse survivors often have a very difficult time around particular holidays. Although not all ritual abuse is religious in nature, abuse that is tends to be organized around religious holidays. For some, the pagan holidays (solstices and equinoxes, Halloween, and Candlemass) are used; others use Christian holidays, including Easter and Christmas.

Working with Significant Others

For the survivor, recovering childhood sexual assault memories can feel as traumatic as the original abuse. During the most acute period of memory recall, or when a survivor who has always had recall of her abuse decides to work to resolve the rape trauma, she may isolate herself. Changes in the survivor are often dramatic and sometimes alarming.

Family and friends may be concerned about the effect of these changes on the survivor and on their relationship to the survivor. They may consciously or unconsciously push the survivor to move on with her life. In their discomfort with the survivor and with the issue of sexual abuse, significant others may want the counselor's reassurance that the survivor will return to her old self.

The counselor should help significant others understand that resolution of childhood sexual abuse often takes years of work. Their support is vital to this resolution. It is possible for survivors with solid support networks to integrate the abuse and regain control of their lives. Significant others should be encouraged to use the crisis line for questions and concerns that arise for them. Though the survivor is the person most affected by the abuse, those people close to her enter the process with their own histories, attitudes, and beliefs about sexual violence. They will be of greater support to the survivor if they themselves receive supportive counseling, crisis intervention, or other support.

A survivor might decide to confront her perpetrator or to disclose childhood abuse to her family or friends. In particular, incest survivors who disclose abuse to their families may feel pressured by family members to retract their disclosures. Though the survivor may be ready to tell, her family may not be ready or willing to hear. Through disclosure, the survivor's abuse becomes a family issue. Family members are forced to deal with how the abuse allegations change family history and relationships. Survivors should have a support system ready to help them manage the potential fallout of confrontation or disclosure.

The Power of Witnessing

For adult survivors of CSA the abuse is long past. Most survivors have had very few opportunities to actually talk with someone about what happened to them, however. Even close friends or supportive family members may not be willing to hear about the actual experiences. Being a witness to the survivor's abuse or to the recovery process is often the most powerful thing a sexual assault counselor can offer.

Notes

1. National Center for Child Abuse and Neglect, *Report on Childhood Sexual Abuse,* 1991.
2. F. H. Knopp and A. R. Benson, *A Primer on the Complexities of Traumatic Memory of Childhood Sexual Abuse: A Psychobiological Approach* (Brandon, VT: Safer Society Press, 1996).
3. J. Briere and J. Conte, "Self-Reported Amnesia for Abuse in Adults Molested as Children," *Journal of Traumatic Stress* 6, no. 1 (1993): 21–31.

4. L. M. Williams, "Recall of Childhood Trauma: A Prospective Study of Women's Memories of Child Sexual Abuse," *Journal of Consulting and Clinical Psychology* 62, no. 6 (1994): 1167–1176.
5. Two examples: In 1990, a San Mateo County, Calif. jury convicted George Franklin of the 1969 rape and murder of eight-year-old Susan Nelson after his grown daughter Eileen Franklin Lipsken testified that she had seen the killing but had repressed the memory for twenty years. His conviction was later overturned under allegations that his daughter's therapy and hypnosis created her memory. In 1994 a Napa County jury awarded $500,000 in a malpractice case brought against two therapists by Gary Ramona, a father who claimed false memories of childhood sexual abuse had been implanted in his daughter.
6. Williams, "Recall of Childhood Trauma."
7. Ina Robbins, with S. Mayer and L. Silvern, "The Backlash in Perspective: The Sexual Abuse Backlash: History, Myths and Facts," *The Healing Woman Newsletter, San Jose, Calif.*

3

Crisis Intervention

CALCASA
CALIFORNIA COALITION
AGAINST SEXUAL ASSAULT

3

Crisis Intervention

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Listen

When I ask you to listen to me and you start giving me advice, you have not done what I asked.

When I ask you to listen to me and you begin to tell me why I shouldn't feel that way, you are trampling on my feelings.

When I ask you to listen to me and you feel you have to do something to solve my problems, you have failed me—strange as that may seem.

Listen! All I asked was that you listen—not talk or do—just hear me.

Advice is cheap. Ten cents will get you both Dear Abby and Billy Graham in the same newspaper.

I can do for myself. I'm not helpless—discouraged and faltering maybe—but not helpless.

When you do something for me that I can and need to do for myself, you contribute to my fear and weakness.

But when you accept as a simple fact that I do feel what I feel, no matter how irrational, then I can quit trying to convince you and get about the business of understanding what's behind the irrational fear.

And when that's clear, the answers are obvious and I don't need advice.

Irrational fears make sense when we understand what's behind them.

Perhaps that's why prayer works—sometimes—for some people.

God is mute. He doesn't give advice or try to fix things.

He just listens and lets you work it out for yourself.

So please listen and just hear me.

And if you want to talk, wait a minute for your turn, and then I'll listen to you.

ANONYMOUS

Principles of Crisis Intervention

ANNABEL PRINS AND JOSEF RUZEK

PART III, CRISIS INTERVENTION, HAS THREE CHAPTERS. This first chapter, "Principles of Crisis Intervention," presents background information about **crisis** situations and perspectives on helping; the assumptions, goals, and models of **crisis intervention**; and a review of common responses to sexual assault and cultural considerations in crisis intervention. The second chapter, "Techniques of Crisis Intervention," presents basic crisis intervention techniques within a six-step model of crisis intervention developed by Gilliland and James.[1] These techniques and steps serve as the backbone for all contacts with sexual assault survivors. In the final chapter, "Applications of Crisis Intervention," special attention is given to the use of crisis intervention techniques in different situations (for example, emergency room, hotline calls). There are also specific suggestions for topics to cover in follow-up contacts.

Defining Crisis

The word *crisis*, like the word *stress,* has been used to describe events and one's reactions or responses to these events. Caplan and Gilliland and James propose definitions that emphasize the event. Caplan defines *crisis* as an event or "obstacle that is, for a time, insurmountable by the use of customary methods of problem solving."[2] Gilliland and James suggest that "crisis is a *perception* of an event or situation as an intolerable difficulty."[3] Others, like Brammer, argue that the term *crisis* "usually refers to a person's feelings of fear, shock, and distress about the disruption, not the disruption itself."[4] Perhaps the most comprehensive definition is offered by Lee Ann Hoff, coordinator of the International Crisis Network. Hoff proposes that crisis refers to "an acute emotional upset arising from situational, developmental, or social sources and resulting in a temporary inability to cope by means of one's usual problem-solving devices."[5]

As indicated in Hoff's definition, there are at least three different sources or types of crises: developmental, situational, and social-cultural. A fourth type, existential crisis, is suggested by Brammer.[6] *Developmental crises* are events that occur as part of normal human growth. In this respect they are often seen as predictable. For example, developmental crises may occur in response to the birth of a child, graduation from college, or retirement. Although these are considered to be "normal" events, these turning points can often produce significant turmoil, especially in people who do not have adequate social support. In individuals with a sexual assault history, these developmental milestones can often reactivate issues related to a **traumatic event.**

Situational crises are unanticipated events that are neither predicable nor controllable. These events are often random, sudden, shocking, and catastrophic. Natural disasters, fires, car accidents, and sudden deaths or illnesses are all examples of situational crises. Rape and sexual assault can also be considered a type of situational crisis, although these experiences can also be conceptualized as social or cultural crises (that is, hate crimes).

Social-cultural crises are situations or events that arise out of cultural values and social structures and are directly related to gender, race, age, class, and sexual orientation. For

instance, crises arising from the deviant acts of others (for example, rape, incest) are related to values about women and social-structural factors in the family.

Existential crises, the fourth type, are connected with the inner conflicts and anxieties associated with human questions of freedom, meaning, and responsibility. Thus, an existential crisis may arise when one wonders about the purpose and meaningfulness of one's life.

Often, these different types of crises are interrelated. For example, a survivor of marital rape may suffer physical injury and the loss of her home (situational crisis) and be forced to change her marital status from married to single (developmental crisis). Furthermore, her experience can be linked to cultural values about women and a society that approves of violence (social-cultural crisis). The experience may also result in her questioning the meaning of life and the goodness of people in general (existential crisis). These interconnections are important to remember when considering crisis intervention strategies. Some techniques are more appropriate for different types of crises. For example, crisis intervention techniques for a survivor struggling with existential issues are different from those for a survivor dealing with a recent situational crisis. In the latter situation, the crisis worker is more active and action-oriented than in the former situation, where active and passive listening may be the primary intervention techniques.

Models of Helping

How people cope in crisis situations and how people help in crisis situations both depend on their values and assumptions about who is responsible for the problem and who is responsible for the solution to the problem. It is important that we understand these values and assumptions and that we make them explicit. Brickman and colleagues identify four models of helping that differ in the assumptions they hold about who or what is responsible for the origins of a problem and who or what is responsible for the solution to the problem.[7]

Models of Helping

	RESPONSIBLE FOR PROBLEM	RESPONSIBLE FOR SOLUTION
Moral Model	Self	Self
Medical Model	Other	Other
Enlightenment Model	Self	Other
Empowerment Model	Other	Self

The first model, called the *moral model,* holds that people are responsible for creating and solving their own problems. In this model, problems are viewed as weaknesses in character, and helping consists of rewards and punishments for "appropriate" behavior. From this perspective, people are blamed for their problems, and they are expected to pull themselves together without the help of others. Subscribers to this model often believe that the world is just and that bad things happen only to certain people. Taken to its logical extreme, subscribers to this model would defend the idea that individuals with AIDS chose their HIV status and that victims of rape chose to be raped.

In the second model, called the *medical model,* people are not held responsible for the origin of their problem or the solution to the problem. In other words, neither the problem

> *Validate, normalize, and be sure to tell the survivor, it was not her fault. They really can't hear this enough.*
>
> ANN LAFRANCE, WEAVE

nor the resolution of the problem is considered the person's responsibility. Helping in this model consists of "experts" helping "sick" individuals. One advantage is that problems that would be punished in the moral model are entitled to treatment in the medical model. For example, people who define substance abuse as a disease, rather than a moral weakness, are more likely to endorse and support treatment for alcohol and drug abusers.

In the third model, called the *enlightenment model,* people are blamed for causing their problems but are not expected to solve them. This model requires people to accept a negative image of themselves for having the problem. In this model, improvement is dependent on establishing a relationship with a strong external agent or spiritual community. Because the solution lies outside the individual, the solution can be maintained only as long as the relationship to the external authority or spiritual community is maintained. Although this model encourages people to seek out help, there is strong evidence that lasting change requires people to feel responsible for their own improvement.

In the fourth model, called the *empowerment model,* people are not blamed for their problems, but they are held responsible for the solution of these problems. This model is reflected in the words of Jesse Jackson when he states that "you are not responsible for being down, but you are responsible for getting up."[8] People who help others under this model are interested in providing aid and resources that these individuals deserve but do not have. The typical response of helpers working from this model is to "mobilize on behalf of the person—at least for a time, or until the missing resources have apparently been supplied and the person can (and should) be responsible for his or her own fate."[9] The assumptions held by this model of helping are most consistent with the values of rape crisis centers and the principles of crisis intervention. Consequently, the empowerment model of helping is at the core of all sexual assault crisis intervention efforts.

Crisis Intervention Principles

An understanding of the principles of crisis intervention begins with an understanding of the myths surrounding the person in crisis and how best that person can be helped.[10]

Myth: *People in crisis are suffering from a mental illness.*

Fact: *People who are acutely upset or in crisis may have had a chronic emotional or mental disturbance before the crisis, or a negative resolution of a crisis may have resulted in an emotional or mental breakdown. Both of these statements are different from asserting that a crisis state is essentially the same as emotional disturbance. It is therefore important to distinguish between crisis and various forms of emotional and mental illness. Though not everyone claims that people in crisis are "ill," the common reference to crisis "therapy" implies such a belief.*

Myth: *People in crisis cannot help themselves.*

Fact: *Not only is this proposition untrue, but action on such a belief about individuals in crisis can be very damaging to prospects for positive crisis resolution. This fact is based on recognition of our basic human need for self-mastery. It also speaks to the resentment (usually repressed, with depression often resulting) most of us feel when denied the opportunity for self-determination even when we are in crisis. Conscious resistance to this myth is important to counteract the rescue tendencies and "savior" tactics of some human service workers responding to distressed people, tactics that often result in burnout for themselves. Persistence in this myth compromises the possibility of a healthy crisis outcome, whereas active fostering of doing for oneself contributes to the sense of control needed for positive crisis resolution. This is especially true when a fear of losing control is a major part of the crisis experience.*

Myth: *Only psychiatrists or highly trained therapists can effectively help people in crisis.*

Fact: *A great deal of crisis work has been done by lay volunteers, police officers, ministers, and other front-line workers. In communities today, crisis intervention by these groups often occurs in the absence of psychiatric and mental health professionals.*

Myth: *Crisis intervention is a mere Band-Aid, a necessary preliminary but trivial compared with the real treatment carried out by professional psychotherapists.*

Fact: *This myth is fading as growing numbers of health and mental health professionals recognize the effectiveness and economy of the crisis intervention approach to helping distressed people. Furthermore, there is no strong empirical evidence suggesting that professional psychotherapists are any better at delivering crisis intervention than trained volunteers.*

Myth: *Crisis intervention is a form of psychotherapy.*

Fact: *Crisis intervention is not merely a Band-Aid, but neither is it psychotherapy. This myth follows from the myth of crisis as illness. The fact that such techniques as listening are used by psychotherapists and crisis workers alike does not equate psychotherapy and crisis intervention any more than either can be equated with friendship or consultation, which each employ listening.*

Crisis intervention theories did not emerge until the mid-1900s; however, the basic features and principles of crisis intervention can be traced back to antiquity. As noted by Roberts, the ancient Greek word for *crisis* comes from two root words, one denoting "decision," the other denoting "turning point."[11] Aguilera has also recognized that the Chinese word for *crisis* is composed of two characters, one representing danger, and the other representing opportunity.[12] These examples provide both historical and universal evidence that crisis can result in either breakthrough or breakdown. The possibility of growth in crisis is at the heart of what distinguishes crisis intervention from other types of intervention.

Crisis intervention has its roots in humanistic and community psychology. From these perspectives, people in crisis are assumed to be basically normal even if they are in a state of high tension or anxiety. These perspectives also assume that people are social beings and that they live in cultural communities by necessity. Consequently, their responses to a crisis situation cannot be understood apart from a social-cultural context. Finally, these perspectives hold that people have the desire and capability to help themselves, although growth from crisis situations will be enhanced by the support of others, including trained crisis workers.

In addition to humanistic and community psychology, crisis intervention has been influenced by feminist theory and analysis. For example, although the aftermath of child sexual abuse was initially identified by Freud, the social-cultural climate at the turn of the century was not able to accept his findings. Consequently, Freud changed his theory to emphasize childhood sexual fantasies. It took the women's movement, with its fundamental principle that "the personal is political," to increase awareness of sexual abuse and its aftermath. Feminist theory and philosophy has also influenced perspectives on helping. You will notice its consistency with the empowerment model of helping and with humanistic and community psychology principles of crisis intervention. Specific

techniques and suggestions for communicating these values are presented in the chapter about crisis intervention techniques.

Crisis intervention differs from, for example, psychotherapy and medical interventions, in several important ways. First, crisis intervention is geared toward individuals and families in crisis or precrisis states. Psychotherapy is geared toward individuals who are interested in correcting neurotic personality characteristics or behavior patterns. Medical interventions are aimed at dealing with people with serious mental or emotional problems (for example, psychosis).

Second, the goal of crisis intervention is to facilitate growth and personal and social integration. The goal of psychotherapy, by contrast, is to work through unconscious conflicts or to reconstruct personality and behavior patterns. The goal of most medical interventions is to control or adjust behavioral or emotional breakdowns.

Third, the methods used in crisis intervention are focused on the expression of feelings and problem solving. The methods used in psychotherapy also include the expression of feelings and problem solving, but additional emphasis is placed on introspection and interpretation. Most medical interventions rely on medication.

Fourth, crisis intervention is time limited (from one to six sessions) and flexible (lasting anywhere from five minutes to two hours). Psychotherapy is usually long-term (more than six sessions) and fixed (fifty-minute sessions). Medical interventions can be either short-term or long-term depending on the degree of disability.

Goals of Crisis Intervention

The goals of crisis intervention are closely linked to what is known about recovery from trauma. In her influential book *Trauma and Recovery,* Judith Herman suggests that the "core experiences of psychological trauma are disempowerment and disconnection."[13] Disempowerment refers to a decreased sense of personal control or power over one's life and environment. Disconnection refers to a sense of difference or alienation from others. Herman argues that the guiding principles behind *all* recovery efforts must therefore be reempowerment and the establishment of new and meaningful relationships. Consequently, these are the two main goals of crisis intervention.

GOAL 1: REEMPOWERMENT

The first principle of recovery is the empowerment of the survivor. She must be the author and arbiter of her own recovery. Others may offer advice, support, assistance, affection, and care, but not cure. Many benevolent and well-intentioned attempts to assist the survivor flounder because this fundamental principle of empowerment is not observed. No intervention that takes power away from the survivor can possibly foster her recovery, no matter how much it appears to be in her best interest.[14]

The word *empower* means to give power or authority to; to enable or permit; or to invest with power or authority. In crisis intervention this translates into techniques and strategies that increase a survivor's sense of personal control or mobility. Mobility is a psychological and physical state of being in which a person can autonomously and independently change or cope in response to different moods, feelings, emotions, and needs. In other words, a person is empowered and mobile if he or she can adapt to the physical and social world. On a pragmatic level, these efforts toward empowerment and mobility can be categorized as techniques of validation and stabilization.

- **Validation.** A core goal of all work with sexual assault survivors is validation of the person. Validation occurs when the counselor shows concern for her well-being, communicates empathy for her experience and its effects, offers meaningful emotional

support, and provides helpful information. Validation—of her value and rights as a person, of her feelings about the sexual assault, of her strengths and courage, of her ability to recover—helps to restore her sense of power and self-worth. It may also help to balance previous experiences with negative reactions—blame, anger, shock, and so on—from others. Validation techniques are typically listening skills that communicate to the survivor that she is believed (that is, that her experience did happen) and that it is safe to talk about her experience with you. Validation techniques reinforce the resourcefulness and strengths of the survivor and provide an opportunity for emotional expression.

- **Stabilization.** There are two parts to the goal of stabilization. The first is to establish the safety of the survivor in situations where she may be suicidal, in need of immediate medical care, or in immediate danger of further assault. The second is helping the person manage her emotions so that she does not become overwhelmed and unable to function. Some survivors will contact the rape crisis center only hours following their assault, and their emotions may be extremely intense. They may be mentally disorganized and have difficulty in concentrating and making decisions. They may be shaking with fear. Immediately after an assault or later, some survivors are unable to discuss their assault experience without becoming overwhelmed. They may experience a panic attack, feel that the assault is happening again and begin to lose contact with the present situation, or become overwhelmed with rage at what has happened to them. In such situations, one of the goals of crisis intervention is stabilization of the emotions of the survivor. Stabilization means to decrease overwhelming emotional upset, to increase contact with the here and now, and to increase the survivor's sense of control. The goal here is to help the person calm down and regain her ability to focus on first steps in her self-care and recovery. Stabilization techniques are typically more active and involve strategies to assure immediate social support and additional coping resources. Stabilization techniques establish concrete action steps for the survivor. This is done within the context of a collaborative relationship.

GOAL 2: RECONNECTION

In addition to using validation and stabilization techniques that foster insight and empowerment, the second goal of a sexual assault counselor is to establish a relationship that can lessen a survivor's feelings of alienation. Although validation and stabilization techniques can assist in this process, other counselor characteristics, like genuineness and acceptance, are important for restoring a survivor's trust.

It is so rewarding to listen to the process of healing that each survivor goes through in some way. I feel very privileged to witness my clients' struggles. It's an honor to hear a survivor's story.

LISA MORRIS, CENTER FOR COMMUNITY SOLUTIONS

Again, the second major goal of rape crisis counseling is the development of a good working relationship between counselor and survivor. Such a relationship will be necessary if the survivor is going to trust the counselor and respond to her helping efforts. This relationship is also very important because it will in part determine whether the survivor follows up her initial contact for ongoing help and support at the rape crisis center. Aspects of sexual assault sometimes make the formation of this helpful working relationship a difficult task. The rape survivor is likely to experience fear and other strong emotions when she talks about her experiences, so talking to a counselor is liable to be unpleasant as well as helpful. She has been intentionally harmed by another person and may be greatly reluctant to trust others. Some survivors are especially sensitive to the reactions of the counselor. These may include those who have experience with being blamed by others, taken advantage of in close relationships, or abused by people in authority. Those who have a negative

view of themselves in the aftermath of the assault (for example, blame themselves for aspects of the rape experience) may also expect to see such judgmental reactions in others. In part, effective validation of the survivor helps overcome these obstacles to create a positive relationship. A demonstration by the counselor of knowledge about rape, its effects, and available resources also helps.

Reconnection can also refer to establishing connections to other people within the context of a "survivor mission." As the survivor recognizes that her experience exists within a social-cultural context, she can feel helped by sharing her experiences with others and working toward societal change to prevent future harm to others. As Herman notes, "While there is no way to compensate for an atrocity, there is a way to transcend it: by making it a gift to others. The trauma is redeemed only when it becomes the source of a survivor mission."[15]

This type of reconnection can include self-disclosure to others, including public "truth-telling," and working with others who have gone through similar experiences. This community connection may also include legal, educational, or political actions to prevent others from being victimized. For example, a survivor may become involved in violence prevention programs or participate in "take back the night" marches or rallies. Although all these efforts raise public awareness, the impetus behind them is a survivor's own healing.

Models of Crisis Intervention

There are three main theoretical or conceptual models of crisis intervention. Although all three fall under the empowerment model of helping, a brief review of these models may be helpful in drawing attention to the major tasks of the rape crisis counselor.

According to the *equilibrium model,* individuals in crisis are experiencing emotional disequilibrium. Their ordinary ways of coping with the challenges of living have failed, and they may be experiencing a loss of control and a threat to their ability to achieve important life goals. This model especially fits initial intervention following the onset of a crisis, in which a counselor works to help stabilize the person and restore her to a basic level of adaptive functioning.

The *cognitive* and *psychosocial transition models* of crisis intervention are perhaps most relevant after the person has regained some sense of equilibrium. Both models direct attention to important factors that affect responses to crisis. The cognitive model emphasizes the interpretations and judgments that people make about their crises. It posits that reactions to crisis are influenced in part by what people say to themselves. Too often, those in crisis situations hold very negative views of their situations that interfere with coping efforts and worsen the crisis. Some of these views are products of faulty thinking, in which persons adopt distorted, irrational, or overnegative interpretations of their situation. The cognitive model emphasizes that, by changing their thinking, people can respond more effectively to crises.

The *psychosocial transition model* of crisis intervention focuses on the constant change that takes place within persons and in their environments and emphasizes that response to crisis may be affected by both internal *and* external factors (social environments, environmental resources). A strength of this approach is that it explicitly recognizes that reactions to crisis are significantly influenced by the social systems in which people live: family, peer relationships, occupation, religion, cultural practices, and so on. Adaptation to crisis is affected not only by personal coping abilities, but also by environmental resources (for example, level of social support).

These three conceptual models suggest that rape crisis counselors will be concerned with (1) stabilizing the survivor and helping to restore her precrisis equilibrium; (2) challenging

negative thinking (for example, rape myths, self-blame) that interferes with recovery and building thinking that is effective (for example, problem solving, self-esteem), and (3) helping to mobilize and locate potential environmental resources to aid recovery (for example, survivor support groups) and limit the harm caused by nonsupportive aspects of the environment (for example, societal blaming of the victim).

In addition, these conceptual models have also given rise to several applied or "how-to" models of crisis intervention. These applied models provide specific steps for the crisis worker to follow. For example, the ABC model of crisis intervention suggests that the crisis worker *Assess* the situation, *Boil* down the problem, and *Challenge* the survivor to act. The BASAR model suggests that the crisis worker *Believe, Affirm, Support, Advocate,* and *Refer*. A recent model by Gilliland and James introduces six steps:[16]

1. Define the problem.
2. Ensure client safety.
3. Provide support.
4. Examine alternatives (including referrals).
5. Make plans.
6. Obtain a commitment.

We recommend the Gilliland and James model because it is comprehensive and because it has been used by professionals and others in helping individuals with many different kinds of crises.

Responses to Sexual Assault

Individuals show many kinds of responses to the crisis of sexual assault. Each person responds in her own individual way, but there are a variety of acute responses to crisis that are commonly seen among survivors of sexual assault. It is helpful for the counselor to be aware of these different aspects of crisis response in order to better understand the reactions of the survivor with which she is working, guide decisions about stabilization and problem identification, and educate the rape survivor about her reactions to her assault.

COMMON RESPONSES DURING SEXUAL ASSAULT

Persons undergoing a sexual assault may react in many ways. The survivor may struggle with her attacker, or go along with his instructions in order to avoid harm. She may panic, or remain focused on survival and escape. She may become agitated, or "freeze" and feel paralyzed and unable to act. She may become angry, cry, or feel emotionally numb. Because so many rapes are perpetrated under circumstances where the woman is helpless to defend herself against a life-threatening assault, panic and terror are common emotional experiences of survivors.

Some types of reactions during the assault itself are common and tend to predict later difficulties with stress symptoms. These include a set of reactions known as *peritraumatic dissociation*. In moments of intense terror or panic, people may experience sensory changes (time slowing down, seeing yourself from across the room, feeling unreal, feeling like a different person). These perceptual changes are probably a physical effect of extreme stress; nonetheless, they can be very frightening and strange. Also, the belief that one is going to die during the rape is associated with a greater likelihood of chronic post-rape distress.

It is the helplessness and terror often experienced during sexual assaults that are often especially traumatic for the survivor. Herman describes the nature of trauma and its ongoing effects:

> *Traumatic reactions occur when action is of no avail. When neither resistance nor escape is possible, the human system of self-defense becomes overwhelmed and disorganized. Each component of the ordinary response to danger, having lost its utility, tends to persist in an altered and exaggerated state long after the actual danger is over.*[17]

COMMON RESPONSES AFTER SEXUAL ASSAULT

Sexual assault is associated with higher levels of psychological distress than other types of violence and most other types of traumatic experience. Soon after the assault, a survivor may experience a wide range of feelings and thoughts. In a crisis consultation, a rape survivor may be continuing to experience many of these crisis responses. In fact, most rape survivors experience most of the following feelings and behaviors during the first days and weeks immediately following the attack. Fortunately, these symptoms often decrease gradually over the weeks and months following a rape. In one study, for example, 94 percent of rape survivors were found to meet criteria for a diagnosis of post-traumatic stress disorder (PTSD) in the first week after the rape. Three months after the assault, 47 percent were diagnosable with PTSD.[18] Generally, the greatest recovery occurs in the first three months following the crime.

Anxiety and Fear

Rape survivors experience higher levels of anxiety than survivors of other crimes. After an assault, the world often feels like a very dangerous place, where one is very vulnerable to being assaulted again. As a result, survivors often continue to experience strong fears related to death, violence, repetition of the assault, retaliation by the rapist, being in a crowd, and being alone. The feeling of vulnerability is often associated with a variety of different kinds of physical anxiety symptoms, including feelings of nervousness or jitteriness, muscular tension, agitation, restlessness, trembling, and the feeling of being overalert.

Symptoms of anxiety can also include excessive worry, phobic reactions, and panic attacks. Worries about her safety and that of her family, her health, her future, and so on can come to dominate the survivor's thinking. Although these worries are often realistic concerns growing out of her experience and its implications, worrying can interfere with practical problem solving and, most importantly, the survivor's ability to recover and return to a better quality of life. Phobic reactions to situations connected with the assault are quite common. That is, a woman may experience high levels of anxiety when visiting places or doing things that are reminders of the assault. Such feelings can lead a survivor to begin to avoid those places or activities. For example, she may feel afraid to return to a work environment in which she was assaulted, even if that environment is objectively safe by ordinary standards. This kind of fearful avoidance may restrict her life significantly.

Depression

During the first weeks and months of recovery, rape survivors often experience depression. Depressive reactions include feelings of depressed mood, crying, hopelessness, feelings of guilt and/or worthlessness, loss of interest in formerly enjoyable activities, suicidal thinking or attempts, concentration difficulties, sleeping too little or too much, chronic fatigue, lack of activity, and weight gain or loss. There is a sense of loss that often results from sexual assault: the loss of one's previous self, sense of optimism and hope, self-esteem and self-confidence.

You really do make a difference in someone's life. You may be the only person who has shown the survivor respect and believed her.

ARLENE CAWTHORNE,
EYE CRISIS AND
COUNSELING SERVICES

Disorientation and Difficulty Concentrating

When people are in a high state of emotional arousal, they may become disoriented and experience difficulty in concentrating, focusing thoughts, and making mental associations. This means that the rape crisis counselor must be aware that her client may have trouble understanding what is being said and making decisions in the immediate post-rape period, and that trouble concentrating may persist in the weeks and months following the assault.

Unwanted, Intrusive, and Distressing Memories of the Assault

When people are exposed to traumatic events, they very commonly continue to remember and reexperience the trauma. They have little control over this process of reexperiencing; the memories intrude upon their other activities and thoughts. Although the continuing activation of these memories means in part that the person is continuing to work to master the assault experience, the memories cause much distress, increase feelings of vulnerability and helplessness, and interfere with the business of daily living.

Many memories of the rape are experienced as images and bodily sensations, unlike ordinary memories. Often these memories seem more real than other types of memories, with the survivor feeling as though the assault is actually happening again (flashbacks). Sometimes the survivor reexperiences physical sensations that occurred during the assault. Often, traumatic memories also appear during sleep, in the form of dreams and nightmares.

These memories and related distress are easily triggered by a host of personal reminders of the rape. They tend to be very distressing because they cannot be easily distinguished from the real rape experience. For example, a survivor may wake up in the middle of a dream believing that she has just been raped again. They are also distressing because they seem difficult or impossible to control. They happen suddenly and unpredictably, they create distress, and they are very hard to stop. This lack of control over memories and physical symptoms may work to prolong the feelings of helplessness associated with the original sexual assault. The repetitious experiences of intense and intruding memories and sudden increases in fear and bodily arousal are often completely new and frightening and may lead the person to feel that she is "going crazy."

Physical Activation or "Hyperarousal"

During the assault itself, many survivors experienced intense bodily arousal, with a rapid increase in heart rate, rapid and shallow breathing, increased muscular tension, and so on. This is, of course, the well-known "fight or flight" reaction, in which a person prepares for the struggle to survive a life-threatening situation. Following rape, this physical activation, so appropriate in a situation of extreme danger, may become chronic. Common signs of hyperarousal that may continue to be experienced by sexual assault survivors include difficulty falling or staying asleep; "hypervigilance" (remaining constantly on the lookout for danger); exaggerated startle response; irritability, anger, and rage; and difficulty concentrating. Also, reminders of the rape commonly continue to trigger frightening physical reactions experienced during the rape itself: heart pounding, difficulty breathing, shaking, sweating.

Anger

It is common for the sexual assault survivor to feel anger toward the person who harmed her. But she often experiences much anger toward other people: herself, police, medical personnel, family members, and perhaps the rape crisis counselor. Fear is often expressed as anger. Often, the survivor feels as though she is walking around angry and

that her anger reactions in many, many situations are much more rapid and intense than they would ordinarily be.

Self-blame, Guilt, and Shame

Many rape survivors, in trying to make sense of their experience, blame themselves. They may think, "I shouldn't have been drinking at the time of the assault," "I should have fought back," and so on. These judgments are often encouraged by societal attitudes toward rape and the rape survivor. Feelings of guilt and self-blame create great distress for the survivor and often interfere with the kind of self-compassion that will be an important part of recovery. Guilt and shame also hinder the potentially helpful acts of seeking help and disclosing the rape experience.

Avoidance of Memories and Reminders of the Assault

Memories of the rape are distressing for the survivor. They trigger intense anxiety symptoms and other uncomfortable physical sensations. They lead to feelings of being out of control. They sometimes bring up feelings of guilt or worries about the future. Therefore, it is natural that rape survivors begin to actively avoid thoughts and feelings about the assault and reminders of the assault (for example, conversations, places, activities).

Shutting Down, or Emotional Numbing

During and after the rape experience, some survivors seem to shut down their emotional responses. They feel emotionally numb. Although this may sometimes help to turn off fear and other painful emotions, it often also results in an inability to have loving feelings, enjoy activities, have fun, or feel a range of emotions. Typically, this kind of emotional numbing alternates with intense emotional distress caused by reminders of the rape.

Negative Beliefs About Self, Others, and the World

Most sexual assault survivors think actively about their experience, trying to make sense of it, wondering why it happened, and considering what it means for the future. Often, the experience of being raped leads to significant changes in how survivors view their world. The world is now seen as a dangerous place, where good people are vulnerable to harm and bad people may be rewarded for bad behavior, where there is little purpose in life and little meaning to human existence. Views of other people may become much more negative: people cannot be trusted, they will hurt you if they can, men are dangerous and want to commit rape, people in authority cannot be counted on to help. Views of oneself are also harmed. The survivor may now see herself as a different person than before, damaged, worthless. These beliefs have an impact on the self-esteem of the survivor, her relationships with other people, and her efforts to cope with her situation.

Interpersonal Effects

Not surprisingly, the many changes noted above affect relationships with other people. Rape may result in relationship difficulties between a woman and her partner, family, friends, or work associates. First, others may respond in ways that worsen the problem rather than help recovery. They may become angry, blame the survivor for the rape, minimize her problems, communicate poorly, and otherwise fail to provide an environment supportive to recovery. Second, some common reactions to rape may increase the survivor's conflict with others. The survivor who is experiencing high levels of irritability and anger may now have more conflicts and handle them less well. Third, particularly in close relationships, the emotional numbing and feelings of detachment and disconnection

from others that are common in the aftermath of sexual assault may create distress and drive a wedge between the survivor and her family or close friends. Fourth, in intimate relationships, the loss of interest in physical intimacy or sex that is associated with sexual assault may create problems. Fifth, the avoidance of situations (for example, family gatherings) by the survivor may annoy family members. Sometimes, this avoidance goes as far as social withdrawal, with its resulting negative effect on relationships. Finally, rape often reduces the ability to trust other people, and this lack of trust can affect the survivor's ability to get close to others and to trust counselors and others on whom she must rely for help.

Physical Health Symptoms and Problems

Among the reactions to the crisis of rape must be included physical health symptoms and problems. Because many rapes result in physical injury, pain is often part of the experience of survivors. This may include, for example, pain from a wound, pelvic pain, rectal pain or bleeding, stomach pain, or pain during urination. This physical pain often causes significant emotional distress, because in addition to its physical dimension, it functions as a trauma reminder. Many stress-related illnesses and physical symptoms may be experienced by survivors, including headaches, nausea, or gastrointestinal problems.

Problematic Coping Responses

Many efforts to cope with trauma symptoms lead to more problems than they solve. Sexual assault survivors often turn to alcohol and/or other drugs—to reduce anxiety, improve sleep, increase social confidence, and tackle other negative consequences of rape—only to develop a substance abuse problem. Social isolation helps reduce exposure to trauma reminders and upsetting emotions, but it also increases fears and worries and costs much in loss of support, friendship, and intimacy with others. Anger and aggressive behavior toward others helps keep people away and thereby reduces social fears, but it also keeps away positive connections and help. Avoidance, not thinking about the trauma or not seeking treatment, keeps away distress but prevents progress in coping with trauma and its consequences. Avoidance can also prevent people from seeking treatment for their trauma-related problems or keeping follow-up appointments with sexual assault counselors.

Considerations for Counselors

Investigators have found that unexamined cultural and racial assumptions can have a significant negative impact on the functioning of counselors and, by extension, the clients they serve.[19] Indeed, cultural insensitivity has been linked to decreased utilization of services and higher dropout rates in African-American, Latino, and Asian-American groups. A necessary first step for all counselors is increased awareness of cultural and group differences.[20] Without such an awareness, certain behavior might be expected (for example, self-disclosure) that is not consistent with the life experiences and cultural values of an individual.

The degree to which cultural issues affect crisis intervention depends on factors such as language, the client's level of acculturation, her ethnic identity, and her level of cultural mistrust. These factors can affect the process of crisis intervention at several points, including the assessment of the crisis situation and the formation of a relationship. For example, there are significant differences across cultures in what gets labeled a traumatic event. In addition there are significant differences in the likelihood of disclosure about these events. Furthermore, though the majority culture in the United States favors an analytical style for resolving problems, some minority groups prefer value-laden methods for resolving problems (for example, following a set of prescriptive behaviors). Recognizing

the complexity of these differences is extremely important. Indeed, it behooves all sexual assault counselors to inquire into a person's preferred way of expressing difficulty (for example, what language) and preferred way of receiving assistance.

Cormier and Hackney have made a number of specific dos and don'ts suggestions for being a culturally effective helper:[21]

- Do examine and understand the world from the client's viewpoint.
- Do explore different helping roles that may be more appealing and adaptive.
- Do help clients to make contact with recognized helpers in their community (indigenous support systems).
- Don't impose your values and expectations regarding counseling.
- Don't stereotype or label clients.
- Don't rely on only one approach to counseling.

Other suggestions include

- Do acknowledge your awareness of any differences, and ask the client if she has any concerns about it.
- Do evaluate the extent to which a client identifies with her cultural/ethnic background.
- Do evaluate and validate issues of cultural mistrust.

Definitions

Crisis intervention. A helping process that focuses on the resolution of the immediate crisis through the use of personal, social, and environmental resources.[22]

Crisis. An acute emotional upset arising from situational, developmental, or social sources and resulting in temporary inability to cope by means of one's usual problem-solving devices.[23]

Disempowerment. A term used by Judith Herman to refer to a compromised sense of personal control and agency.[24]

Empathy. The ability to communicate an accurate account of what another person is experiencing.

Traumatic event. Typically a life-threatening situation or event accompanied by feelings of fear, helplessness, and horror.[25]

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Empowerment

I am not the cause of another's violent behavior.

I am a worthwhile woman.

I deserve to be treated with respect.

I can decide for myself what is best for me.

I am not alone. I can ask others to help me.

Techniques of Crisis Intervention

ANNABEL PRINS AND JOSEF RUZEK

THE SEXUAL ASSAULT COUNSELOR CAN USE various intervention techniques to facilitate the goals of crisis intervention: reempowerment and reconnection. Recall that crisis intervention differs from psychotherapy and medical interventions in both structure (time-limited and crisis-focused) and beliefs about coping and helping (use of the empowerment model). In this chapter, basic techniques of feminist therapy and crisis intervention are reviewed. These techniques serve as the backbone for all crisis intervention contacts. Indeed, learning these basic skills will help you in most crisis situations. Specific applications to different crisis situations are presented in the next chapter.

Techniques of Feminist Therapy

Feminist theory holds that "personal" experiences like sexual abuse or assault are "political" because they exist in a society where gender violence and the degradation of women are accepted. Furthermore, feminist theory holds that the relationship between helper and person being helped is equal. These positions are consistent with both the empowerment model of helping and the goals and objectives of crisis intervention. There are various ways in which this value system can be communicated to a survivor. The following are a few suggestions for applying feminist values to crisis intervention.[1]

- **Do what you can to demystify the helping process.** This can be accomplished by explaining your role as that of someone who can help clarify and support a survivor's own goals. In essence, share with the survivor your endorsement of the empowerment model of helping. Recognize, explicitly, that your role as a sexual assault counselor is to provide understanding and support, not friendship or specific advice. Explain that the goal of crisis intervention is to reempower and reconnect a survivor to her own resources and community, not yours. The use of a metaphor can be helpful. For example, recovery from sexual trauma can be like training for a marathon. You, as the sexual assault counselor, can encourage hard work and make suggestions for how to train, but you cannot do the training for her. If you trained for her, then she would be disempowered and disconnected from her goal of running the marathon.
- **Do what you can to assist the survivor in recognizing her own power.** Review and remind her of her strengths and resources, including *her decision* to call or see you.
- **Do share personal life experiences, but only those that are relevant to the woman's experiences.** This needs to be done carefully because you do not want to change the focus of the contact; focus should remain on the survivor. Instead, personal experiences, when shared, should communicate to the survivor that she is not alone and that it is OK for her to talk with you about her experiences. Such sharing should be done only if you have worked through your own experiences and feel comfortable talking about them. If your experiences still produce strong emotions or contain unresolved conflicts, it is to the survivor's benefit (and yours) to limit disclosure.

Feminist theory holds that "personal" experiences like sexual abuse or assault are "political" because they exist in a society where violence and the degradation of women is accepted. Furthermore, feminist theory holds that the relationship between helper and person being helped is equal.

- **Do recognize that anger is an appropriate response to living in a society where women are often viewed as sex objects and second-class citizens.** It is legitimate to be angry at the deprivation, the discrimination, the violence, and the invisibility we encounter as women. Sharing this anger can decrease self-blame and feelings of depression. Channeling that anger can result in changes in the system.
- **Do share your understanding of sex role expectations and rape myths.** Allow the survivor to understand that these expectations and myths can define our world and limit us.
- **Do recognize that introspection and self-reflection are necessary but not sufficient criteria for change.** Try to focus on actions to assure safety and foster empowerment, rather than focusing exclusively on insight.
- **Do encourage the survivor to obtain additional support and strength from women through her participation in social change or political efforts.** Many survivors of sexual assault experience additional healing by applying their personal experiences to direct action. Try to identify specific activities that might be especially empowering.

Basic Crisis Intervention Techniques

As reviewed in the chapter about crisis intervention principles, there are several models of crisis intervention. Although they all emphasize the importance of problem identification, validation, and stabilization, the six-step model proposed by Gilliland and James is up-to-date and comprehensive in the techniques recommended:[2]

1. Defining the problem
2. Ensuring survivor safety
3. Providing support
4. Examining alternatives
5. Making plans
6. Obtaining a commitment

It may be useful to think in terms of such steps helping people through a crisis. Indeed, recognizing these steps may enable the counselor to move more effectively through the flow of helping conversations. Of course, real-life conversations do not follow such a classic pattern, but it can be helpful for the counselor to have a personal road map of what a crisis contact should include.

Step 1: Defining the Problem

The first step of crisis intervention is defining and understanding the crisis from the client's point of view. There are various crisis intervention skills and techniques that are relevant to this first step. All of these techniques encourage free expression of feelings and the **acceptance** of these feelings (that is, validation). These basic techniques also promote stabilization and the development of a warm relationship (that is, reconnection). Finally, in keeping with the importance of the empowerment model of helping, they encourage self-direction, acceptance of responsibility, and independence.

Remember that it is possible to encourage the expression and acceptance of feelings without accepting the message or beliefs being voiced. For example, a survivor expressing loving feelings for a childhood perpetrator can be supported and accepted (for

instance, recognizing that love is needed and important) without endorsing that relationship. Keeping this distinction in mind may be helpful for establishing a warm relationship with the survivor; it is not necessary for you to agree with the content of what she is saying. Later, in generating alternative ways of coping (step 4), you can address the implications of adopting different perspectives on the situation.

Three of the most important techniques for defining the problem are (1) **open-ended questions** and statements, (2) **passive listening**, and (3) **active listening**.

OPEN-ENDED QUESTIONS AND STATEMENTS

Open-ended questions and statements are invitations to talk about feelings, thoughts, and behavior. They facilitate a sense of empowerment because the survivor is allowed to take control over the conversation, releasing only that information she wants to release. Open-ended questions typically begin with *what* or *how*. Open-ended statements request additional description ("Tell me about . . . "). Even though *why* questions serve as an invitation to talk, they should be avoided. *Why* questions can sound accusatory and might bring out defensive and/or self-blaming responses. Compare these two questions:

COUNSELOR: *Why did you go out with him?*
SURVIVOR: *Because I . . . [self-blaming].*

versus

COUNSELOR: *What happened when you went out with him?*
SURVIVOR: *He first . . . [invitation to talk].*

Other considerations when asking questions are reviewed in the following "Questioning Techniques to Avoid" box.

Questioning Techniques to Avoid

Avoid asking multiple questions at once

What are you telling your family?
How are your children taking it?
What about your coworkers?

Avoid questions that go off the topic

I heard your concern about your children . . . where do they go to school?

Avoid questions that abruptly change the flow

That sounds like a tough situation.
What did you have for lunch today?

Avoid *why* questions, which can make people feel defensive

Why didn't you call the police?
Why aren't you more involved with school?

Avoid inflicting values on the survivor

You didn't get an abortion, did you?
You told the truth, right?

Avoid making the survivor defensive

How did you let this happen?
What were you thinking of?

Avoid questions that assume there is only one answer

So, I bet you got the loan?
Didn't you call the police?

Avoid questions that cut off discussion of feelings

You changed cars after the assault.
Did you get adequate insurance?

Avoid making assumptions

You did call the police right away, I assume.

SOURCE: Adapted from Pennsylvania Coalition Against Rape, *A Resource Guide for Volunteer Training,* 2d ed., 1993, Part 3, p. 290.

PASSIVE LISTENING

Passive listening is simply listening to a survivor's message without responding verbally. In other words, passive listening is purposeful silence. Allowing silence gives the survivor time to reflect on her feelings and to put her thoughts and feelings into words. Of course, it is essential that you give your undivided attention to the survivor. If nonverbal behaviors such as eye contact or leaning forward are not possible (for example, with hotline calls), it is important to use simple comments like "Uh-huh" or "Go on" to acknowledge to the person that you are listening. If you sense that the survivor is uncomfortable with the silence, provide her with a rationale for your silence. Ask her what would make her feel more comfortable, and then adjust your style accordingly.

There are several ways in which interest and attention can be communicated without words during face-to-face contacts (for example, during emergency room visits or in-person counseling). Effective crisis counseling requires appropriate (that is, nonjudgmental) facial expressions and body posture, including nodding, maintaining eye contact, smiling to provide warmth and acceptance, showing seriousness of expression when appropriate, leaning forward, sitting or standing with an open stance (that is, arms at one's side rather than crossed in front of the body), and maintaining a physical distance that does not invade someone's personal space (for most cultures, this is about three feet). These nonverbal behaviors communicate a sense of engagement, concern, and commitment.

ACTIVE LISTENING

Active listening involves the communication of **empathy** and genuine acceptance of the survivor's feelings and behaviors. This can be difficult because you may be hearing feelings that are different from your own (for example, "I feel so ashamed about the assault") and potential behaviors that may be frightening (for example, "I want to kill my child"). Active listening involves accurately hearing and understanding a survivor's feelings and then communicating that understanding back to the survivor. In active listening, it is important to keep the focus on the survivor rather than thinking about your own experiences or what to say next. Often people are so concerned about what to say next that they can miss the message of what the other person is saying. This can often lead to assumptions about how the other "must" feel. Remember you are talking to a person, not a mirror image of yourself or a stereotype.

Communicating empathic understanding can occur at two levels. At the first level, called **paraphrasing**, the focus is on feeding back only what a survivor has told you, nothing more and nothing less. This paraphrasing lets the survivor know that you have understood her. For example, a survivor may say that she is not sure what she should do. A paraphrased empathic response might be, "I sense you're really struggling with what to do" or "I guess you're uncertain about your options." Again, paraphrasing means that you are not adding additional meaning to the message. You are letting the survivor know that you have heard her correctly, and you are inviting her to continue with her communication. If you are unsure, or if the message was unclear or vague, admit your confusion and restate what you think you heard. Asking for clarification and/or checking out your perceptions are important ways to avoid misunderstandings.

Paraphrasing should begin with an "I" statement rather than a "you" statement. Including a perception check at the end of the statement (for example, "Do I have that right?") invites the survivor to correct any misunderstanding. Although paraphrasing should be used throughout a conversation, it should not dominate. Remember that the purpose is to assist the survivor in clarifying her thoughts and feelings and to acknowledge and validate her experience.

A deeper and often more helpful response, called reflection of feelings, recognizes the feelings and deeper personal meaning of statements. Engaging in this type of empathic understanding involves being aware of the feelings a survivor mentions and the observed

feelings behind what she is saying. The way in which you let her know that you are aware of her feelings is important. It is important to remember that she is the authority on her feelings, and things you observe may not mean what you think they mean. Consequently, you should anchor your **reflective statements** in observation, rather than stating them as fact, and then ask the survivor if you are hearing her correctly. For example, "I get the feeling that it's frightening for you to feel unsure about what to do" or "I hear some anger in what you are saying." These responses are more helpful than stating, "I am sure you are frightened" or "You certainly are angry," because they do not assume your interpretation is correct.

Because reflection of feelings involves identifying different feeling states, you may find it helpful to review the lists in "Vocabulary of Affective Adjectives," see page 144. This list of adjectives was developed in order to help you more sensitively describe subjective experiences. No attempt has been made to order these words by intensity. Note that in most cases the intensity can be obtained by placing an appropriate adverb in front of the adjective:

You feel somewhat angry . . .
You feel quite angry . . .
You feel very angry . . .
You feel extremely angry . . .

It is hoped that the following guidelines for listening[3] will help you in defining and understanding the survivor's problem (step 1). For more information and examples, see "Roadblocks to Communication," page 146.

- Concentrate on the content of what is being said; get rid of your own distractions.
- Focus on what the speaker is saying rather than on what you'll say next.
- Repeat in your mind what the individual is saying.
- Listen to the tone of voice.
- Listen for emotions, but, remember, there is no one "right" word for describing them.
- Take time before speaking to think.
- Label the feelings in your own words.
- Check the accuracy of your understanding periodically during the conversation.
- Use the individual's response to your reflection to modify your understanding of the statement and to improve your reflection.
- Resist the temptation to give advice (for example, "You should . . .").
- Pay attention to nonverbal behavior.

It is important that you practice active listening techniques so that they are incorporated into your natural speech and do not seem forced. Some possible active listening responses:

I get the feeling . . .
I get the impression . . .
I'm hearing that . . .
It sounds to me like . . .
I sense you're . . .
I'm wondering if . . .
Tell me about it . . .
I'd like to hear more . . .
I'd be interested in understanding . . .
How is it that . . .

Vocabulary of Affective Adjectives

SAD	HOPELESS	REJECTED
Unhappy	Helpless	Removed
Downcast	Discouraged	Alone
Dejected	Abandoned	Alienated
Depressed	Disillusioned	Distant
Gloomy	Discontented	Indifferent
Dismayed	Powerless	Negligent
Somber	Defenseless	Pushed away
Dismal	Desperate	Denied
In the dumps	Given up	Turned down
Blue	Dropped out	Ignored
Glum	Desperate	Excluded
Discouraged	Blocked	Deserted
Disheartened	Hindered	Kept away

MAD	DEGRADED	DEFENSIVE
Angry	Ridiculed	Protective
Irritated	Underestimated	Guarded
Annoyed	Insulted	Shielding
Resentful	Belittled	Avoiding
Enraged	Deceived	Ignoring
Infuriated	Dishonest	Evading
Outraged	Antagonized	Withdrawn
Agitated	Laughed at	Apprehensive
Hostile	Humiliated	Concealing
Spiteful	Put upon	Evading
Furious	Cheated	Hidden
Bitter	Unjust	Secretive
Disgruntled	Accused	Cautious

SURPRISED	RIDICULOUS	RELIEVED
Amazed	Absurd	Freed
Bewildered	Silly	Alleviated
Awakened	Ludicrous	Lifted
Baffled	Irrational	Liberated
Shocked	Meaningless	Emancipated
Devastated	Senseless	Lightened
Taken aback	Comical	Lighthearted

CONCERNED	CONFUSED	COMFORTED
Bothered	Unsure	Soothed
Worried	Uncertain	Consoled
Uncomfortable	Insecure	Eased
Restless	Inadequate	Self-assured
Upset	Puzzled	Confident
Impatient	Shaken up	Supported
Nervous	Floundering	Appreciated
Troubled	Doubtful	Thankful
Strained	Plagued	Indebted
Disturbed	Wondering	Satisfied
Awkward	Overwhelmed	Certain

GUILTY	CAPABLE	HAPPY
Blamed	Able	Glad
Accused	Competent	Fortunate
Responsible	Proficient	Gratified
Caused	Prepared/Ready	Cheerful
Burdened	Efficient	Joyful
	Bold	Pleased
	Managing	Delighted
	Skillful	Lively
EXCITED	**WARM**	**DESIRING**
Elated	Involved	Wanting
Ecstatic	Tender	Envying
Stimulated	Good	Jealous
Thrilled	Important	Inclined
Stirred-up	Calm	Wishful
Fascinated	Loved	Partial
Absorbed	Needed	Biased
Engrossed	Cherished	Leaning
Enraptured	Fond	Willing
Exalted	Earnest	Hoping
Enthusiastic	Interested	Caring about
Proud	Kind	Purposeful
Uplifted	Benevolent	Determined

SOURCE: Adapted from the California Office of Criminal Justice Planning, *Training Resources Manual,* 1993, pp. 47–48.

Step 2: Ensuring Client Safety

Ensuring client safety begins with an assessment of the severity of the crisis and the survivor's emotional status. Unlike the skills and techniques used in step 1 to help identify the problem—open-ended questions and passive and active listening techniques—ensuring client safety often involves using **closed-ended questions** and **ownership statements**.

CLOSED-ENDED QUESTIONS

Closed-ended questions are designed to obtain concrete information. Most closed-ended questions begin with *do, did, does, can, have, had, will, are, is,* or *was.* Closed-ended questions are used in crisis intervention to obtain specific information necessary for fast assessment. Closed-ended questions are also useful for obtaining a commitment to take action. Some suggestions for using closed-ended questions follow.[4]

- **Request specific information.** "How long ago did this happen?" "Does this mean that you are planning to kill yourself?"
- **Obtain a commitment.** "Do you agree to . . . ?" "Are you willing to make an appointment?"
- **Don't use negative-interrogatives.** A negative-interrogative is a closed question that is designed to elicit agreement with the speaker. For example, questions that begin with *don't, isn't, aren't,* and *wouldn't* all tend to seek agreement. The negative interrogative

Roadblocks to Communication

Solution messages. These are messages that communicate a lack of confidence in the survivor's ability to solve her own problems (that is, "You're too stupid to figure this out, so I'll tell you what to do"). The survivor may respond by feeling resentful, dependent on the helper, and/or misunderstood.

Ordering, directing, commanding
Call the police right now. Stop putting yourself down. Calm down. Control yourself.

Warning, threatening, promising
If you'll calm down, maybe we can talk. If you do that, you'll be sorry.

Moralizing, shoulds, oughts
You ought to go to the hospital. You shouldn't let yourself feel that way. You shouldn't feel that way. Think of all the women who you'll let down if you don't report. It is your duty and responsibility to notify the police.

Advising, giving solutions
Wait a few days before you decide what to do. Go find another man who you can trust. You should leave your husband.

Preaching, lecturing, giving logical arguments
Women must learn how to protect themselves. Let me tell you the facts.

Put-down messages. Messages that indicate that the survivor is inferior, inadequate, subordinate, or unworthy (that is, "Something is seriously wrong with you"). The survivor may feel defensive, resentful, threatened, or embarrassed.

Judging, criticizing, disagreeing, blaming
You're not thinking clearly. I couldn't disagree with you more. Sounds to me like you're overreacting.

Name-calling, labeling, stereotyping
You're smarter than that. Police tend to be like that.

Interpreting, analyzing, diagnosing
You're not really angry, you're just tired. You feel that way because of what happened. You love him because your mother was married to a batterer. You must be the rescuer in the family. You lack self-esteem, that's what made you do that.

Reassuring, sympathizing, consoling
You'll feel better tomorrow. Don't worry, it will work out.

Avoidance messages. These are message that influence the survivor to stop conveying negative feelings and emotions (that is, "It's too risky for me to deal with you"). The survivor can feel that the person is not interested in her, does not respect her feelings, or wants her to change.

Judgmental praising, dishonest agreement
You're obviously able to handle this. You're strong enough to handle this. You're right for taking the blame.

Withdrawing, distancing, sarcasm, humoring
We discussed that already. Maybe you should just forget it. Oh, come on, it can't be that bad. You could just blow up the building.

SOURCE: Adapted from the San Francisco Women Against Rape, *Volunteer Training Manual,* 1994, pp. 8–10; also from the California Office of Criminal Justice Planning, *Training Resources Manual,* 1993, pp. 50–52.

Don't panic. Be flexible. Bring out your sense of humor as needed. Get support when you need it.

MARLYN HEMELTOR, RAPE CRISIS CENTER OF SAN LUIS OPBISPO

"Wouldn't it make sense to go to the hospital?" is really a statement saying, "I believe that you should go to the hospital, and if you have any sense, you will agree." Such statements have the end result of disempowering the survivor. Using ownership statements is a better way to communicate your perspective and encourage consideration of that perspective.

OWNERSHIP STATEMENTS

Ownership statements are statements that begin with "I." "I" statements are important to use in crisis intervention (especially when evaluating client safety) because they clearly communicate one's own thoughts and feelings about an issue. Although ownership statements should be used sparingly, because you want the focus to stay on the survivor, not you, "I" statements are important in some situations. For example, if a client is in danger of hurting herself, owning statements communicate your judgment about the situation and what you plan to do about it:

SURVIVOR: *I just can't take it anymore . . . I'll kill him . . . I swear I'll kill him.*
COUNSELOR: *I understand your anger. However, I believe that would not be in your best interest. I would like to talk with you about other options.*

ASSESSING THE SEVERITY OF THE CRISIS

The severity of a crisis situation needs to be assessed from both the subjective viewpoint of the survivor and the objective perspective of the sexual assault counselor. The survivor's viewpoint will be revealed through her responses to your open-ended questions and your passive and active listening (Step 1: Defining the Problem, page 140). However, your perspective on the situation needs to include consideration of the survivor's thoughts, feelings, and behaviors, the duration of the crisis (acute versus chronic), and the survivor's emotional reserve and resources. Questions like these can guide you in evaluating a survivor's thoughts, feelings, and behaviors:

- How consistent are the survivor's thoughts about the crisis?
- How much self-blame is involved with understanding the crisis?
- How clear is the survivor in communicating her thoughts?
- What is the overall tenor of her feelings (sad, scared, angry)?
- How is the survivor presenting her feelings? Is she overcontrolled, withdrawn, or numb? Is she undercontrolled, overwhelmed, or flooded with feeling?
- What is the survivor currently *doing* to help herself through the crisis (for example, drinking, talking, exercising)?
- What has she done in the past when confronted with crises or difficult situations?
- Who can she contact right now to be supportive?

Generally, the more the survivor is reporting or demonstrating significant preoccupation, self-blame, and irrationality, as well as overwhelming feelings of sadness or anger and very poor coping, the more worrisome the situation. Additional assessment using closed-ended questions and more directive interventions using ownership statements would be necessary.

ACUTE VERSUS CHRONIC CRISIS

Individuals who are experiencing a developmental crisis or reminders of previous situational crises require different interventions than those experiencing a recent

situational crisis (acute crisis) or those with a lifelong history of crisis situations (chronic crisis). Developmental crises and/or the reencountering of problems associated with past situational crises are typically not as urgent as acute or chronic crisis situations. Ensuring client safety begins by assessing imminent risk. *Imminent risk* refers to situations that are taking place while you are in contact with the survivor. It is important to determine if the survivor is in imminent danger of being hurt or of hurting herself. In these situations, the focus is not on counseling per se but on gathering essential information as quickly as possible. If the danger is actually *present* while you are in contact with the survivor, the ultimate goal is to involve the police. In other words, if you have good reason to believe that something dangerous is happening right now (that is, you hear screams or a gunshot, or a very intoxicated survivor has informed you that she has taken a bottle of pills), it is your responsibility to inform the survivor of your intent to call the police. Because this involves a breach of confidentiality, it is best to obtain the survivor's permission. However, even if she is not willing to give you her permission, you are legally permitted to "take reasonable steps" to prevent harm to self or others. If possible, try to call the police from another phone so that you can keep the survivor on the line. Be prepared to tell the police the address and phone number of the survivor as well as your status as a sexual assault counselor. If the survivor is not willing to give her name or address, you can call the operator and ask that the phone call be traced. The following lists provide example questions for assessing and managing imminent risk.[5]

Assessment considerations:

Are you safe at this moment (for example, is the perpetrator present)?
Are you injured? Are you bleeding?
Was there a weapon involved?
Where are you (location and phone number)?
Do you have children? Are they in danger?

Management options:

Can you call the police and/or an ambulance, or shall I?
Who can you (or I) call to take care of the children?
In what hospital shall we meet?

Acute crisis situations that may not involve imminent risk but still require immediate follow-up include a suicidal survivor, a survivor who is threatening to harm others, and a survivor who is reporting a sexual assault within the last seventy-two hours. In addition, some survivors may be in acute crisis because they are overwhelmed with emotions. For example, a survivor may be experiencing a panic attack in which emotional fear and physical anxiety sensations increase very quickly and reach great intensity. Or a survivor may be experiencing very realistic assault-related memories (flashbacks) and have a terrifying sense that the assault is happening again. A survivor also may be feeling overwhelming rage at what has happened, and that anger may spill over into contact with the sexual assault counselor. Guidelines for how to handle these situations are presented in the next chapter, which is about crisis intervention applications.

Step 3: Providing Support

The third step in crisis intervention is to provide support. This step requires communication that the sexual assault counselor is a valid support person. Consistent with the empowerment model of helping, providing support includes the implicit and explicit belief that the survivor knows what is best for her.

In addition to demonstrating empathy through the use of passive and active listening, providing support involves being genuine and accepting the survivor unconditionally." Although these are being presented as techniques to facilitate the delivery of support, they can also be thought of counselor characteristics or attitudes.

GENUINENESS

Being genuine refers to the ability to stay true to who you are in your communication with others. It means putting up no false fronts. It means being honest. The components of **genuineness** are[6]

- Being role-free—in effect, not trying to prove anything to anyone.
- Being spontaneous—in essence, being free to communicate without being bound to prescribed techniques or being overinhibited.
- Being nondefensive—in short, being able to hear even negative expressions (for example, anger) from a survivor and facilitating exploration of such expressions rather than defending against them.
- Being consistent—maintaining consistency among feelings, thoughts, and behavior. In other words, sexual assault counselors don't say one thing and believe another.
- Being a sharer—consistent with feminist therapy and only when appropriate (that is, not taking the focus away from the survivor), engaging in self-disclosure.

Components of Genuineness

- Being role-free
- Being spontaneous
- Being nondefensive
- Being consistent
- Being a sharer

Furthermore, owning your own feelings, thoughts, and behaviors can serve as an excellent model for survivors who are struggling to articulate their feelings. If you remove yourself from your statements (that is, if you say, "It is generally believed," or "We think this way"), it is difficult for the survivor to identify her own thoughts and feelings in light of such authoritative statements. The end result of such disowning communication is disempowerment and disconnection. Of course, using "I" statements does not mean passing judgment on a survivor's character is ever acceptable (even if stated as an ownership statement). Statements that put down a survivor's character do nothing to change her behavior.

ACCEPTANCE

True acceptance is the ability to give unconditional positive regard to an individual without consideration of her personal qualities, beliefs, or problems. In other words, acceptance refers to the ability to value and care for an individual even if she is doing or saying things that are contrary to your beliefs and values. To some degree, acceptance means putting aside one's own needs and values and not requiring anything from another person. It is important to note that acceptance of the person—of her intrinsic worth and value as a human being—does not imply that the counselor must necessarily personally accept or express agreement with the beliefs and attitudes voiced by the survivor. In fact, the survivor may have many opinions that may be challenged by the counselor. For example, it may be important to question or challenge the survivor's self-blame for the event or her judgment of herself as "weak" because she is experiencing problems as a result of her assault. The counselor can remain respectful and accepting of the person while not accepting the accuracy of some of her views. This stance of acceptance may be especially difficult to maintain when a survivor behaves in ways that are personally offensive to the counselor. Survivors may, for example, speak aggressively, report objectionable behavior, or express racist attitudes. The counselor working with such a person may question or express disagreement

with such behavior or attitudes while still attempting to communicate acceptance of the person. If a counselor has reactions to the behavior or beliefs of the survivor that interfere with her ability to accept and work with the person as she is, it may be necessary to refer the person to another counselor. The underlying assumption behind the importance of acceptance in crisis intervention is that caring for the survivor, regardless of her situation or status, will result in the survivor's being more likely to accept and prize herself.

Step 4: Examining Alternatives

Examining alternative options within a crisis situation is a step in crisis intervention frequently overlooked by both survivors and sexual assault counselors. Survivors are often unable to think clearly about their options, and counselors, in their effort to be nonjudgmental, empathetic, and nondirective, are reluctant to introduce suggestions into the conversation. This is unfortunate, because effective crisis intervention depends on careful consideration of coping options. In an interesting study of the effectiveness of crisis workers, survivors indicated that direct exploration of options was more helpful than nonjudgmental support.[7]

Generating alternative responses to crisis situations involves identifying resources in two categories: social resources and personal resources. Social resources (especially social support) include people who might be helpful in the survivor's recovery. Personal resources include personal qualities, skills, and other assets as well as environmental resources that can be used to help the survivor through the current crisis. Both open-ended questions and closed-ended questions can be useful in identifying these resources.

SOCIAL RESOURCES

Particularly important in recovery are social resources. First, for both the immediate crisis of sexual assault and its longer-term effects, other people may be sources of physical safety, emotional support, and practical help. Much coping with sexual assault is accomplished gradually, through talking with family members, friends, or others. Second, as noted earlier, sexual assault often creates for the survivor a sense of difference or alienation from others. To stop this kind of disconnection, rape crisis counseling must encourage the survivor to maintain existing meaningful relationships or establish new ones.

Unfortunately, many survivors do not receive the support they need in the aftermath of rape. In the first place, as many as 35 percent of rape survivors never tell anyone about their assault.[8] When survivors of rape do disclose their experience, it is usually to a friend. Police, mental health professionals, physicians, priests or ministers, and rape crisis center workers are chosen less frequently as sources of help and support. On a positive note, approximately 74 percent of those who do seek support find someone they tell is helpful.

Although the people around a rape survivor are often helpful, it cannot be safely assumed that a woman's partner, family, or friends will be supportive to her. Some family members may themselves react with significant distress, blaming of the survivor, or emotional withdrawal. Of course, it is the decision of the survivor herself who to tell about her experience and who to ask for help. She will be able to say who among the persons she knows can offer various types of help. The sexual assault counselor can help the survivor consider who among her friends and family can enhance her sense of safety, who will be a source of emotional support, and who can offer practical help. One of the helpful roles of the counselor may be to help activate social support and other resources of the person. Questions that may be helpful to ask the survivor with regard to social resources include

Do you have family or friends you can talk to?
What are your living circumstances with regard to other people? Who do you live with?
How is your partner reacting to your assault? How are other significant persons in your life—

parents, siblings, adult children—reacting?
How often do you see or talk to the people who are helpful for you?

It may be important to strengthen the social resources of the person by educating family members. In the same way that the survivor will respond more effectively to her symptoms if she understands them and is somewhat prepared for them, families and other sources of support may be more effective helpers if they are educated about rape, post-traumatic reactions, and the nature of effective support. (For more information, see the following chapter, "Applications of Crisis Intervention.")

Finally, in addition to friends and family, there may be other potential sources of social support for the survivor. These can include physicians, mental health counselors, and members of the clergy (for example, rabbis, ministers) with whom she is already familiar. Sometimes, employers may be supportive by offering time away from work or arranging temporary changes in work responsibilities.

If the survivor is calling a sexual assault counselor for help, it is possible that she may be interested in obtaining psychotherapy. This can be a tricky situation for several reasons. First, most people are not aware of the distinctions among different types of psychotherapists (for example, psychiatrists, psychologists, social workers, marriage and family counselors) and different types of psychotherapies (for example, supportive, cognitive-behavioral, psychodynamic). Thus, a request for "therapy" may mean something different to the survivor than it does to you.

Second, although it is important for you to recognize your limits and to acknowledge this with the survivor, sexual assault counselors are equipped with many of the same skills as professionals (for example, active listening, empathy, genuineness). Furthermore, crisis counseling can offer as much, and often more, in terms of immediate relief. It's important that counselors recognize their power in supporting the survivor and not assume that therapists hold magical answers that they don't.

Third, rushing into providing a referral can give the message that you don't want to talk or that the survivor's problems are too overwhelming for you to deal with. Allow the survivor time to express her emotions and to identify her needs. You do not want to become dependent on giving referrals as the goal of crisis counseling. See if the survivor is willing to talk with you about the problem so that you can decide together about the most appropriate referral. See "When and How to Refer," page 152, for concrete suggestions about referring to a mental health professional. "Comparison of Mental Health Professionals," page 153, and "Description of Different Psychotherapies," page 154, provide information about the different kinds of mental health professionals and the various forms of psychotherapy.

PERSONAL RESOURCES

Each individual has qualities, abilities, and other assets that may aid in her recovery. These personal resources may include hobbies, journal or letter writing, exercise, or regular involvement in enjoyable recreational activities. Other assets that may be helpful to the person include her financial resources, health insurance, access to a safe living environment, good health, a good job, and a positive attitude toward counseling.

In identifying personal resources that might be helpful for the survivor, the following open-ended questions might be helpful:

What kind of activities do you like?
Where do you feel the most comfortable?
How do you comfort yourself?
What kinds of activities would you like to try?
What are your favorite past times?

When and How to Refer

When to Refer

- If it is clear that the survivor is requesting a professional with specific training (that is, you've already reviewed the different types of mental health professionals)
- If, after three months, she reports getting worse rather than better
- If it turns out that she has a lot of different family problems or relationship problems that she wants to work on
- If the survivor is feeling chronically suicidal
- If the survivor is talking in obviously irrational ways (for example, responding to internal stimuli, having bizarre delusions)
- If the survivor seems to need more emotional support than you can provide
- If the survivor is reporting very specific fears that are interfering with her life (for example, not driving, not falling asleep)
- If the survivor is requesting couples counseling

How to Refer

- Use the list of mental health referrals from your rape crisis center
- Provide as much information as possible:

  Correct name of agency, address, and telephone number

  Name of a specific contact person

  Hours of the agency

  Fees, if any

  Any other information about what the survivor can expect—for example, waiting time, Spanish-speaking staff, theoretical orientation

- Encourage the survivor to ask the following questions:

  What kind of training and experience do you have working with sexual assault survivors?

  How do you work with clients? What kind of techniques do you use?

  How would you describe your theoretical approach?

  Do you support participation in support groups or twelve-step programs?

  Do you have experience with different types of problems, such as dissociation, depression, eating disorders, cutting, substance abuse?

  Are there any circumstances under which you see sex with a client as appropriate?

- Do not make any promises about the outcome of the referral
- Have the survivor contact the referral herself; this is to help reinforce the feeling that the survivor is responsible for herself
- Ask the survivor to let you know what happened; make arrangements for a follow-up call to talk about the survivor's experience
- If the survivor is particularly reluctant, role-play the contact with her
- Remember that the survivor has the right to refuse a referral

SOURCE: Adapted from the *San Jose (California) Training Manual for Sexual Assault Counselors,* 1998, p. 45.

Comparison of Mental Health Professionals

TITLE	EDUCATION AND LICENSING	TRADITIONAL EMPHASIS/ WORK SETTINGS	CONSIDERATIONS
Psychiatrist (M.D.)	B.A. or B.S. (4 yrs.) Medical school (3 yrs.) Internship (1 yr.) Residency (3 yrs.) State licensed	Differential diagnosis, pharmacology, psychoanalysis Medical settings	Interest in biological aspects of mental disorders; traditional role in psychoanalysis
Clinical (Psychiatric) Social Worker (M.S.W.)	B.A. or B.S. (4 yrs.) Graduate work with placements (2 yrs.) State licensed	Family, social, and environmental forces Public agencies	Attractive to managed care companies (master's level clinician); evaluate training placements for match because not all social workers have clinical training
Counseling Psychologist (Ph.D.)	B.A. or B.S. (4 yrs.) Graduate school (3 yrs.) Internship (1 yr.) Dissertation Post-doctoral hours (1–2 yrs.) State licensed	"Normal" individuals, vocational interest assessment Educational settings, counseling centers	Very similar to clinical psychologists
Clinical Psychologist (Ph.D. or Psy.D.) (Psy.D.: doctorate of psychology. Considered more a practitioner's degree; i.e., less research training. Often the terminal degree of professional schools.)	B.A. or B.S. (4 yrs.) Graduate school (3 yrs.) Internship (1 yr.) Dissertation Post-doctoral hours (1-2 yrs.) State licensed	Assessment of psychopathology, "problem" behaviors, treatment outcome research Clinical activities of psychologists: Assessment (74%) Treatment (84%) Evaluation (47%) Settings: Private (40%) Psy. dept. (15%) Medical (16%) Psy. hosp. (5%) Clinics (8%)	Conduct forensic assessments; most likely to have training in empirically based practices, including cognitive-behavioral interventions; emphasis on outcome research
Marriage and Family Therapist (California)	B.A. or B.S Graduate work with placements (2 yrs) 3,000 hours clinical work State licensed	Emphasis on family "systems" and communication styles Public agencies, private practice	Attractive to managed care companies; inquire about practicum placements

SOURCE: Norcross et al., 1995.

Description of Different Psychotherapies

There are more than 250 different kinds of psychotherapy. Historically, it was possible to categorize therapies according to dominant theories regarding human behavior. For example, psychodynamic theory gave rise to numerous therapies that emphasize the importance of early childhood relationships and unconscious conflicts. Cognitive-behavior theory has given rise to numerous therapies that emphasize the role of "cognitive distortions" and "patterns of maladaptive behavior." Humanistic theory gave rise to numerous therapies that emphasize "human potential" and "self-actualization." More recently, therapies have been promoted based on their scientific merit and empirical support. The therapies in the following list have been shown to be effective for sexual assault survivors.

- **Cognitive-behavior therapy.** This is a general approach to therapy that emphasizes the role of thoughts and behaviors in the origins and maintenance of problems. The cognitive component of this approach focuses on challenging "distorted" ways of thinking (that is, challenging the client to evaluate the veracity of her thoughts), whereas the behavior component relies heavily on "exposing" the client to irrational fears. Some of the more recognized cognitive-behavioral therapies include Stress Inoculation Training (SIT), Brief Cognitive Behavioral Therapy, Exposure Therapy, and Cognitive Processing Therapy (CPT).
- **Stress Inoculation Training (SIT).** In SIT, survivors are taught a variety of different coping strategies such as progressive muscle relaxation, deep breathing, preparing for a stressor, and thought stopping. The survivor is encouraged to select those coping strategies that are most helpful for overcoming her fears and anxieties. The goal of SIT is not to eliminate anxiety but to better manage it across different types of situations. Typically, the training is conducted in twelve weekly, ninety-minute sessions.
- **Brief Cognitive Behavioral Therapy.** This intervention includes providing information about typical reactions to assault and training survivors in a more limited array of coping skills, such as relaxation and cognitive restructuring. This brief intervention is typically delivered in four contacts post-assault and has been shown to prevent the development of post-traumatic stress disorder.
- **Exposure Therapy.** Although there are many variations on exposure therapy (prolonged exposure, in-vivo desensitization, imaginal desensitization, guided imagery, or flooding), all of them involve repeated telling of the trauma story. It is believed that through the learning principles of habituation and extinction, the survivor will no longer respond to her painful memory with debilitating fear, especially if this fear has led to avoidance. This treatment is contraindicated (that is, *not* recommended) for individuals who have psychotic symptoms or who have severe dissociation or substance abuse. It is typically delivered in twelve ninety-minute sessions.
- **Cognitive Processing Therapy (CPT).** The focus of CPT is to challenge the thoughts and beliefs that frequently arise from assault experiences (for example, It was my fault; I can never be safe again). It is typically delivered in twelve weekly sessions, and it has been shown to reduce PTSD symptoms as well as symptoms of depression.
- **Supportive counseling.** This is another treatment or intervention that has received empirical support. It uses many of the same techniques as those used in crisis intervention and crisis counseling follow-up. It is different from other forms of psycho-

therapy in that the focus is on the crisis itself (not one's personality) and normalizing the survivor's reactions to the crisis. It also involves confrontation of the survivor's fears and disclosure of the trauma story. Unlike the cognitive-behavioral treatments, however, therapy sessions are not structured and systematized. Supportive counseling is probably the most frequently used counseling method in rape crisis centers. In one empirical study where supportive counseling was goal-oriented and systematically applied, it was as effective as SIT in reducing fear, anxiety, and depression. In another study, SIT was more effective than supportive counseling in reducing symptoms of PTSD immediately after the assault. However, prolonged exposure to traumatic memories through the repeated telling of the trauma story appeared to be better than both SIT and supportive counseling in the long run.

- **Eye movement desensitization and reprocessing (EMDR).** A more recent approach that has been attracting quite a bit of attention in the treatment of PTSD is EMDR. As the name suggests, this approach requires the survivor to engage in rapid eye movements while maintaining an image of her traumatic situation. This is done by imagining the trauma (for example, the face of the perpetrator) and simultaneously following a therapist's finger that is held about twelve to fourteen inches away from the client's face and moves back and forth twelve to twenty-four times at a rate of about one movement per second. It is not known why this technique is effective, but advocates and some preliminary empirical reports suggest that it has been effective for sexual assault survivors. A recent review of EMDR studies concluded that the rapid eye movements are not necessary for improvement and that the effectiveness is based largely on its inclusion of exposure to images.

Other approaches and treatments have been tried but not yet evaluated:

- **Hypnosis.** This technique has been used by some therapists to "uncover" repressed or suppressed memories. It is a controversial technique because it can result in pseudo-memories (false memories) that "feel" true.
- **Family and couples counseling.** Surprisingly, there are no outcome studies that have systematically evaluated the effectiveness of family and couples counseling on the functioning of sexual assault survivors. Although it is generally recognized that couples therapy is not appropriate, at least not initially, for situations where the perpetrator is known, family and couples therapy may be a good option for survivors who are struggling to receive support from their family or partner.
- **Support groups.** There are many different types of support groups. Some are led by a professional; others are facilitated by volunteers. Rape crisis centers often provide support groups that are led by a professional or trained volunteer. These groups can be a good alternative to individual therapy, especially when the survivor is lacking social support.
- **Twelve-step programs.** Historically, twelve-step programs were self-help groups for individuals with substance abuse problems. Currently, there are twelve-step groups for a wide range of problems, including recovery from sexual abuse or assault. These groups share a philosophy of recovery that includes the recognition of a higher power and the importance of incorporating recovery into all areas of one's life.

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*E. B. Foa and E. A. Meadows, *Psychosocial Treatments for Post-Traumatic Stress Disorder* (Washington, DC: American Psychiatric Press, 1998).

SOURCE: Adapted from Ledray, Linda, *Sexual Assault Counselor/Advocate Training,* 1999, pp. 23–37; also from Connecticut Sexual Assault Crisis Services, *Standardized Training Curriculum for Sexual Assault Crisis Counselor Certification,* 199?, appendix A-6.

If the survivor is unable to respond to these open-ended questions, the counselor can follow up with closed-ended questions:

> *I'm wondering if [journal writing, letter writing, taking a walk, going to the park, drinking a cup of tea, watching television, cooking, cleaning, drawing, exercising, bowling, knitting] has helped you in the past?*

Even though the survivor may want you to tell her what to do, the sexual assault counselor should focus on brainstorming possibilities with the survivor followed by a realistic appraisal of each possibility (for example, what the possible obstacles are to the alternative). In keeping with the empowerment model of helping, the survivor needs to "own" her coping efforts. Long-term success requires that survivors feel that their own efforts are the reason for their progress.

Step 5: Making Plans

Step 5 follows directly from step 4. After brainstorming possible social and personal resources and evaluating their practical and realistic merit for helping the survivor, a plan is developed that requires specific actions. This plan would include identifying people, groups, or referral resources that the survivor will contact for immediate support. The plan would also include a list of specific personal coping resources that the survivor can use *now*. If specific coping skills are lacking, the plan may include additional contact with a sexual assault counselor or a mental health professional (see the following chapter, "Applications of Crisis Intervention").

Celebrate, feel joy, keep perspective.

LISA MORRIS, CENTER FOR COMMUNITY SOLUTIONS

It is worth repeating that making a plan must be done in collaboration with the survivor. Remember, the goal of crisis intervention is reempowerment and reconnection. If a plan is constructed without a survivor's sense of ownership, then she has been robbed (again) of her power and independence. The guiding principle of all exchanges with a survivor should be the installation of control and the opportunity for reconnection. Questions that may help with the process are

- Is the alternative specific enough?
- Is the alternative believable and conceivable?
- Does the alternative help the person to grow?
- Is the alternative something that can be controlled?
- Is the alternative consistent with the person's culture and values?
- What is the first action that has to be done to put the plan into action?
- When will the first action be taken?[9]

Step 6: Obtaining a Commitment

This final step, obtaining a commitment, is often brief and simple. After identifying and the survivor's problems and setting priorities (step 1), ensuring that the survivor is safe (step 2), providing social support (step 3), generating coping alternatives (step 4), and making a plan (step 5), the sexual assault counselor can ask, "Now that we have talked about your situation and generated a plan, summarize for me what actions you will take." The plan should be simple (no more than two or three action steps), specific, and time-limited. If possible, the plan should include a follow-up contact with the crisis worker or center.

Encouraging Follow-up

1. Explain reasons for offering further contacts. For example, it may be helpful to tell the survivor that the three main factors that appear to prolong post-trauma difficulties are avoidance, negative thoughts or self-statements, and difficulty coping with anxiety. The purpose of your follow-up contacts will be to address these three factors.
2. With a person who seems unsure about further contacts, it is helpful to explore and discuss obstacles to further contacts. Survivors may have a variety of common concerns about continuing counseling:

   I can't explain what I'm feeling.
   No one else can help me; I need to help myself.
   You'll blame me for what happened.
   I'm ashamed.
   I'll feel worse if I talk about it.
   There's no point in talking; it happened and I can't change that.
   How do I know what I say will be confidential?
   I'm not crazy, so I don't need mental counseling.

   Identification and discussion of these concerns is often helpful for the survivor. The counselor can show her familiarity with them by mentioning some of them during a discussion of feelings about continuing counseling.
3. It may be important to make clear the possibility that the survivor's anxiety or other reactions (for example, intrusive thoughts, insomnia) may worsen in anticipation of follow-up contacts and that she may feel like avoiding them but that it is important not to avoid.
4. Make concrete arrangements (date and time) for a follow-up contact; if possible, when scheduling another contact, give a written appointment reminder to the person.
5. If she is not sure whether she wants further contact, ask for permission to call her in the next day or two to find out how she is doing. This will provide her with another contact and with another chance to arrange follow-up support. If you arrange to phone her, be sure to do the following:

   Get a phone number where she can be reached!
   Ask about the best times to call.
   Arrange how you will introduce yourself when you call. Confidentiality is essential, and it may be important to her that others not know that you are a sexual assault counselor.

5. When a person misses a scheduled follow-up contact, a phone call to offer to reschedule can reduce likelihood of dropout.

Many initial contacts with rape crisis services do not result in further use of services. Even when survivors have several contacts, there is a high rate of dropout in rape crisis counseling. There may be many reasons for this. Optimistically, the person may benefit from the contact and not require further help from the center. Or she may use the center as one form of information and support and continue seeking help in other ways. However, this limited use of services may also mean that the sexual assault survivor is not forming a good relationship with the counselor, that she does not see the value of further contacts, or

that she simply wishes to avoid rape-related feelings and memories. The act of talking to a rape counselor might be a trauma "trigger," an uncomfortable reminder of her experience.

In many situations, if rape crisis counseling is to help the survivor as much as possible, it will be important to encourage further contact. Of course, the best encouragement of this contact is to make sure that the rape survivor encounters a warm, supportive, knowledgeable, and sensitive counselor. However, the counselor can take additional steps to improve the likelihood of continued use of services; see "Encouraging Follow-up," page 157, for suggestions.

As always, it is important that the commitment is not perceived as a coerced concession. The survivor must retain ownership of the commitment (that is, be responsible for the execution of the plan).

Additional Considerations

The basic model and techniques identified in this chapter will help the counselor respond to most crisis situations. As the contact unfolds, it will become clear what type of crisis the survivor is facing (for example, situational, developmental, acute, chronic) and what type of service is being requested. Another approach to crisis intervention is to identify the type of request the survivor is making: confirmation of concern, ventilation, advice, or clarification.[10]

Confirmation of concern. This kind of request is especially likely in response to developmental crises following a past assault (for example, a mother who was raped as a teenager is concerned that her daughter, now fourteen, will also be raped). The survivor may be asking for confirmation that you are genuinely concerned about her situation, that you are mentally and emotionally available to her, and that she has called the right place. She may say, "I'm not sure if you can help me," or "I don't know if I should be contacting you or not." As a counselor you can explicitly state your interest in the survivor and her conviction that contacting the center was an important decision requiring considerable courage. You can demonstrate your concern by listening and communicating with sensitivity.

Ventilation. The survivor making this request is seeking to express herself and her emotions, especially anger. This can often occur when the survivor is struggling with the social ramifications of her experiences (for example, social-cultural crisis). Her request may be primarily to talk and reduce some of the burden of the situation. It is often a helpful process to put feelings into words, and the opportunity to vent may be missing among survivors' families and friends. Again, the skills of listening, well applied, can facilitate this process of ventilation by the survivor.

Advice. Some assault survivors ask what to do about their particular problems. For example, they may ask the counselor whether they should report their assault, whether they should return home to their apartment, whether they should seek professional counseling, or who to tell about their assault. This type of request is common in response to recent situational crises. You can play a valuable role in providing information, suggesting alternatives, and helping the person consider pros and cons. As always, however, you should help the survivor to draw her own conclusions about the alternatives and make her own decisions.

Clarification. Sometimes survivors want to think through the situation for themselves and come to their own conclusions. They will be actively attempting to make sense of their experience and cope with it more effectively. These requests are often tied to existential crises. Such a person will be better able than many survivors to describe her feel-

ings and the effects of the sexual assault on herself and her life. She will be able to listen and learn from the counselor and use the information to work through aspects of the crisis for herself.

By paying attention to the presenting crisis and the type of request, the counselor may be better able to provide an appropriate response and empower the person. For example, the person requesting advice may expect or need something more tangible than listening. The person who is venting may, on the other hand, react badly to information or advice. The person seeking clarification may need specific feedback about how she is handling the situation and information that helps her advance her own understanding and coping. A good confirmation of concern may need to include direct statements of the counselor's reaction to what she has heard and a statement of ways in which the rape crisis center may potentially be of help.

Definitions

Acceptance. The ability to value and care for an individual even if her words and behavior are contrary to your values and beliefs.

Active listening. Communicating understanding of a speaker's message through paraphrasing and reflective statements.

Closed-ended questions or statements. Questions or statements that are designed to obtain specific, concrete information.

Empathy. The ability to see, feel, experience, and understand what another person is feeling and experiencing as if it were your own problem but without allowing the problem to become your own.

Genuineness. Staying true to who you are (that is, "being real") in your communication with others; honesty.

Open-ended questions or statements. Questions or statements that invite expression of feelings and thoughts.

Ownership statements. Statements that clearly communicate one's own thought and beliefs. These usually start with the pronoun *I* and thus are also called "I" statements.

Paraphrasing. Restating what you were told without inferences regarding feelings or meaning.

Passive listening. Purposeful silence; listening without responding verbally.

Reflective statements. Feedback about the feeling or meaning of what you were told.

Sympathy. Hearing the feelings of the speaker but focusing on the feelings produced in the listener. Sympathy is feeling *for* another person, not *with* another person.

Notes

1. Adapted from Pennsylvania Coalition Against Rape (PCAR), *A Resource Guide for Volunteer Training,* 2d ed., part 3 (1993), 40–41.
2. B. E. Gilliland and R. K. James, *Crisis Intervention Strategies* (Pacific Grove, CA: Brooks/Cole, 1997), 28–32.
3. Adapted from Connecticut Sexual Assault Crisis Services, *Standardized Training Curriculum for Sexual Assault Crisis Counselor Certification* (1998).
4. Gilliland and James, 40.
5. Pennsylvania Coalition Against Domestic Violence (PCADV), *A Resource Guide for Volunteer Training* (1989), 2–9.
6. G. Egan, as referenced in Gilliland and James, 47.

7. R. Young, "Helpful Behaviors in the Crisis Center Call," *Journal of Community Psychology* 17 (1989): 70–77.
8. J. Golding, "Sexual Assault History and Physical Health in Randomly Selected Los Angeles Women," *Health Psychology* 13 (1994): 130–138.
9. *San Jose (California) Training Manual for Sexual Assault Counselors* (199?), 43.
10. PCADV, 2–7.

Applications of Crisis Intervention

ANNABEL PRINS AND JOSEF RUZEK

THIS CHAPTER REVIEWS SPECIFIC APPLICATIONS of the six-step model of crisis intervention. The goals of reempowerment and reconnection remain the same, but there are additional considerations in different situations. Two main questions determine the nature of the crisis intervention application:

1. Is this an acute or nonacute crisis situation?
2. Is this an initial or repeat contact with the rape crisis center?

Acute Versus Nonacute Contacts

Perhaps the most important piece of information is whether the survivor is in an acute or nonacute crisis. The crisis is acute when the survivor is at risk for harm to self or others or has experienced a sexual assault within the last seventy-two hours. The crisis is also acute when the survivor is so emotionally overwrought or withdrawn that she is incoherent in her communication. In these situations, the sexual assault counselor needs to be more active and directive than in nonacute crisis situations. This includes greater use of closed-ended questions and statements as well as ownership statements. These situations also require counselors to take a more active role in generating alternative coping options.

ACUTE RISK OF SUICIDE AND SELF-HARM

Self-destructive behavior can include any action that is physically damaging, including pulling one's hair, alcohol or drug abuse, wrist-cutting, suicide attempts, and outright suicide. Although there are many different explanations for self-harm, most people agree that self-destructive behaviors are a way of communicating despair, disconnection, and hopelessness about the future. For some, self-harm provides a contrast to feeling numb or a way to transform psychological pain into physical pain. The job of the sexual assault counselor is to provide a sense of reconnection and hope. It's important to realize that self-harm and suicide can represent a real (and only) alternative for some people. The goal of the counselor is to get behind the survivor's wish to die and to generate alternative coping options.

Despite popular beliefs to the contrary, suicidal people are relieved when someone is sensitive enough to ask about their suicidal ideas. Indeed, there are a number of myths about suicide that prevent effective intervention.[1]

Myth: *People who commit suicide are mentally ill.*

Fact: *People who commit suicide are usually in emotional turmoil, but this is not the same as being "crazy" or mentally ill.*

Myth: *Good circumstances—a comfortable home and a good job—prevent suicide.*

Fact: *Suicide cuts across class, race, age, and sex differences, though its frequency varies among different groups in society.*

Myth: *People who talk about suicide won't commit suicide.*

Fact: *People who die by suicide almost invariably talk about suicide or give clues and warnings about their intention through their behavior, even though the clues may not be recognized at the time.*

Myth: *People who threaten suicide, cut their wrists, or don't succeed with other attempts are not at risk for suicide.*

Fact: *The majority of people who succeed in killing themselves have a history of previous suicide attempts. All threats and self-injury should be taken seriously. Not to do so may precipitate another attempt.*

Myth: *Talking about suicide to people who are upset will put the idea in their heads.*

Fact: *Suicide is much too complex a process to occur because a caring person asked a question about suicidal intent.*

Myth: *People who are deeply depressed don't have the energy to commit suicide.*

Fact: *The "energy level" of another person is subjective and difficult to assess. People may kill themselves while they are depressed or following improvement. Frequent and repeated assessment is therefore indicated.*

The best and most effective way to ask about self-destructive behavior is to be direct. The use of closed-ended questions allows one to obtain immediate information about the person's level of risk. A combination of open- and closed-ended questions may work particularly well. For example,

What do you mean when you say you can't take it anymore? Are you thinking of suicide?

What did you hope would happen when you burned yourself? Did you intend to die?

Direct questioning and owning statements also provide an opportunity for the survivor to feel reconnected to another person and to find a reason for living. It communicates a willingness and ability to tolerate extreme psychological pain and a faith that alternative options are available.

Evaluating the risk of suicide requires an assessment of the survivor's suicidal ideas, including the specificity and lethality of her plan as well as its feasibility. Inquiring about previous suicide attempts as well as resources for managing feelings of despair are also important. Finally, sexual assault counselors need to consider the link between the specific crisis or trauma and the wish to die as well as any additional risk factors for suicide. Keep in mind the following important facts about suicide when making as assessment of suicide risk.[2] See also the list of helpful questions in "Evaluating Suicide Risk," page 164.

- The ratio of attempted to completed suicide may be as high as 200 to 1. Attempters differ from completers in the following ways: (a) the majority of attempters are female, (b) most are young, (c) they use methods of lower lethality (for example, pills, cutting), (d) they are often depressed or confused in their feelings, and (e) they are motivated by a desire to change the situation. Completers are typically older males using methods of higher lethality (for example, guns, jumping). They are typically suffering from depression and substance abuse problems, and their primary motivation is death.
- Being divorced or widowed increases suicide risk by four or five times, which may speak more to the importance of social support than of marital status per se.
- In the United States, the incidence of suicide is highest during the spring and summer.
- Guns are the most common means of suicide.

- Suicide rates for white and Native American youths are higher than for African-American youths, although this is reversed for inner-city youths.
- Suicide rates are higher for gay and lesbian teens than for heterosexual teens.
- Twenty percent of all college students have considered suicide at least once during their college years.
- Behavioral indicators of suicide risk include (a) giving away personal possessions, (b) making a will, and (c) dramatically changing physical appearance.
- Verbal indicators of suicide risk include (a) direct or veiled statements about suicide, (b) written notes or writings about death, and (c) preoccupation with death.
- Most, but not all, people who commit suicide have diagnosable mental disorders, in particular, depression, substance abuse, and schizophrenia.
- Physical illness, for example, AIDS and cancer, is a contributing factor in as many as half of all suicides.

In the state of California, mental health professionals are not legally mandated to report individuals who are suicidal. In other words, sexual assault counselors are not required to break confidentiality when a survivor is suicidal. On the other hand, mental health professionals are mandated to take "reasonable steps" to prevent suicide. If, in your judgment, the survivor is at extreme risk for suicide (that is, tells you that she has a gun and that she has been thinking about it all day), these "reasonable steps" could include contacting family members or encouraging voluntary admission to a hospital. You can offer to advocate for the survivor by calling the emergency room and briefing personnel on the situation. The decision to meet the survivor in the emergency room will depend upon your agency's policies. Check with a supervisor before making any promises. Of course, if an attempt is in progress, you should call 911 for the police and an ambulance.

If, in your judgment, the survivor is not at extreme risk for suicide (that is, has thoughts about it but has no plan), these "reasonable steps" can include a contractual promise not to kill herself and a commitment to obtain additional services from a suicide hotline or mental health professional. The following are some suggestions for what to do when the survivor is at low risk for suicide:[3]

- Reduce isolation. If the person is alone, physical isolation must be reduced. Identifying people who can stay with the survivor, even temporarily, is extremely important.
- Remove lethal weapons. A plan should be instituted for the removal of lethal weapons and pills. A direct, protective statement by the counselor may be exactly what the survivor is looking for: for example, "Why don't you put the gun away"; "Why don't you throw out the pills"; or "Let's talk about this."
- Encourage alternative expressions of anger. If self-harm is related to anger or revenge, other ways to express anger short of taking one's life are needed. For example, a sexual assault counselor can say, "I can understand your anger; can you think of a way to express this anger that would not cost you your life?"
- Avoid decision making. The sexual assault counselor should let the survivor know that, despite *feelings* to the contrary, self-harm is not the only option available. Give direct advice to hold off on any major decisions until after the crisis passes.
- Manage extreme anxiety and sleep loss. Because extreme anxiety and sleep deprivation can have a profound effect on one's outlook, the sexual assault counselor should address both of these in her intervention.

Evaluating Suicide Risk

SUICIDE PLAN

Suicidal Ideas

Are you so upset that you're thinking of suicide?
Are you thinking about hurting yourself?

Specificity and Lethality of Method

What are you thinking of doing?
Do you have a plan worked out for killing yourself?
Are you thinking about [using a gun, jumping, hanging, drowning, carbon monoxide poisoning, using pills, car crash] (all high lethality)?
Are you thinking about [cutting your wrists, using nonprescription drugs] (lower lethality)?
When do you think you would do it? How did you come to choose that day/time?

Availability and Feasibility of Means

Do you have a gun?
Do you know how to use it?
Do you have ammunition?
Do you have pills?
How many pills do you have?
Do you know what will happen if you take them?

HISTORY OF PREVIOUS ATTEMPTS

Lethality of Previous Attempts

Have you ever tried to hurt yourself?
How did you hurt yourself (assess if high or low lethality)?

Responses to Previous Attempts

What happened afterward?
How did friends and family treat you afterward?
Did you get any counseling?

RESOURCES

Internal Resources

What has prevented you from hurting yourself until now?
What would need to change in order to keep you alive?
How have you coped with these feelings in the past?

External Resources

Do you have a partner or a close friend?
Would she or he be helpful or be hostile to your current feelings?
Do you have a therapist or someone who you talk to on a regular basis?
Could we contact this person now?
Do you have a family member that we could contact?

LINKS TO SEXUAL ASSAULT AND OTHER RISK FACTORS

Links to Sexual Assault

How are your feelings tied to your assault experience?
What have you been doing since the assault?

Other Risk Factors

Have you been sleeping and eating?
Have you been drinking or using any drugs?
Have you had any difficulty with hearing things or seeing things that no one else can hear or see?
Have you been experiencing sudden rushes of extreme fear or anxiety?

SOURCE: Adapted from Hoff, *People in Crisis,* 1989, pp. 200–201.

- Provide referrals to therapists and suicide crisis hotlines. If the client is in therapy, encourage her to contact her therapist. If not, instruct the survivor to indicate when making an appointment that she has been referred because of suicidal thoughts; otherwise, she may be placed on a long waiting list. Let her know that there are suicide hotlines that may be better staffed to help her with these feelings. Provide her with these numbers.
- Talk with the survivor about contracting with you or making an agreement to take certain actions. These actions may include calling a suicide hotline, going to the hospital emergency room, removing the means of suicide, or calling her therapist or a friend. Contracting can be done verbally but is even more effective when done in writing.
- Take care of yourself by talking with someone about what happened. Debrief with a supervisor.

ACUTE RISK TO OTHERS

Anger is often an appropriate response to sexual victimization experiences. In most cases, anger turned outward (that is, toward the perpetrator or social-cultural conventions) should be encouraged and validated. However, in the rare instance that a survivor is expressing a serious threat to hurt an identifiable person (that is, she has a specific plan and has made preparations for carrying out the plan), the sexual assault counselor needs to consider additional interventions.

As with self-harm or suicide, violent behavior can be very difficult to predict. According to some, the three best predictors of violent behavior are a history of previous violent acts, excessive alcohol intake, and a history of childhood abuse.[4] Consequently, these will be three important areas for the sexual assault counselor to assess.

Unlike the threat of suicide, however, a serious threat of violence toward a clearly identifiable person requires that a mental health professional contact both the police and, when possible, the identifiable person. In other words, in the state of California, mental health professionals are mandated by law to report someone who has made a serious threat to an identifiable third person. Your judgment is required in evaluating the seriousness of the threat. This involves an evaluation of the survivor's thinking (how much is she thinking about hurting someone, and does she have a well-formulated plan?), feelings (how much

control does she have over her emotions?), and behavior (how much control does she have over her behavior?).

In addition to the basic crisis intervention techniques already introduced (for example, active and passive listening), the sexual assault counselor counseling a potentially dangerous survivor can use the following steps:

- Provide a controlled, structured, and calm environment. Often very angry or violent survivors are frightened by their hostile feelings and their lack of control over them. The sexual assault counselor can offer an opportunity to express these feelings while setting limits with their expression: for example, "I'm sensing that your anger is getting out of control. I want you to take a deep breath, count to ten, and then try again."
- Encourage voluntary hospitalization if the survivor is unable to regain control over her violent impulses and/or if danger is imminent.
- Initiate an involuntary hospitalization if the client is unwilling to go voluntarily. This can be done by contacting the police or a psychiatric emergency team.
- Seek support for yourself after the incident. Debrief with a supervisor.

SEXUAL ASSAULT WITHIN THE PAST SEVENTY-TWO HOURS

Another acute crisis situation is when a sexual assault has occurred within the last seventy-two hours. Obviously, it is important for the counselor to assess when the assault took place. If the survivor is already at the hospital and a member of the hospital staff has called the hotline, then you'll want to obtain the following information before heading out to the hospital.

How old is the survivor?
Have any members of her family been contacted?
Has the survivor reported the assault to the police?
What is her mental status (that is, coherent, crying, etc.)?

Once you've arrived at the hospital, you might use the following strategies:

- Let the survivor know that you are sorry that this has happened to her and that you would like to provide her with any support and assistance she might need or like.
- Briefly explain that your role as a sexual assault counselor is to be there for her. It may be helpful to recognize directly that the medical staff will need to interact with her as a "patient" (that is, clinically) and the police (if present) as a "witness." You, by contrast, are there to support her as a "survivor" and to address the social and emotional aspects of her experience. Encourage and normalize any emotional response (for example, shock, crying), and encourage her to talk about the assault if she is able to.
- As in any acute crisis, the amount of information that she can digest will be limited. Keep in mind that the goal of crisis intervention is to reempower and to reconnect. Again, reempowerment involves giving control back to the survivor in all ways possible and as soon as possible. This includes obtaining "permission" to go further in all steps. For example, it is important to ask the survivor if she would like to contact the police or proceed with the medical-legal exam. This is not to say that you can't provide her with information about these processes, but the decision to go forward must belong to the survivor, not you, the doctor, the police, or her family. Reconnection begins by assuring the survivor that she is not alone and that you, and the rape crisis center, will be available to her for as long as she may need.

- Remember that unless the survivor has sustained injuries that place her life at risk, the emergency room staff may be pulled into taking care of other patients. This, coupled with the fact that some hospitals have to call in a designated doctor or nurse for the medical-legal exam, can make for a long waiting period. If the survivor has not been placed into a private area already, ask the hospital clerk if this can be arranged. This will allow you and the survivor to talk about her options in private. If family or friends are present, you may want to ask them to leave for a moment. This will allow you to ask the survivor if she would like them to be present for your conversation.
- Prioritize the information that you provide. This is not the time for discussing the social context of rape or challenging rape myths except to say that it was not her fault. It will be important for you to discuss these beliefs with her at a later time. Instead, focus on the immediate needs.

Remember that there are several reasons for obtaining medical attention and several advantages and disadvantages in involving the police. Reasons for getting medical attention include

- Evaluation of injuries. Because survivors can be in a state of shock shortly after an assault, the extent of injury can often be overlooked.
- Prevention of venereal disease, pregnancy, and AIDS. Although the prevention of these outcomes cannot be guaranteed, taking the necessary steps can be a first step to regaining control.
- Collection of medical evidence for future prosecution. It is important to discuss considerations for participating in the medical-legal exam in order to pursue legal action against the perpetrator. She can decide at a later time if she wants to file a formal crime report and how much she wants to cooperate with law enforcement. Make sure to inform her about what is involved in the exam and how it is different from other gynecological visits she may have had (for example, fingernail clippings, collection of pubic hair).

With regard to involving law enforcement, it is important to remember that some hospitals automatically contact law enforcement if a crime has been committed. However, *only the survivor* can decide whether or not to file a formal report. There are a number of advantages and disadvantages in reporting.[5]

Reporting has the following advantages:

- By exercising her *right* to the process of justice (but not necessarily the outcome!), the survivor is reempowering herself and, in effect, taking control over the situation.
- Reporting a crime makes the survivor eligible for financial compensation from the state.
- If the suspected rapist is caught, the survivor will be protecting others from future rape.
- Reporting the crime may help to substantiate another survivor's report.

Reporting has the following disadvantages:

- The prosecutor, not the survivor, will decide if there is enough evidence for an arraignment.
- The number of cases that actually go to trial is 10 percent of reported assaults. Although this statistic is discouraging, those cases that are filed with medical evidence and subsequently prosecuted often lead to conviction.

- Reporting the assault may be emotionally upsetting because it involves retelling the story several times. Although there is strong evidence that retelling the story is good for recovery, the nature of the telling is very different. (One focuses on facts, the other on feelings.) Again, law enforcement will be looking at the "credibility of the witness" in the story, whereas sexual assault counselors will be addressing the "emotional experience of the survivor."

If your initial contact with a recent assault survivor takes place over the telephone, the following may be important steps:

- Evaluate her current safety. Because so many assaults occur by individuals known to the survivor and in places typically thought of as safe, it is important to assess whether the survivor is in a safe place to talk right now. If there is any doubt about this, encourage the survivor to contact the police, or obtain permission to call the police for her. If there are indications that the survivor is in need of immediate medical attention (that is, she is bleeding, incoherent), call 911.
- Support her courage for contacting you and tell her that you are sorry this has happened. Tell her that you are here to help her in any way possible. Let her know that you can help her make decisions about what to do next.
- Explain to her the reasons for seeking medical care immediately. Although this decision remains her decision, this is an area where you can encourage her. Assess her ability to get to the hospital (do you or she need to call an ambulance, or can she call a friend or family member?). Let her know that you will meet her at the hospital.
- Remind her that she should not shower, brush her teeth, or change her clothes. Validate her desire to be "clean," but emphasize the importance of keeping the "evidence" intact. Even if she does not want to involve the police, you can encourage her to hold off on cleaning herself or making that decision until after she has been to the hospital. See if she is in a position to bring extra clothing or if you will need to provide that for her.
- Meet her at the hospital and follow the steps outlined previously.

EMOTIONALLY OVERWROUGHT SURVIVOR

If a survivor is becoming overwhelmed by emotions during the contact or indicates that she is often having trouble with being overwhelmed by intrusive memories of the assault and accompanying emotions, it is important to focus on stabilization. In these situations, the following suggestions may be helpful:

- Allow expression of feelings. Although you don't want to limit her emotional expression, it can be very frightening for a survivor to feel as though she is losing emotional control. Indicate your support and willingness to help the survivor gain some control. You could say, "You're having a lot of strong feelings right now because of what you've been through. I'm here to help you get through this. Let's focus on what you can do right now for yourself."
- Keep her attention away from the distressing memories long enough to help her calm down and regain control. Use closed-ended questions to direct the conversation toward less upsetting topics (for example, "Where are you? Are you able to get a drink of water?").
- Begin to educate the survivor about ways of managing these strong emotions and staying present in the here and now. It will be useful to review with her the information in "Coping with Overwhelming Emotions," page 169.

Nonacute Crisis Situations

Many contacts with rape crisis centers involve nonacute crisis situations. Most of these contacts occur on the hotline. There are several reasons why hotline contacts are preferred by survivors over face-to-face contacts. First, the caller does not need to bother with making an appointment or getting to an office. Second, it provides quick and easy access to a person ready and able to listen and qualified to help. Third, the caller has control over the situation in several ways: (a) she can maintain anonymity, (b) she can discuss topics that may be too embarrassing to discuss in a face-to face contact, (c) she can refuse to give her phone number or agree to follow-up, (d) she can discontinue the conversation at any time, and (e) she can choose to call again in the future.

By following the crisis intervention techniques previously outlined, the nature of the crisis (for example, situational, social-cultural, developmental, existential) and the type of request being made (for example, advice, validation) will become clearer. The next sections describe some common types of contacts or hotline calls and some specific considerations for each.

REPEAT CALLERS

All contacts should include an assessment of whether the survivor has had previous contact with the rape crisis center. A simple, direct, and closed-ended question can produce this information (that is, "Have you had any previous contact with the rape crisis center?"). It is important to remember that the function of the hotline is to help survivors in crisis. Many times counselors do not know how to respond to repeat callers because they are trained to be accepting of the caller's needs and/or to deal with acute crisis situations. If callers want to discuss issues other than sexual assault, it may be easy enough (and appropriate) to refer them to other hotlines or community agencies. If, on the other hand, the survivor wants to address sexual assault issues, it is important to see if her request includes help with coping. If it does, it is important to assess her participation in the follow-up counseling sessions discussed later in this

Coping with Overwhelming Emotions

1. Keep your eyes open and actively look around you. Look around the room or area where you are. Turn the light on if it is off.
2. Say a "safety statement": "My name is ____; I am safe right now. I am in the present, not the past. I am located in _____; the date is _____."
3. Say a coping statement: "I can cope right now," "This feeling will pass."
4. Touch objects in the immediate environment (for example, a pen, your purse, a book, your clothing, your chair), and notice how they feel.
5. Run water over your hands.
6. Carry something in your pocket or purse (for example, a ring) that you can touch whenever you feel triggered.
7. Jump up and down.
8. Stretch.
9. Eat something and notice how it tastes.
10. Think of people you care about (for example, your family), and look at their photographs.

SOURCE: Adapted from L. Najavits, *Seeking Safety* (New York: Guilford Press, in press).

chapter. These follow-up contacts are geared toward addressing behavioral and emotional adjustment to sexual assault. Of course, if the caller is interested in information about legal or medical issues (for example, wants someone to accompany her to court or wants information about sexually transmitted diseases), the counselor should provide this information as well.

RECENT SEXUAL ASSAULT (BUT NOT WITHIN SEVENTY-TWO HOURS)

Some survivors contact a sexual assault counselor several days or even weeks after an assault has occurred. Although this decreases the likelihood of a medical-legal examination, there are still important medical and legal, as well as emotional, issues to discuss with the survivor. The survivor should be encouraged to seek medical attention. It is important for the counselor to share the reasons behind this (for example, prevention of STDs) and to address any hesitation the survivor may have about seeking medical care (for example, immigration status). The survivor may wish to involve law enforcement, and she should be assured that it is not too late to do so. Emotionally, she will need to begin the process of regaining a sense of control and reconnecting with others. This may be facilitated by encouraging her participation in additional follow-up contacts.

INTOXICATED SURVIVOR

Identifying a survivor who is intoxicated or high can be difficult. Typical clues include slurred speech or speech that is very accelerated or slowed. (Not all callers with speech impairments will be intoxicated callers—some might be people with disabilities that affect their speech patterns.) Other indicators may include difficulty in following the logic or coherence of the conversation. Often the best approach is to ask a direct, closed-ended question, for example, "I'm wondering if you have been drinking or using any drugs today?" If the individual indicates that she is high or intoxicated, let her know that now is not the best time for you to help her. Ask her if you can see her or call her back tomorrow after she has had some sleep (make sure to get her number). Of course, if the intoxicated person is in danger of hurting herself or others, or if she has been assaulted in the last seventy-two hours, you need to consider other options. In these situations you may need to advocate on behalf of the victim. For example, postponing questioning by law enforcement until the following day.

A survivor who is abusing drugs or alcohol may be doing so as a way to cope with assault-related problems (for example, intrusive thoughts, feelings of shame). In fact, rape survivors are much more likely to abuse drugs and alcohol than nonsurvivors. Although alcohol and drugs may provide her with temporary relief by dulling her feelings of pain, fear, or self-blame, they are counterproductive in the end. Because denial is such a central feature of a substance abuse problem, direct reference to a problem or the long-run consequences of substance abuse may cause defensiveness or anger. A better strategy is to focus on the survivor's behavior in the here and now (for example, difficulty communicating, impaired concentration, poor judgment, accident-proneness, mood swings) and to emphasize that this behavior interferes with the process of counseling. Let the survivor know that you, or someone else from the rape crisis center, can contact her later.

CONTACT WITH FAMILY MEMBERS OR SIGNIFICANT OTHERS

Sexual assault affects the partners and family members of survivors in numerous ways. When counseling these individuals, it is important to encourage expression of feelings and to educate them about the nature and aftereffects of sexual assault. One of the most frequently encountered expressions by fathers, brothers, and male partners is anger or

rage and the desire to enact violent retribution on the perpetrator. These feelings may function to protect the man against his own feelings of helplessness. Importantly, however, these strong feelings may increase the survivor's distress. Rather than dealing with her own feelings, she may bear the burden of calming or reassuring these men.

Sometimes the anger experienced by partners and family members is directed toward the survivor. This may take several forms: (1) questioning the veracity of the survivor's story, (2) criticizing the survivor for not having been more careful, (3) wondering whether she "enjoyed" the experience. Sometimes these feelings are accompanied by the underlying belief that the survivor is the property of the man, and that the man has been wronged by the attack. These feelings may be difficult for the counselor to hear. It may be helpful to remember that partners and family members often share in feelings of devaluation and shame. Counselors must encourage discussion of these feelings in an atmosphere that is noncritical and accepting. Only then should the counselor move toward educating the partner or family member about the nature of sexual assault and the aftermath of assault.

Another response frequently seen in partners and family members is to become too protective and overinvolved. This too may represent an attempt to deal with their own feelings of helplessness. Although this behavior is often well intentioned, it can ultimately undermine the survivor's own attempts at reempowerment. Consequently, counselors need to acknowledge both the motivation behind this behavior and its counterproductive nature in actually helping the survivor.

Another response observed in partners and family members is that of engaging the survivor in distracting activities and/or keeping the sexual assault a family secret. As is often the case, family secrets end up becoming family burdens. Attempts to avoid the truth are based on the erroneous belief that open, ongoing discussion of the experience will only make things worse. The consequence, however, is to deprive the survivor of the opportunity to experience her feelings and to receive support in her recovery. It can also give the message that what happened is too terrible to discuss, which can confirm the survivor's worst fears.

In responding to partners and family members, it is important to listen to their feelings and then to educate them about the aftereffects of sexual assault and their role in the survivor's recovery. Some helpful suggestions for working with partners and family members follow.[6]

- Allow partners and family members to vent their feelings. They are entitled to your services. Acknowledge and normalize their feelings.
- Use the same crisis intervention techniques you would use with a survivor. Evaluate the problem, assess safety (that is, intent to do harm to perpetrator or survivor), provide support, generate coping options, make a plan, and obtain a commitment.
- Identify a support system for partners and family members, and talk about self-care (step 4 of the crisis intervention model, page 150). They too are experiencing a crisis and need to remember to take care of themselves.
- Stress confidentiality. You cannot and will not share information with or about partners and family members without written consent.
- Educate partners and family members about the symptoms and reactions common to survivors of sexual assault. Let them know what to expect.
- Help partners and family members understand the basics of crisis intervention and the empowerment model of helping, so that they can better help the survivor. Encourage them to believe the victim, be patient with her, and normalize her feelings.

- Help partners and family members place the blame where it belongs—on the assailant.
- Encourage partners and family members to allow the survivor to make her own choices and do things for herself. Explain that "rescuing" the survivor is counterproductive to the goals of reempowerment and reconnection.
- Take the opportunity to dispel myths, prejudices, or misconceptions partners and family members may have about sexual assault. Inform them that rape is a crime of violence and is never the fault of the victim, no matter what the circumstances.
- Assess partners and family members to determine if they have experienced sexual assault. Sometimes the assault of a loved one can bring up painful memories or issues that can get in the way of being helpful.
- Provide partners and family members with reading lists and sources that can help them understand what their loved one is going through and how they can help.

"Suggestions for Partners and Family Members," page 173, offers a list of specific ways they can help the survivor.

INAPPROPRIATE CALLERS

Inappropriate calls can include obscene calls and calls from offenders. Obscene callers are often males who start out sounding very legitimate. They may state that they are having difficulty dealing with rape fantasies or masturbating too much. This is frequently accompanied by an *exhibitionistic* telling of these fantasies or past sexual experiences (that is, extremely detailed and well-rehearsed). The emotional tenor of these calls will often be one of excitement and clarity, not fear or sadness and confusion. Calls from an offender or child molester may differ in tone. Here, guilt or shame may be the pervasive tenor. In both cases, the call should be terminated as quickly as possible for several reasons. First, the majority of these callers are not interested in changing behavior, and even if they were, rape crisis centers are not the appropriate place for this. Second, sexual assault counselors are too valuable to become frustrated and burned out by these kinds of calls. Third, and most important, the crisis hotline is designed for survivors of sexual assault. The time taken by these calls may prevent an assault survivor from contacting a counselor when she needs one. The following are some suggestions for how to terminate inappropriate calls:[7]

- Always give the caller the benefit of the doubt. In other words, do not terminate the call until you are pretty sure that the call is inappropriate.
- If you are receiving calls from a heavy breather, ask if you can help once or twice and then hang up.
- If you are receiving an obscene call, remember that the caller is trying to get a reaction out of you. Don't allow him to know that you are upset. Do not encourage him by talking. If you want to say anything (for example, "This is a hotline for sexual assault survivors, and I need to keep the line open for them—good-bye"), make sure to keep your voice calm and disinterested. Hang up.
- No call should take longer than an hour. Anyone who wants to talk longer is probably not in crisis but looking for a therapy session. People in crisis want validation of their feelings and help in problem solving. A nice chat or conversation is not the goal of crisis intervention.
- If the caller is saying the same thing over and over again or not responding to your attempts to generate coping options, this may be an indicator that therapy rather than

Suggestions for Partners and Family Members of Sexual Assault Survivors

DO be supportive. Really listen and indicate that you care about her and her feelings.

Don't pry and don't ask for details and specifics. Give her the opportunity to express and talk about her feelings, fears, and reactions as she chooses.

DON'T tell her what she must and must not do. It's her decision to report or not report the sexual assault.

DO see that she gets sensitive, concerned, and competent medical attention if needed. Call the nearest rape crisis center or rape hotline for support, information, and referrals.

DO recognize your own limitations in dealing with her, and DON'T project your feelings onto her. If the survivor is someone you care about, you will probably experience a wide range of feelings, from outrage and helplessness to real emotional pain. Try to remember that her feelings and needs are most important right now, not yours. Resist the urge to express your feelings to her right now, especially in those silent periods when she may be crying or finding it difficult to talk.

DO suggest that she talk with someone trained to help survivors deal with the ordeal of sexual assault. Once again, the nearest rape crisis center, sexual assault counseling service, or sexual assault hotline would be able to provide the best help. Seeking help from these people does not mean filing a police report or pressing charges. What it does mean is being able to talk with someone who cares, understands, knows how to help, and knows what information a survivor needs in dealing with medical, legal, and emotional issues.

DO seek help for yourself—someone you can talk with. Your feelings matter too, and by talking through all of your feelings about the assault, you may be better able to provide the continuing help the survivor needs.

DO put your anger and frustration where it belongs—on the perpetrator and not on her. She is not damaged property; she is a person who has been violently assaulted. Your personal revenge against the assailant won't help her and may make matters worse.

SOURCE: Adapted from YWCA for Santa Clara (California) Rape Crisis Center, *Counselor Training Manual,* p. 61.

crisis intervention is needed. Problem solving (that is, generating coping options, making a plan, and executing this plan) is part of crisis intervention.

- Terminating a call should always be done politely and respectfully: for example, letting callers know that you have to hang up now in order to take other calls or that another person or agency may be better able to serve them in light of their needs. Make sure to provide them with the appropriate referral information or invitation to call back.

CHALLENGING CALLERS

Challenging callers are identified by their insistence that the counselor prove that he or she is capable of handling the caller's problems. This may include a demand to know what type of training the counselor has had and/or a demand that the counselor share aspects of her own life history. The survivor may also question how anyone who does not know her can be genuinely concerned about her well-being. One way to deal with these situations is to integrate the survivor's concerns into the intervention. For example, "It sounds like you are questioning how I might be able to help you. Let's talk about that for a while." Another approach might be to say, "It sounds as though you want some help but you're not sure yet if I can help you. Why don't you tell me something about why you called, and we can decide together if I can help."[8]

I find this work so rewarding because people can *and* do *heal from sexual assaults. It is such an amazing process to see a person grow and change in their very own healing process.*

BRANDY GRYCEL, MOUNTAIN WOMEN'S RESOURCE CENTER

Another type of challenging caller is one who repeatedly responds to alternative coping options, information, and/or referrals with "yes, but." In other words, information and options are immediately rejected as not helpful for that individual. A strategy here is simply to reflect back the negativism being expressed and to have the caller identify ways in which her stated obstacles or barriers can be overcome.

SILENT CALLERS

One type of call that a sexual assault counselor is very likely to encounter is a call from a survivor who is unable to speak. There are several things the counselor can do in response to this situation. First, the counselor can simply pause after saying, "May I help you?" If there is no response, it is important to acknowledge that it may be difficult to talk and that you will wait until the person is ready. Ask the caller if she can indicate to you whether or not she is physically injured or in danger (you can ask the question, and she can say yes or no). If the survivor is not in danger, try talking about something neutral, for example, the types of services available at your rape crisis center. You can also provide some reassurance by saying, "I guess it's sort of hard to get started," or "You don't have to tell me any more than you want to," or "Many people who call find it difficult to talk," or "Why don't you just start talking, and we'll figure it out together."[9] If there is still no response, let her know that you will have to hang up but that she can call back when she feels comfortable talking.

CALLERS WITH COMPLEX ADJUSTMENT PATTERNS

There is growing evidence that survivors of sexual assault, especially survivors of childhood sexual abuse and incest, can develop complex patterns of adjustment. These patterns often include problems with eating, regulation of strong emotions (especially anxiety, depression, and anger), management of close relationships, and substance abuse. Although considered "maladaptive," these patterns make sense if one recognizes their psychological function rather than their outward appearance. Globally, the function of these behaviors is to gain control over one's environment and emotions or, alternatively, to completely surrender all control. This makes sense when one considers that the core experience of trauma is disempowerment (loss of control) and disconnection (loss of trust in others). In response to such experiences, the survivor constantly struggles to exercise control while simultaneously believing that she has no control. Conceptualizing the survivor's problems in such a way can go a long way in understanding these complex patterns of adjustment and reinforcing the importance of the empowerment model of helping (see "Principles of Crisis Intervention," page 125).

The psychological problems most frequently associated with histories of abuse include anxiety disorders, depression, eating disorders, dissociative disorders, substance abuse disorders (especially alcohol abuse), and borderline personality disorder. Among the anxiety disorders (and not surprisingly), post-traumatic stress disorder (PTSD) is the most common in survivors of assault. Other common anxiety disorders include panic disorder, generalized anxiety disorder, and obsessive-compulsive disorder. Major depressive disorder is the most frequently encountered mood disorder, and bulimia is the most common eating disorder among survivors of sexual abuse. Although a history of trauma is implicated in most of the dissociative disorders, dissociative identity disorder (multiple personality disorder) is most often linked to a prolonged period of childhood abuse. Finally, a pervasive and persistent pattern of difficulties with self-identity, relationships, and emotions is sometimes labeled borderline personality disorder. For more information, see

"Essential Features and Management Strategies for Complex Adjustment Patterns," page 176, which offers some suggestions for managing specific symptoms during a crisis intervention contact. Don't forget to use the crisis intervention steps and techniques (that is, validation of feelings, normalization of responses, social support, etc.), and remember that a survivor who indicates that she has been diagnosed with one of these disorders or one who is reporting many of the symptoms might already be in therapy or in need of therapy. Do not hesitate to ask what management strategies have been recommended and utilized in the past and, when needed, provide an appropriate referral.

Initial Versus Follow-up Contacts

It is essential that a counselor knows whether this contact with the survivor is an initial contact or a repeat contact. The reason this is so important is that all initial contacts should end by scheduling a follow-up contact.

Many initial contacts with rape crisis services—in the hospital or on the phone—do not result in further use of those services. There is a high rate of dropout in sexual assault counseling. Some survivors may be doing well and not require further help from the center. Other survivors, having used the service for a first source of information and support, may continue seeking help in other ways, such as through family support, self-help groups, or professional counseling.

In fact, most survivors experience much distress and many assault-related problems in the months following their assault or upon encountering reminders of their assault. For example, approximately half of women surviving a rape in adulthood meet the criteria for a diagnosis of post-traumatic stress disorder at six months following the rape, and more experience some troubling symptoms of post-traumatic stress.[10] Therefore, it seems clear that, if sexual assault counseling is to help the survivor as much as is possible, it will be important to encourage counseling contacts that go beyond a single crisis encounter. In fact, there is growing evidence that specific and time-limited interventions following an assault can actually prevent the development of post-traumatic stress disorder.[11] It is not surprising, therefore, that most rape crisis agencies mandate scheduled follow-up contacts for those survivors contacting their agency for the first time. Not until recently, however, has it become clear what should be included or covered in these follow-up contacts.

In the real world, the limited use of rape crisis services for follow-up counseling reflects survivors' very real barriers to seeking help following sexual assault. It is hard for many survivors to quickly form a good relationship with a sexual assault counselor who is a stranger. Some do not see the value of further contacts with a counselor. Perhaps most commonly, survivors simply wish to avoid assault-related feelings and memories rather than dredging up the feelings through talking about them. The act of talking to a rape counselor is, after all, a trauma reminder.

FOLLOW-UP COUNSELING CONTACTS

Follow-up contacts may differ in their focus depending on the needs of the survivor. The focus will be on crisis intervention and stabilization if the woman is experiencing intense emotional distress during the contact, if she is having great trouble functioning in her life (for example, at work or in her role as a parent), if she is not yet in a position of personal safety, and/or if she is having thoughts about harming herself or others. On the other hand, if the crisis is less immediate (that is, nonacute contacts), the focus of follow-ups can move toward discussion of what might be called "counseling" issues: education about sexual assault and ways of coping. In other words, the first contact is

Essential Features and Management Strategies for Complex Adjustment Patterns

PRESENTING PROBLEM	KEY FEATURES	MANAGEMENT SUGGESTIONS
Post-traumatic stress disorder	Intrusive memories, nightmares	Write down content of memory or dream and/or discuss it with you or a supportive friend.
	Numbing, dissociation	Explain self-protective function of numbing and ways to be in "the present" (e.g., describe the room, clap hands, drink glass of water).
	Hyperarousal	Relaxation, breathing exercises.
Panic disorder	Sudden rush of intense fear (in essence, the fight-or-flight response)	Help evaluate the realistic probability of the feared outcome of the panic attack (e.g., going crazy, heart attack).
		Don't provide false assurances that the assault won't happen again.
		Encourage participation in activities that channel flight into fight (e.g., self-defense classes, changing locks, participation in "take back the night" marches).
	Avoidance of situations where panic attacks may happen	Explore ways in which situation can be tolerated (e.g., bring along another person).
Depression	Decreased energy and interest in activities	Encourage a "do it even if you don't feel like it" attitude; goal is to provide survivor with opportunity for positive experience.
	Decreased appetite and sleep	Encourage good eating and sleep habits (e.g., regular meals, no caffeine).
	Feelings of worthlessness, guilt, helplessness, hopelessness	Always evaluate for suicide, especially if feelings of hopelessness are present.
		Encourage survivor to take charge of even small decisions; goal is to provide mastery experience.
		Explore thoughts, beliefs (myths) regarding sexual assault. Separate beliefs from reality (i.e., perpetrator is responsible for his behavior, not the survivor).
		Don't rely on assurances and compliments, and don't rescue!
		Let the survivor know that she has a right to be happy and respected.

PRESENTING PROBLEM	KEY FEATURES	MANAGEMENT SUGGESTIONS
Bulimia	Rapid consumption of large amounts of food followed by extreme steps to prevent weight gain, such as vomiting (i.e., purging), fasting or use of laxative	If calling during binge or purge, encourage "pausing" (e.g., counting, breathing, walking around the room, taking a drink of water). Recognize feeling of being out of control and explore alternative ways to regain control. Explore beliefs about the importance of shape and weight for acceptance. Recognize role of social influences (e.g., media) on these beliefs. Instill hope that situation can change.
Substance Abuse/Dependence	A pattern of substance use that often feels out of control and results in significant social, medical, and/or legal problems; sometimes accompanied by physiological tolerance (i.e., person needs more to produce desired effect) and/or withdrawal	If intoxicated at the time of the contact and not in immediate danger, set up another time to talk. Focus on problems associated with substance use rather than labeling the behavior itself a problem. Don't focus on "denial" of the problem. Generate alternatives to drinking/using. Encourage attendance at self-help meetings (e.g., A.A., N.A.).
Dissociative Identity Disorder (Multiple Personality Disorder)	A rare disorder; presence of two or more separate personalities or "alters" that exist independent of one another; evidenced by gaps in memory, lost periods of time, and marked changes in behavior.	Encourage contact with the primary therapist who is familiar with the structure and function of the alters. Recognize that each alter serves a psychological need, and attempt to identify and address this need (e.g., management of fear, obtaining information). If the presenting "alter" is too difficult to talk with (e.g., a child alter), request to speak with someone who is older and/or the "responsible one"; encourage empathy and cooperation among the alters. Remind the survivor that it is no longer necessary to change (i.e., "split") in order to deal with the trauma (i.e., they are safe). Don't encourage a telling of the trauma.

Essential Features and Management Strategies for Complex Adjustment Patterns

PRESENTING PROBLEM	KEY FEATURES	MANAGEMENT SUGGESTIONS
Borderline personality disorder	A persistent and pervasive pattern of instability in relationships, mood (especially anger), behavior, and self-image	Extreme sensitivity to rejection and criticism can lead the survivor to misinterpret coping suggestions as rebukes; consequently, the counselor should emphasize acceptance of the survivor rather than change per se. Managing anger should include validation of the feeling (don't be afraid of it), identifying ways in which the survivor can feel safe (i.e., recognize distinction between feeling angry and acting it out), and helping the survivor identify the appropriate source of her anger (i.e., perpetrator, nonintervening bystanders, sense of lost childhood). Impulsive behavior, especially self-injurious behavior, should be addressed directly. Try to get the survivor to discuss the feelings behind the impulse (e.g., desire to feel something) and generate alternative ways to fulfill that need. Of course, always assess whether there is a wish to die versus a wish to feel different. A fluctuating self-image may be confusing to you as well as the survivor. Acceptance and patience may be the best strategy for both of you.

most likely to be concerned with crisis intervention. Follow-up contacts, however, may move into counseling. Of course, the distinction between crisis intervention and counseling is an artificial one. Much crisis intervention is an educational process, and counseling contacts will continue to contain many elements of crisis intervention and stabilization.

CONTENT OF FOLLOW-UP COUNSELING

Outlined below are some possible ways in which sexual assault counselors can help survivors during follow-up contacts. Four contacts are described that focus, in turn, on different counseling activities:

1. Education about trauma and its effects as well as the process of recovery
2. Rethinking of trauma-related beliefs and attitudes

3. Education about benefits and barriers to disclosure of traumatic experiences
4. Education and review of methods for coping with reactions to sexual assault

These topics are organized into four separate follow-up contacts because this approach may help the counselor better deliver the described helpful activities. Clearly, however, it cannot be assumed that any survivor will actually engage in all four follow-up contacts, so the information contained in the follow-up contacts described should be used whenever appropriate; the ideas outlined in follow-up contact 4 may need to be used in a second contact, because contact 4 may never take place.

Moreover, depending on the needs of the survivor, these different counseling topics may be more or less useful:

SURVIVOR PRESENTATION	ESPECIALLY USEFUL TOPIC
Person overwhelmed by emotion	Ways of coping and ways of controlling memories (contact 4)
Person upset by reactions but not overwhelmed	Education about effects of sexual assault (contact 1)
Person avoiding talking/emotionally numb	Disclosure (contact 3)
Person blaming self or negative about self	Rethinking beliefs (contact 2)

Follow-up Contact 1: Brief Survivor Education

The first follow-up contact is important. It provides the counselor with an opportunity to assess how the survivor has been doing since the initial meeting at the hospital or since her first telephone call to the hotline. It provides an opportunity to continue building a supportive relationship with the survivor. Thus, in addition to the goals associated with crisis intervention, the first follow-up contact can include another main objective: to educate the survivor about normal reactions to sexual assault and the process of recovery.

The first follow-up counseling contact may provide an opportunity to discuss, in some detail, reactions to trauma and the recovery process. There will be more opportunity for such a discussion if the survivor does not have any pressing problems or concerns that she needs to discuss and if she is not in strong need of stabilization.

COMMON EFFECTS OF SEXUAL ASSAULT AND THE PROCESS OF RECOVERY

If the woman seems to be coping well enough to benefit from education about the effects of sexual assault, there are a number of common effects of sexual assault that can be discussed.

Unwanted Remembering

Intrusive and distressing memories of the assault are experienced by almost all survivors of sexual assault. The experience of these memories can include

- Unwanted, distressing memories as images or other thoughts
- Feeling as though it's happening again (flashbacks)
- Dreams and nightmares

- Distress at exposure to reminders of the assault
- Physical reactions to reminders (for example, heart pounding, shaking)

Although these memories are upsetting, on the positive side, they mean that a person is trying to make sense of what has happened in order to gain mastery over the event.

Physical Activation

The body's fight-or-flight reaction to a life-threatening situation continues well past the event itself. Physical activation symptoms, so common following a traumatic experience, often include a pounding heart, rapid breathing, sweating, shaking or trembling, and muscular tension. Signs of continuing physical activation are

- Difficulty falling or staying asleep
- Irritability, anger, and rage
- Difficulty concentrating
- "Hypervigilance" (remaining constantly on the lookout for danger)
- Exaggerated startle response
- Anxiety and panic

It is upsetting for a sexual assault survivor to have her body feel as though it is overreacting or out of control. Again, on the positive side, these fight-or-flight reactions are our bodies' natural defense mechanisms and help prepare a person in a dangerous situation for quick response and emergency action.

Depression

The experience of sexual assault often creates much sadness and, possibly, feelings of hopelessness for the survivor. It is natural to feel depressed when something so destructive happens. With time, feelings of depression usually become less intense. Signs of depression include crying, feeling guilty and/or worthless, losing interest in formerly enjoyable activities, thinking about suicide, having difficulty concentrating, sleeping too little or too much, and feeling tired all the time. There is a sense of loss that often results from sexual assault—loss of one's previous self, sense of optimism and hope, self-esteem, and self-confidence. With time, and sometimes with the help of counseling, one can regain self-esteem, self-confidence, and hope. It is important that others (including sexual assault counselors) know about feelings of depression and, of course, about suicidal thoughts and feelings.

Self-Blame, Guilt, and Shame

Many sexual assault survivors, in trying to make sense of their experience, blame themselves for getting assaulted, for what they did or didn't do during the attack, or for other aspects of their experience. In fact, this guilt is so common that it is a core part of rape trauma syndrome. Unfortunately, parts of our society sometimes take a "blame the victim" attitude toward the survivor of a sexual assault, and this is wrong. It is important to recognize that *no one ever deserves to be sexually assaulted,* no matter what she has done. Whether she went willingly with the assailant, was acting provocatively, was drunk or under the influence of drugs, or had previously had voluntary sex with the attacker, *the responsibility for assault lies with the assailant*. Self-blame causes much distress and can prevent a person from reaching out for help. Therefore, despite any feelings of shame that one may have, it is very important for her to talk about guilt feelings with a supportive person.

Shutting Down, Emotional Numbing

When overwhelmed by strong emotions, body and mind sometimes react by shutting down and becoming numb. Sexual assault survivors may find this numbness unsettling and upsetting. They may, as a result, find themselves experiencing an inability to have loving feelings or feel a range of emotions. Survivors may feel less and less interested in participating in daily activities. Like many of the other reactions to sexual assault, this emotional numbing response may help protect survivors from emotional and physical pain.

Active Avoidance of Assault-Related Thoughts and Feelings

Intrusive memories and physical sensations of fear are frightening. It is only natural, then, to try and find ways to prevent them from happening. One way that most survivors try to do so is to avoid anything—people, places, things, conversations, thoughts, emotional feelings, physical sensations—that might act as a reminder of the assault. This works in some ways and can be very helpful if it is used in moderation (for example, avoiding upsetting assault-related news or television programs). But if it is used too much it can have two big negative effects. First, it can reduce a survivor's ability to live her life and enjoy it, because she becomes increasingly isolated and limited in where she can go and what she can do. Second, it is likely that avoiding thinking about the assault and feeling emotions connected with the assault may reduce a survivor's ability to recover from it. It is through thinking about the experience and, particularly, through talking about it with trusted others that a survivor comes to terms with what has happened. Avoiding thoughts, feelings, and discussions about the sexual assault short-circuits this potentially helpful process.

Interpersonal Problems

Not surprisingly, the many changes noted above affect relationships with other people. Sexual assault may result in relationship difficulties between a woman and her partner, family, friends, or work associates. First, others may respond in ways that worsen the problem rather than help recovery. They may become angry, blame the survivor for the assault, minimize her problems, communicate poorly, and otherwise fail to provide an environment supportive to recovery. Second, some common reactions to sexual assault may increase conflict with others. The survivor who is experiencing irritability and anger may now have more conflicts and handle them less well. Third, particularly in close relationships, the emotional numbing and feelings of detachment and disconnection from others that are common in the aftermath of sexual assault may create distress and drive a wedge between the survivor and her family or close friends. Fourth, in intimate relationships, the loss of interest in physical intimacy or sex that is associated with sexual assault may create relationship problems. Fifth, the avoidance of different kinds of social situations by the survivor may annoy others. Sometimes, this avoidance leads to social withdrawal, with its resulting negative impact on relationships. Finally, sexual assault often reduces the ability to trust other people, and this trust problem can affect the survivor's ability to get close to others and to trust counselors and others on whom she must rely for help.

These problems in relationships are upsetting. Just as the survivor herself needs to learn about sexual assault and its effects, so too other people who are important to her will need to learn more. As the survivor becomes more aware of her reactions and how to cope with them, she will be able to reduce their impact on her relationships.

Physical Symptoms and Health Problems

Among the reactions to the crisis of sexual assault must be included physical symptoms and problems. Because many assaults result in physical injury, pain is often part of the

experience of survivors. This physical pain often causes significant emotional distress, because in addition to its physical dimension, it functions as a trauma reminder. Because stress affects physical health, stress-related physical symptoms may be experienced by survivors (for example, headaches, nausea or gastrointestinal problems, skin problems). Survivors need to take care of their health and seek medical care when appropriate in order to limit the effects of the assault. They need to resist the impulse to avoid medical examinations; although these may sometimes act as trauma reminders, they are crucial to self-care. Often, sexual assault counseling can improve physical symptoms and health.

STRUCTURING THE DISCUSSION

As in all crisis intervention contacts, the counselor needs to make room for the survivor to share her concerns and identify issues in need of discussion. The counselor can also suggest, however, that it may be useful during this contact to discuss some important information about reactions to sexual assault and give the survivor a chance to ask questions.

As the survivor raises her concerns, the counselor responds using the crisis counseling techniques reviewed in the previous chapter. Although much educational information can be delivered when topics arise in counseling conversations, it is also helpful to cover some important subjects in a direct and systematic manner. If the counselor brings up these subjects, it is more likely that they will receive careful attention. A useful way of introducing these topics is, first, to ask the survivor how she has been affected by the assault, what types of personal reactions she is noticing, and how her reactions have been affecting her life. Second, explain that reactions to the assault are often less distressing and better tolerated when they are better understood. Accurate information about sexual assault helps many survivors realize that they are not "going crazy" and that, like them, many other women are coping with the effects of sexual violence. One way to phrase this would be as follows: "Most survivors of sexual assault experience many emotional and physical reactions to their assault. How do you think you've been affected?"

During and after this discussion, the counselor can raise some of the following key educational "talking points" as appropriate.

Sexual assault causes many different kinds of problems for survivors. These problems often fall into two clusters. In the first cluster, called "intrusive symptoms," the problems are very present for the survivor and hard to ignore. Examples of intrusive symptoms include nightmares, frequent thoughts about the assault, and physical sensations, including physiological activation when exposed to reminders of the trauma. In the second cluster, called "avoidance symptoms," the problems tend to involve disengagement from the experience and from others. Examples of avoidance symptoms are depression, active avoidance of trauma reminders, and a general sense of emotional and interpersonal numbness. Often survivors go through different phases in which they experience one cluster more than the other. One way to understand this alternating pattern of symptoms is to recognize that traumatic experiences are hard to digest all at once. It is not possible to integrate the experience into one's life in one sitting. Instead, we integrate the experience in doses. Sometimes we can take on more, and at those times we are likely to experience intrusive symptoms. When it becomes too overwhelming, we'll often begin to experience the avoidance symptoms.

It is important to emphasize that these reactions, as awful as they can be, are adaptive when we are in danger. Indeed, they help us survive. The counselor can make reference to the reactions reported by the survivor and the ways in which they can protect the survivor:

- Reexperiencing images and thoughts keeps us alert to danger.
- Physiological reactions to reminders keep us prepared to fight or take flight.

- Sleep problems mean we will not be vulnerable during sleep.
- Irritability, anger, and rage keep us ready for fight.
- Difficulty concentrating and hypervigilance (remaining constantly on the lookout for danger) mean that we will keep searching our environment for danger.
- Exaggerated startle response means that we will be quick to react.

Survivors react to their traumatic stress symptoms in many ways, some of which increase their distress:

- Fear of symptoms: "I feel like I'm back in the trauma situation again."
- Difficulty in understanding what is happening to them
- Distressing thoughts: "I'm crazy" or "I'm the only one suffering like this."
- Shame about symptoms: "I shouldn't be having these problems."
- Extreme efforts to avoid symptoms, including alcohol and drug use and isolation from other people
- Not knowing how to recover

It is important for the survivor to recognize that sexual assaults happen to many competent, healthy, strong, good people. No one can prevent all traumas.

Many people have significant problems in recovering following exposure to rape. In fact, 94 percent of rape survivors have most of the symptoms of post-traumatic stress disorder (PTSD) in the first week or two following their assault. Nearly half have PTSD three and six months after the assault.[12] Rape produces more severe and persistent problems for survivors than nonsexual assault.[13] But despite these high rates of distress, there is evidence that, for many survivors, long-term problems can be prevented if counseling is provided in the first weeks and months following a rape.[14]

The survivor is *not* going crazy. What is happening to her is part of a set of common reactions and problems that are connected with traumatization. This is *not* a sign of personal weakness. Many psychologically and physically healthy people become depressed and experience symptoms of post-traumatic stress following rape or other types of sexual assault.

After discussing some of these points with the survivor, the counselor may wish to review specific effects of sexual assault, checking to see whether she has experienced them. To introduce this review, the counselor can say, "You've shared some of the ways in which you've been affected with me, and as we discussed, many of your reactions are very common among women who have been attacked. It might be useful for me to mention some other kinds of effects and for us to see whether you have experienced them. As we discuss the list of reactions that many sexual assault survivors experience, remember that, with time, these reactions usually become less frequent and less intense, and you can do much to help your recovery process."

In addition to reviewing common reactions to assault, it is helpful to help the survivor understand how recovery takes place. Knowing how recovery happens can put the survivor in more control of the recovery process and can correct any misinformation that may cause distress. For example, survivors need to understand that recovery is a gradual process, not something that will come suddenly as a result of insight or "cure." They should recognize that some level of continuing reaction is normal and reflects a normal body and mind, and that healing may mean fewer and less intense reactions to reminders of the sexual assault, greater confidence in their ability to cope

Tips on the Recovery Process

- Knowing how recovery happens puts you in more control of the recovery process.
- Recovery is an ongoing, daily, gradual process. It doesn't happen through sudden insight or "cure."
- Some level of continuing reactions is normal and reflects a normal body and mind. Healing doesn't mean forgetting your sexual assault experiences or having no emotional pain when you think about them.
- Healing may mean fewer and less intense reactions to reminders of the sexual assault, greater confidence in your ability to cope with your memories, and/or greater ability to manage your emotions.
- When people are able to talk about their painful experiences and memories, something helpful often results.
- Most benefits of talking don't usually result from just one discussion; usually they result from many discussions of the assault.
- Through talking about sexual assault, many people can gradually reduce their physical responses to the memories and increase their ability to tolerate their painful emotions.
- One type of opportunity to talk through sexual assault experiences is sexual assault counseling.

with distressing memories, and/or greater ability to manage strong emotions. See "Tips on the Recovery Process," above.

Finally, at the end of the contact, the counselor can ask the survivor about her reactions to the discussion and information and summarize any main points discussed.

The counselor can also schedule another follow-up contact. As noted earlier, unplanned dropout from follow-up crisis counseling is very common, so the counselor should consider taking the following steps to increase the likelihood of participation:

- Ask the survivor to identify any benefits that she gained from today's discussion.
- Ask her about what she sees as the possible benefits and drawbacks of continuing sexual assault counseling. Explore and discuss perceived drawbacks and obstacles to participation.
- Let the survivor know that her symptoms may worsen in anticipation of follow-up contacts and that she may feel like avoiding them, but that it is important not to.
- Provide a written reminder of (or ask the survivor to write down) the time and place of the next appointment. Ask the person to phone you if she is unable to attend.
- Get the phone number of the survivor and promptly telephone her if she misses the next appointment.

Follow-up Contact 2: Beliefs and Attitudes

If the survivor continues to have contact with the sexual assault counselor, the process of emotional support and empowerment can continue, and the counselor can share addi-

tional information that may be helpful to the survivor. After educating her about assault and its effects (in follow-up contact 1), the counselor can continue in the educational role by helping the survivor to identify and examine her beliefs and attitudes about sexual assault. What a woman says to herself about her assault and its effects is one important determinant of her emotional reaction. A discussion of assault-related beliefs and attitudes can be helpful relatively early in the crisis counseling process; therefore, it is recommended that such a discussion be a specific goal of the second counseling contact.

Evidence suggests that traumatic events change the beliefs and attitudes of survivors in important ways. Several investigators have noted that personal victimization shatters important beliefs about safety, trust, power, esteem, and intimacy as well as fundamental assumptions that the world is a meaningful and benevolent place.[15] That sexual assault survivors too often blame themselves for their dilemma is well established. It is likely that the negative beliefs that in part result from sexual assault may affect levels of posttraumatic stress symptoms and depression. Therefore, it is not surprising that the identification and change of distressing beliefs is a core part of some psychological treatments that have been found effective in reducing PTSD among rape survivors.[16]

Common distressing beliefs of survivors fall into several key categories. *Beliefs about herself* refer to the broad judgments about herself that a survivor sometimes makes in the aftermath of sexual assault, when she labels her whole self as bad, stupid, worthless, and so on. These exaggerated beliefs create strong feelings of distress or depression. *Beliefs about her reactions to the assault* may be helpful (for example, "I'm experiencing what lots of survivors experience, so I shouldn't be too hard on myself") or upsetting ("I'm going crazy" or "I shouldn't be feeling this way"). Because survivors sometimes rethink and criticize their reactions at the time of the sexual assault, *beliefs about her behavior (before, during, and after the assault)* are also important to address. *Beliefs about personal power and ability to cope* are significant because they help determine whether the survivor will persist in her coping efforts and take action to support her recovery. If she believes, "I can't do anything about these feelings," she will have more difficulty than if she believes, "I can do a lot to improve my situation." *Beliefs about other people* often change as a result of sexual assault and then interfere with future relationships ("People will take advantage of you if they can"). As the survivor thinks about the implications of her experience, she adopts *beliefs about the future*. Negative or fatalistic views of different aspects of the future contribute to depression and sap motivation to work at recovery. Finally, *beliefs about coping with reactions* have to do with a survivor's attitudes toward different types of coping ("A bottle of wine at night really helps me face the nighttime and sleep").

BEFORE DISCUSSING BELIEFS AND ATTITUDES

It is important that survivors not feel that they are being blamed for having "negative" beliefs. In fact, almost all survivors hold some of these beliefs, and many of these beliefs are taught by the cultures in which we live. Having these beliefs is not a sign of stupidity, or irrationality, or failure to recover from the assault.

It is also important for the counselor to realize that challenging or changing these beliefs is not easy. Beliefs usually seem like facts, not interpretations, to the person holding them. They are not easily changed through brief argument or challenge. However, the act of bringing these beliefs up for discussion can start a helpful process of rethinking or reevaluation on the part of the survivor that can continue. It also can bring some of the beliefs out of hiding, where they can be better examined for fairness and their impact on the survivor.

In discussing these beliefs, the counselor should not be in a position of simply telling the person she is not to blame. It is important to let the survivor explain her reasons for

drawing her conclusions; for example, why she feels she is to blame and what she believes she could have done differently. In order to make sensible comments and raise reasonable questions, the counselor must understand in detail what the survivor believes and how she has come to her conclusions. The discussion will be more empowering and helpful if it is two-way, with both counselor and survivor considering other ways of looking at the situation.

STRUCTURING THE DISCUSSION

As always, the counselor encourages the survivor to identify issues in need of discussion. The counselor can also suggest, however, that it may be useful during this contact to discuss her thoughts and conclusions about the sexual assault and its effects on her: "As part of our discussion today, perhaps we can talk about some of the common beliefs and attitudes about sexual assault that can affect your recovery. It's probably not surprising that people think about and try to make sense of their sexual assault experiences. They wonder about and draw conclusions about themselves, their behavior during the assault, their reactions to the assault, causes of the assault, other people, and life in the future. These beliefs and judgments related to sexual assault can increase or decrease distress, and help or hinder recovery."

The counselor can also make the following points, as appropriate:

"Negative beliefs about sexual assault, its effects, and its personal meaning can cause continuing distress." For example, consider the effects on a sexual assault survivor of believing the following things:

- I am (bad, worthless, evil, a failure, "less than").
- I am the one to blame for what happened.
- My life is ruined forever.
- Men can't be trusted.

"Often, survivors judge themselves harshly and talk to themselves in very negative terms. It is important to work toward being supportive and caring about yourself, in the same way that you might talk supportively to another person who has been through what you have."

The counselor can then introduce a more focused discussion of beliefs in several ways:

"What thoughts related to your assault have been causing you distress?

"Perhaps I can share with you a list of common upsetting thoughts that many survivors have. Let's go through them and see which ones are causing problems for you."

As the discussion unfolds, the counselor will have opportunities to challenge societal myths about sexual assault and encourage healthy beliefs on the part of the survivor ("It wasn't your fault—no one ever deserves to be raped, no matter what they have done"; "You're not going crazy"). Below are some teaching points that can be raised by the counselor during the discussion:

- Thoughts and feelings are not the same as facts. They are judgments or interpretations of beliefs or attitudes, which the survivor and others bring to the situation.
- What is important is realistic, fair thinking, not "positive" thinking. The idea here is not to keep a positive attitude but to examine the fairness and accuracy of judgments. Realistic thoughts that are fair are more important than positive ones.
- Negative beliefs can interrupt healthy coping. A person who blames herself or feels ashamed may avoid sharing feelings and thoughts. A person who believes that other people cannot be trusted will have trouble finding and using support from other peo-

ple. Someone who believes that she is a failure and that she can do little to affect her recovery is not likely to persist in coping efforts.

NEGATIVE BELIEFS ASSOCIATED WITH SEXUAL ASSAULT

There are a number of common ways of thinking about sexual assault that create significant distress for survivors. Here, negative beliefs are listed by category and followed by comments intended to help each survivor rethink and challenge these messages that we've sometimes been given by friends, family, or society.[17]

Beliefs About Self

- I'm bad.
- I'm worthless.
- I'm damaged goods.
- I'm not important.
- I'm weak.
- I'm a coward.

All these beliefs, and other negative things that survivors say about themselves, are common after sexual assault. The emotional depression that almost always results from sexual assault leads many survivors to see themselves negatively, to find fault with themselves, and to have feelings of low self-esteem. This is part of the reaction to assault, not how the world is.

Although we all often do it, it is not really fair for a person to label herself and say "I am . . ." All human beings are many things. We're sometimes confident, sometimes scared, sometimes correct, sometimes wrong; sometimes we make mistakes, sometimes we succeed. After a rape or other type of sexual assault, survivors tend to focus on the negative things about themselves. This is a natural part of depression and to be expected. However, it isn't a fair representation, because it overlooks positive things about the person.

Many of these words we use to describe our whole self are loaded with negative judgments, many of which are unfair, harsh, inaccurate, or one-sided. When we use the words *weak* and *coward*, for example, we're saying more than "I was afraid and panicked during the attack." We're adding, "and I shouldn't have reacted that way, because a more normal way to react would have been to [remain calm; fight off my attacker; talk to him and get him to listen]." In fact, most people when attacked react with great fear. In other words, they respond as if their life is in danger, which it is.

Beliefs About Reactions to Assault

- I shouldn't be feeling like this, it was only a rape.
- There must be something wrong with me if it keeps affecting me like this so long afterward.
- I'm going crazy.
- I'm not handling this well.

It is very hard to judge how we should be responding after a sexual assault. After all, most people haven't had the experience before, and most haven't studied how people react in this situation. It's natural for survivors to wonder how they're doing and to be surprised by the intensity of their reactions or how long they last.

There is a tendency for many people (including many survivors) to think that sexual assault is not a very traumatic experience. They may think, "You weren't harmed" or "It's not as if you were about to be killed." In fact, a sexual assault is an *extremely* traumatic event that causes very high rates of distress and other problems for survivors. Almost all women have lots of continuing problems they must struggle with in the months and years following their attack. In fact, survivors are harmed and almost always, realistically, worry that they may be killed during their assault.

It is easy to worry about going crazy. But you are not crazy; you're experiencing many unpleasant and frightening things that other survivors also experience.

Beliefs About Behavior Before, During, and After the Assault

- I should have fought back.
- I shouldn't have fought back.
- I should have known better.
- I shouldn't have been drinking.
- I provoked the attack in some way [being flirtatious, being rude or aggressive].
- I shouldn't have been out [alone; late at night; in that isolated place].
- I shouldn't have been dressed like that.
- I caused the assault to happen.
- I should have reported the assault.
- I shouldn't have felt sexual arousal.
- Why me? There must be something about me that made him choose me.

After an assault has occurred, it's part of the natural coping process to go over it again and again to figure out what happened and why. In this process, it is natural for survivors to think about how they could have behaved differently, for example, to prevent the assault from taking place. Unfortunately, many, many survivors of sexual assault blame themselves for what happened and feel guilty for causing it. However, no matter what a person does—whether she is drunk, whether she invites her attacker into her home, whether she wears revealing clothes—the person responsible for the assault is the attacker. A person who is intoxicated is not causing others to attack her. A woman who is naked is not causing others to have forcible sex with her. No matter what decision a woman makes, she cannot know that she will be attacked and she is not responsible for bringing the attack on herself. In fact, if she had known then what she knows now, she would have behaved differently and avoided the situation leading to the assault.

During the assault itself, the survivor is faced with impossible choices. She can resist, and possibly be hurt more seriously or killed. She can go along with the attacker, and possibly miss the opportunity to call for help or to escape. Whatever she does, she can beat herself up later for doing it. This is not fair. We can never know what would have happened if we had acted differently. Perhaps it would have been better, but perhaps things would have turned out worse.

These "no-win" choices often continue after the sexual assault. If a woman does not report her assault, she gives up some power, lets the perpetrator "get away with it," and misses the opportunity to put him behind bars. If she does report the assault, she exposes herself to long-lasting stress, has to deal with a legal system that is very rough on survivors, loses her privacy, may be disbelieved by others, and has no guarantee that the

assailant will be convicted. Whatever choice she makes, the woman can decide she made the wrong choice and believe something negative about herself.

Sometimes women are shocked by their experience of sexual arousal or orgasm during a sexual assault. They may feel confused by their response and betrayed by their body. This may make it even harder to talk about the experience. However, this is a relatively common response and does not mean that the woman has enjoyed the assault. Sometimes, the physical response happens automatically, even though the woman is frightened and hates her attacker.

The experience of sexual assault is one in which the survivor has very little control—of her emotions, of her actions, of her physical reactions. She also does not have control over her perpetrator's actions: what he does during the attack and why he chose her to assault in the first place. The choice of a victim depends almost completely on things that are out of the survivor's control. It means being in the wrong place at the wrong time. There is no way of knowing with confidence that a person is intending to commit an assault. The attacker makes his choice based on things that have more to do with him than with the person being assaulted.

Beliefs About Personal Power and Ability to Cope

- I can't do anything right.
- I'm helpless to make this situation better.
- I can't protect myself from other people.
- I can't understand other people at all.
- There's nothing anyone can do to change what happened.
- The system is so messed up that I'll never get it to work for me.

All traumatic experiences involve a loss of control and a resulting sense of helplessness. After a rape or other sexual assault, survivors often question their ability to do things: to keep themselves safe in the future, to judge and understand people, to cope with their reactions to the assault, to build a new life. These thoughts are understandable and normal, given what the survivor has experienced and what she is facing now.

What is inaccurate about the statements listed above is that they are so extreme. "I can't do *anything* right" is not accurate. It is fairer and more realistic to say, "I'm having a hard time doing some things and I've made some mistakes recently. I have also done some helpful things to improve my situation." It is not true that "I'm *helpless* to make this situation better." A more realistic statement might be, "This situation is bad and it's hard to make it better. But I can do some things to improve it, at least, and I need to focus on what I can do right now." "I'll *never* get the system to work for me" might be better said as, "I'll probably have both bad and good experiences with the system, and I can get help in coping with it." Although it is true that "there's nothing anyone can to do change what happened," it is also true to say that "there are things I and others can do about what happens from here on."

Survivors of sexual assault, like all human beings, have strengths and weaknesses in their ability to cope. Their strengths and abilities remain despite the assault.

Beliefs About Coping with Reactions

- The best thing to do is to pretend it never happened and move on.
- Alcohol [or a nonprescription drug] really helps me [feel better; forget; get to sleep; be able to face other people].

- I do best if I just stay completely away from other people.
- I'd feel better if I could humiliate, harm, or kill him.

Some beliefs about coping can interfere with recovery or actually harm the survivor. It is likely that completely avoiding thinking about the assault experience will only prolong distress. It is also likely that continuing to avoid contact with most other people will worsen the consequences of the assault. It is almost certain that drinking alcohol or using (nonprescribed) drugs to cope will create many more problems than it solves. The urge to harm the perpetrator of an assault is very, very common. Actually harming the person is unlikely to get rid of emotional distress or to reduce problems caused by the assault; it may create new legal problems.

Beliefs About Other People

- No one believes me.
- Everyone blames me for what happened.
- No one understands what I'm going through.
- Other people can't be trusted.
- Men are always out to take advantage.
- People in authority will try to hurt me.
- I can't get good relationships, only bad ones.
- My partner will blame me for what happened.
- My partner won't want to have sex with me anymore.

Other people—attackers, those in the legal system, family members—are central to the assault experience. When others attack and harm the survivor, fail to believe her story, or fail to support her in recovery, her views of other people can be profoundly challenged and become very negative.

It is easy to see how the beliefs listed above might arise out of the experience of being assaulted. However, the statements as listed are too general and extreme to be accurate. Put this way, they may lead a survivor to withdraw from other people, stop trying to form relationships, or cease trying to share her experiences with anyone else.

Perhaps there are some other ways to stay true to the experience of the survivor and the lessons she is learning without accepting beliefs that, in the way they are stated, lead to more problems and pain. For example, some beliefs, like "no one understands what I'm going through," may be more or less true at a given time. However, if the survivor takes steps to contact other sources of support, she is likely to find that "some people do seem to understand at least some of what I'm experiencing." This is especially likely if she talks with other sexual assault survivors or with trained counselors. Another example, "Other people can't be trusted," is an understandable conclusion to draw when a person has been betrayed by someone that she expected to find trustworthy, but it is extreme. A more realistic and less upsetting conclusion might be, "Some people can't be trusted, and it's hard to know who to trust." "I can't get good relationships, only bad ones" is a judgment about the future that is based on past experience. However, people can change their behavior, and their luck can change, too. Therefore, this belief as stated is too strong and extreme and will cause more distress than "I've had bad experiences with my past relationships." The belief that "my partner won't want to have sex with me

anymore" is a judgment about the future, and the future hasn't happened yet. This judgment could therefore turn out to be accurate or inaccurate.

Beliefs About the Future

- My life is ruined forever.
- No one will want a relationship with me now.
- I'm always going to be alone.
- There's no point in living.
- Life is just pain and suffering.

Expecting bad things in the future leads to anxiety, depression, and hopelessness. Beliefs about the future like those listed above drain energy, pleasure, and hope away from the survivor and undermine efforts to cope. No one can know with confidence what is going to happen in the future. However, believing bad things about the future can make it more likely that they will happen. A person who gives up trying to build her life because she doesn't expect to succeed is condemning herself to a worse life.

Many survivors of all kinds of sexual assault have gone on to get many good things out of life. Some have successful relationships, some make a contribution to those around them, and some help other survivors of assault. They have problems, but also pleasures. Most of those who go on to experience some success in rebuilding their lives at times struggle with the kinds of negative beliefs listed here.

Helpful Questions for Challenging Faulty Beliefs

- Where is the evidence for or against your belief?
- Where is the logic behind this belief?
- What are some alternative ways to think about this?
- How might someone else think about this?
- Are you thinking in all-or-nothing terms?
- Are you using words or phrases that are extreme or exaggerated (for example, *always, never, can't, every time, should*)?
- Is the source of your information reliable?
- Are you confusing a low-probability explanation with a high-probability explanation?
- Are you thinking in terms of certainties instead of probabilities?
- Are your judgments based on feelings rather than facts?
- Are you focusing on irrelevant factors?
- Are you confusing your version of the facts with the facts as they are?

SOURCE: P. A. Resick, "Cognitive Processing Therapy for Rape Victims: A Treatment Manual" (unpublished paper, 1989).

Follow-up Contact 3: Disclosure

An important step in the recovery from sexual assault is disclosure about the experience. This can be an extremely hard step to take. There are many good reasons why survivors don't want to talk about their experiences: (1) they may fear social alienation or rejection; (2) they may fear retribution by the perpetrator; (3) they may fear becoming overwhelmed with emotions; (4) they may worry about upsetting others.

And yet, there is compelling evidence that disclosure of traumatic events can reduce both intrusive and avoidance symptoms. Conversely, there is compelling evidence that concealment of traumatic experiences can exacerbate intrusive and avoidance symptoms.[18] In fact, there appears to be an inverse relationship between concealment and intrusive symptoms. The harder one works to keep painful memories out of awareness, the more likely one is to experience these memories. It's similar to being told *not* to think about a pink elephant. The harder you try not to think about a pink elephant, the more likely you are to think about it.

Thus, an important decision for the survivor is deciding whom to tell, when to tell, and how to tell. The goal of this follow-up session is to help the survivor with these decisions.

DISCLOSURE CONSIDERATIONS

One indicator that a discussion of disclosure may be relevant to the survivor is if she is feeling emotionally numb or disconnected from her experiences. Another indicator is if she is so preoccupied with thoughts about the assault that she can't concentrate on anything else. If, on the other hand, the survivor is reporting chronic physical arousal or physiological distress, emphasis should be placed on utilizing coping methods (see "Follow-up Contact 4," page 195). Remember that the basic principle of reempowerment still applies. In other words, the choice to talk or not to talk rests with the survivor.

The focus of this follow-up contact is to address the importance of disclosure as well as the process of disclosure. Note that disclosure is not the same thing as reporting. *Reporting* is a narrower term that applies only to disclosure to the police.

STRUCTURING THE DISCUSSION

After checking in with the survivor about concerns or issues she may want to address, indicate your desire to talk about her experiences with disclosure. This could be approached with open-ended questions like

What has it been like for you to tell others about your experience?
Who, if anyone, have you been able to talk to about your experience?
How are you doing in terms of sharing your experience?

Remember that a good number of survivors will indicate that they have not told anyone about their experience. Consequently, it will be important to provide basic information about disclosure following a sexual assault, including reasons for nondisclosure. This can be followed by information on the benefits and drawbacks of disclosure and some suggestions for how to proceed with disclosure.

DISCLOSURE FOLLOWING SEXUAL ASSAULT

Sexual assault counselors can provide validation and normalization of a survivor's reluctance to disclose by sharing the following information. Although close to 80 percent of trauma survivors report a desire to talk about their experiences with someone, many do not. In one study, only 65 percent of sexual assault survivors stated that they had told anyone about the assault. Most of these women indicated that they had told a friend (59%),

whereas only 2 percent indicated that they had talked to a sexual assault counselor. Importantly, 74 percent of women who had told someone indicated that they found this disclosure helpful. It is worth noting that although sexual assault counselors were not frequently used, they were identified to be the most helpful. Indeed, 94 percent of those survivors who had talked with a sexual assault counselor indicated that they found this helpful. Only 66 percent of those survivors who had talked with a friend found this helpful.[19]

There are many reasons why survivors don't want to share their experiences with others. It is worthwhile for the counselor to explore these with the survivor. Generally, these reasons fall into four categories:

1. Social rejection

   Others will think badly of me.
   I would be ridiculed.
   My friends would like me less.

2. Fear of losing emotional control

   I would become too scared.
   I would become too angry.
   I would become too sad.

3. Concern about others

   Others won't be able to handle it.
   I'll have to comfort the person I tell.
   It will be too hard for others to hear.

4. Unavailability of a confidant

   I don't have anyone to tell.
   No one deserves to know.
   I don't want to get that close.

If one category seems to predominate, the counselor can direct her efforts at addressing those concerns. For example, if the survivor fears losing emotional control, emphasis can be placed on the process of disclosure. If, on the other hand, the survivor fears social rejection or is concerned about the welfare of others, the skills and techniques outlined in contacts 2 and 4 may be appropriate. If the survivor indicates that she does not have a network of friends to turn to, remind her of your availability and of survivor groups in your area.

BENEFITS AND DRAWBACKS OF DISCLOSURE

If the survivor questions the utility of disclosure, it may be helpful to share the following information. As painful as it can be, there is evidence that recounting the assault is one of the most effective ways to reduce post-assault symptoms. Indeed, it may even be an essential ingredient for recovery.[20] Unfortunately, it is often believed that retelling should be avoided because it "retraumatizes" the survivor. Although it remains essential that the survivor feels in control of the telling (that is, decides when to tell and who to tell), it appears increasingly clear that some form of disclosure is needed.

It may not be necessary for the survivor to disclose to a person. In fact, writing about the trauma is often a good place to start. James Pennebaker, a psychologist, has consistently found that expressive writing is good for both physical and mental health.[21] In a number of different studies, he found that expressive writing about the traumatic experience reduced intrusive thoughts and physical health complaints. The active mechanism in

expressive writing appears to be more than catharsis, or the release of emotion; instead, it seems that writing or verbal disclosure about the trauma allows fragments of one's experience to be placed into a coherent story. This coherent story appears to reduce the frequent ruminations on particular fragments of the experience. Of course, writing or talking about the experience may also decrease its emotional impact through desensitizing the survivor to the story.

Writing about the trauma may be especially valuable if the survivor wants to confront her perpetrator or bystanders to the abuse.[22] This type of writing may take the form of a letter rather than an essay. In-person disclosure should not be undertaken until the survivor has consolidated her story and is not invested in how others will respond. Such disclosure requires careful preparation with regard to timing and attention to what will be disclosed. Inevitably, disclosure about sexual abuse, especially incest, will include a sense of liberation (that is, no longer being tied to a secret) and disappointment (that is, awareness of what was lost). Because these types of disclosure can be especially difficult, it may be worthwhile to refer the survivor to a mental health professional who can plan the disclosure with her.

There is a good chance that the survivor will have been told by others to "forget it" or to "move on" or that "time will heal all wounds." It is important to remind the survivor that no matter how hard she tries to avoid thoughts and feelings about the assault, the experience can come back to haunt her through nightmares, flashbacks, and intrusive memories. These symptoms are indicators that there is "unfinished business." Let the survivor know that when the memories of an experience are fully processed (that is, talked or written about), the pieces are organized into a story. If, on the other hand, the story is interrupted, the experience, and the accompanying emotions, remains fragmented and incomplete. A useful metaphor is that of a record player. If one lifts the stylus of a record player but the power remains on, the record spins and spins (the memories are alive and intrusive). The power turns off only when the needle has reached the end of the record. In other words, the music stops only when you have played the whole record from start to finish.[23]

THE PROCESS OF DISCLOSURE

Disclosure is more a process than an outcome, and there are at least three stages or steps to disclosure. The first step or stage involves a reconstruction of the experience based on facts. Here, the survivor is simply stating what might be called the "borders" of her experience. Information included would be date, time, place, people, and so on. This stage of disclosure provides the backdrop for the other stages. It is focused on the event, not the survivor's response.

The next stage involves a telling that includes the survivor's responses. This involves a much more detailed account of what happened, including what one was seeing, hearing, smelling, feeling, and thinking. In other words, the survivor is in touch with the emotional components of the experience. It is not uncommon for survivors to feel agitated during this stage. Indeed, emotional expressions like crying and anger are likely to be present. The counselor has the delicate job of encouraging her immersion into these feelings while simultaneously connecting her to the present. This can be facilitated by regularly asking the survivor if she would like to proceed with her story. There is good evidence that the benefits of disclosure are linked to this type of emotional telling.

There are helpful statements for countering the discomfort of disclosure:

These feelings are not comfortable or pleasant, but they will pass.
I can be anxious and sad and still deal with the situation.
I can expect that my feelings will increase, but I can manage.
Feeling like this won't hurt me, even if it doesn't feel good.
These feelings are uncomfortable, but not dangerous.

The third stage involves disclosure about the survivor's understanding of why this happened to her. Inevitably, survivors land on the question, "Why me?" It is important that her disclosure address this question, because feelings of guilt and responsibility can interfere with recovery. The types of beliefs outlined in contact 2 are likely to surface here. It is imperative that the counselor understand the survivor's desire to make sense of her undeserved suffering. At the same time, it is imperative that the counselor is consistent in her position that the survivor is not at fault. Because traumatic experiences can often challenge our beliefs in God or a just world, survivors may benefit from disclosure to a religious or spiritual person.

ENDING THE CONTACT

The counselor should consider sharing the following information before ending the contact. It is unlikely that disclosure of the survivor's experience will result in a magic transformation. In fact, the survivor may feel somewhat worse in the immediate. It is important to emphasize that disclosure does not get rid of the trauma. Talking about the experience is not an exorcism: the goal of retelling is to integrate the experience into one's life, not to be purged of it.

The same studies showing that disclosure, especially disclosure with emotional expression, reduces intrusive and avoidance symptoms indicate that disclosure has to occur more than once. Although no fixed number has been identified, it is the repeated telling that allows the trauma story to be transformed. The "new story" is different from the "old story" in that it no longer contains elements of shame or humiliation but rather is filled with dignity and virtue for surviving. This can be a good yardstick for evaluating the need for retelling.

The telling of the survivor's story is never done or over. New conflicts and challenges will present themselves at different stages of the life cycle. Some of these will bring different aspects of the experience into light and change the emphasis of the story. Consequently, survivors may need to speak about their experiences at different points in their lives.

Follow-up Contact 4: Coping with Reactions

This counseling contact has as its main objective to discuss ways of coping with reactions to sexual assault. In the aftermath of rape or other sexual assault, survivors face formidable coping challenges. They must cope with their emotions, the legal and medical systems, their families and other people with whom they interact, and the general challenges of getting their lives back on track. Much research suggests that how survivors cope with their reactions and their other challenges plays a significant role in recovery in all types of trauma, including sexual assault. Coping is important to the recovery process, and counselors can perform a valuable service for the sexual assault survivor by providing her with an opportunity to discuss the pros and cons of different ways of coping and by helping identify alternative ways of coping.

STRUCTURING THE DISCUSSION

As always, the survivor will discuss or share her problems and needs. Although the issue of ways of coping with the assault and its effects will have arisen often in discussions, the counselor can also raise the specific topic: "As we talk today, it might be useful to also discuss how you're coping with the effects of your assault, what's working and what's not. If there are some parts of it that are especially difficult, maybe we can put our heads together and think about some other ways of coping that might work better."

Another useful way to introduce the subject of ways of coping is by asking the survivor what she has been doing to cope and how those things have been working: "As

we've been talking today, you've talked about some ways in which you've been trying to cope with your assault and its effects. Let's talk about coping for a few minutes. Can you tell me how you've tried to cope and what's worked and what hasn't?"

As the person talks, the counselor can look out for two important things:

1. What seems to be helping? Coping methods that are working can be identified and explored further, and it may be possible for the survivor to increase their use.
2. Negative coping methods that don't work and, more important, that put the person at risk for further harm or worsening of reactions can be identified and discussed.

Coping with reactions to sexual assault in part requires the development of skills: to notice when reactions are occurring, recognize what is happening, and practice new ways of responding to reactions. Indeed, a necessary first step in coping with sexual assault is being aware of "triggers." It is useful for sexual assault survivors to recognize what triggers their reactions for several reasons. First, they can understand themselves better—and understand that they're not "crazy"—if they know what has caused them to react. Second, when a survivor recognizes and understands what is triggering her, she is in a better position to cope with her reaction. She can tackle the source of the problem, and, if she wishes, she can tell another person specifically what is happening with her. Third, when a survivor knows what triggers her reactions, she can better prepare for coping with them in the future and, sometimes, can avoid those situations more effectively. There are a variety of common triggers:

- Sights, sounds, or smells associated with the sexual assault experiences—seeing someone who looks like the person who committed the assault, hearing the sound of someone's voice, hearing another woman describe her assault, being in a location similar to where the assault occurred.
- Physical sensations—heart pounding, physical pain, physical touch by another person.
- Behavior of others that resembles the behavior of people who assaulted or abused the survivor—asking personal questions, making a sexual joke, kissing, using an angry or controlling tone of voice.
- Themes related to sexual assault experiences—abuse of authority, family relationships, loss of power.

Sometimes triggers are clearly related to the assault experiences; other times the survivor may experience reactions with no obvious trauma-related trigger. Some triggers happen very fast and are not noticed. Some triggers automatically produce reactions without a person's recognizing their link with past events. And sometimes positive events can act as triggers: having a baby, getting close to another person in a relationship.

It may also be important to reiterate that recovery is an ongoing, daily, gradual process. It doesn't happen through sudden insight or "cure." Healing doesn't mean forgetting sexual assault experiences or having no emotional pain when remembering them. Some level of continuing reactions to the sexual assault is normal and reflects a normal body and mind. Healing may mean fewer and less intense reactions, but it also means greater ability to manage assault-related emotions and other reactions and greater confidence in one's ability to cope.

POSITIVE COPING METHODS

The survivor should also understand the distinction between active and positive coping and negative coping. When a survivor takes direct action to cope with her assault-related

problems, she puts herself in a position of having a greater sense of personal power and control over herself and her life. Active coping means recognizing and accepting the impact of the sexual assault and taking direct coping actions to improve things. Positive coping actions are those that help to reduce anxiety, lessen other distressing reactions, and improve the situation in a way that does not harm the survivor further and that improves things, not only today, but tomorrow and later.

- **Talking to another person for support.** When survivors are able to talk about their painful experiences and memories, something helpful often results. However, the possible benefits of talking don't usually result from just one discussion; usually they result from many discussions of the trauma. In discussing talking as a way to cope, it is important to review the points outlined in contact 3.
- **Relaxation methods.** These can include muscular relaxation exercises, breathing exercises, meditation, hot baths, stretching, yoga, and so on. Although relaxation techniques can be helpful, they can sometimes increase distress by focusing attention on disturbing physical sensations or reducing contact with the external environment. These possibilities can be discussed with the survivor. (See "Selected Coping Techniques," page 198, for suggestions.)
- **Exercise in moderation.** Walking, jogging, swimming, weight lifting, and other forms of exercise may reduce physical tension and help recovery. It may be helpful to explore how they may be practiced in surroundings that provide a sense of safety for the survivor.
- **Self-defense.** Self-defense training and training in martial arts can help build a sense of safety and competence and strengthen body and mind. Sometimes, this kind of training acts as a trauma reminder and increases survivor distress, so it is important to discuss pros and cons of self-defense classes.
- **Positive distracting activities.** Positive recreational or work activities help distract a person from her memories and reactions. This can be helpful as a means of improving mood and rebuilding a life. It is often helpful to deliberately resume activities previously enjoyed. It is important to emphasize that distraction alone is unlikely to facilitate recovery; active direct coping with the assault and its impact is also important.
- **Support group participation.** Support groups for sexual assault survivors may reduce a sense of isolation, rebuild trust in others, enable mutual learning and support, and provide an important opportunity for the survivor in recovery to share her coping tools with others.
- **Journaling.** Keeping a journal can help a survivor make better sense of her experience. Sometimes, however, it may increase distress by focusing the person on her memories or emotional pain. This issue should be discussed with a person who is contemplating keeping a journal.
- **Positive self-talk when facing a stressor.** Having a set of statements that can help one prepare, confront, and cope with a stressor can be helpful regardless of whether the stressor is assault-related or not. (See "Selected Coping Techniques," page 198, for suggestions.)
- **Calling a rape crisis center.** Sexual assault counselors are available whenever they may be needed.

Selected Coping Techniques

- **Breathing exercise.** Often when people become anxious their breathing changes, typically becoming quick and shallow. This kind of breathing can result in an imbalance between oxygen intake and carbon dioxide discharge, producing harmless sensations such as feeling dizzy or lightheaded, "pins and needles," and chest discomfort. Breathing retraining involves becoming more aware of one's breathing and then slowing it down.

  Take a normal breath (not a deep breath), breathing in through your nose, not your mouth.

  Exhale slowly through your mouth.

  When exhaling, say the word "calm" or relax very slowly and then wait a few seconds before taking the next inhalation.

  Repeat this sequence, counting on the inhalation from 1 to 10 and back to 1.

- **Relaxation exercise.** It is not uncommon for people to be completely unaware of how much tension they are carrying in their muscles. One type of relaxation technique, progressive muscle relaxation, helps people to become aware of the difference between muscular tension and relaxation by systematically tensing and then relaxing different muscle groups.

  Identify those muscles that feel particularly tense (shoulders, jaw).

  Tense those muscles for approximately 10–15 seconds at about 50 percent maximal tension (for example, purse lips and clench teeth; tuck chin toward chest; squint eyes and wrinkle nose; wrinkle forehead and brow; point toes).

  After tensing, just let the muscles go, noticing the difference between the feeling of tension and the feeling of relaxation. Notice the pleasant sensations associated with relaxation. Let yourself go further and further.

  If helpful and interested, imagine yourself in a place where you feel calm and safe.

  If you experience thoughts or sensations that are frightening, open your eyes and focus on objects in the environment. Allow thoughts and sensations to pass through you.

- **Self-statements.** Because there is no way to avoid stressors in one's life, the following statements can be helpful when dealing with both assault-related and other stressors (for example, going to court).

  Preparing for the stressor

  What is it that I have to do?
  Don't focus on how bad I feel but what I can do about it.
  I have come a long way in handling problems, I can handle this.
  I have the support of people who are experienced in dealing with these things.

  Confronting a stressor

  I'll take it one step at a time.
  The feelings I am having right now are a cue for me to use my coping techniques (for example, breathing, relaxation).
  Keep focused on the plan.
  There is no reason to doubt myself; I have a plan and the skills to get through this.

  Coping with feelings

  These feelings may slow me down, but they won't incapacitate me.
  This too will pass.
  I may feel bad, but I can still manage.

  After the stressor

  I did it!
  I am making progress.
  One step at a time.

SOURCE: Developed through personal communication with D. Hearst-Ikeda, April 1999.

NEGATIVE COPING METHODS

Negative coping methods help to perpetuate problems. They may reduce distress immediately but short-circuit more permanent change. Actions that may be immediately effective but cause later problems can be addictive, like smoking or drug use, and these habits can become difficult to change.

- **Use of alcohol or drugs.** This may help wash away memories, increase social confidence, or induce sleep. But it causes more problems than it cures by creating a dependence, harming judgment and mental abilities, causing problems in relationships with family and friends, and, sometimes, placing a woman at risk for further assaults.
- **Social isolation.** By reducing contact with the outside world, a woman may avoid many triggers. However, isolation also causes major problems. It results in loss of social support, friendship, and intimacy. It breeds further depression and fear. Less participation in activities leads to less opportunity for positive emotions and achievements.
- **Anger.** Like isolation, anger gets rid of many triggers by keeping people away. But it also keeps away positive connections and help and gradually drives away the important people in a woman's life. It may lead to job problems, marital or relationship problems, and loss of friendships.
- **Avoidance.** Avoiding thinking about the assault or seeking counseling keeps away distress but prevents progress in coping with trauma and its consequences. Avoidance can prevent people from seeking help with their assault-related problems.
- **Self-destructive behaviors (for example, cutting, burning).** These are behaviors that are sometimes viewed by outsiders as "manipulative." Another way to think about them is to recognize the agony of feeling detached from oneself, including one's body. Intentionally hurting oneself can be a better option than not feeling anything at all.

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Vicarious Trauma

SHARON KOSKI

VICARIOUS TRAUMA, WHICH CAN ALSO BE TERMED *secondary trauma effect* or *compassion fatigue,* is the transformation of a helper's inner being as a result of working with people who are trauma victims. This chapter will be an introduction to this subject only. It is intended to help new counselors be aware of and watch for changes within themselves as a result of providing crisis intervention services. As you support sexual assault survivors through their traumas, you also need to provide nurturing support to yourself. The natural internal changes experienced by the counselor doing this work can rob you of your own sense of well-being. By being aware of this condition, you can start to develop your own safety system of support, nurturing, and care.

Vicarious trauma differs from burnout in that the changing of an individual is internal. In burnout, the individual is physically tired, feels drained, and has no energy for work-oriented tasks. The desire to go to work is diminished, and one has to really push to maintain a sense of responsibility to the job. Vicarious trauma is the gradual changing of helpers' commitment to the work, their sense of accomplishment, and their trust that they are making a difference and the beginning of a questioning of their own belief system about the world in general and their own lives specifically. By being exposed to another's pain, her helplessness, hopelessness, and fears, the helper is gradually changed. The work that helpers do in the field of sexual assault is usually driven by their personal passion to make a difference in a survivor's life. The compassion and empathy that is brought to the work is the very source from which the secondary traumatic effect begins.

This chapter focuses only on secondary traumatic effects, not burnout, as secondary effects are more subtle and slower to damage the individual. Burnout is more well known and has very distinct signs and symptoms. Burnout "attacks" the body first, whereas vicarious trauma "attacks" the emotions, the spirit, and then the soul of the counselor. Burnout can be "fixed" by taking a few days off or a vacation from work; vicarious trauma needs long-term work in order to return the counselor to a more normal state. For these reasons, new counselors need to build into their lives those activities that help to slow the progress of vicarious traumatization. Vicarious trauma is a natural result of sexual assault counselor work, but it does not have to be debilitating or result in the counselor's leaving the work.

Historically, research using veterans documented the effect of what happens to people in life-threatening situations. This work then expanded into studying rape survivors when similarities were noted between these two groups of people. Current research into the effect on the helpers is now indicating that they too are changed by this work.[1] The training and supervision that most helpers receive is not enough to protect them from "empathetic engagement"[2] with a survivor's life-threatening experience. To minimize the effect of vicarious traumatization, helpers must recognize this effect from the beginning and put into place a structure that will help them to not become secondary victims of sexual assault.

Contributing Factors to Vicarious Trauma

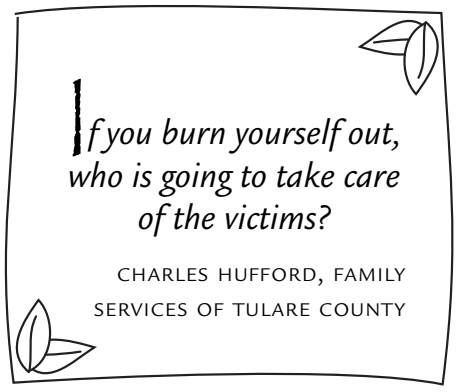
Many factors can contribute to an individual's being affected by this condition:

- Your own personal trauma history
- Your exposure to a large number of trauma survivors
- Your gender
- The expectations of the organization you work for or volunteer for
- Your already established social and personal lifestyle
- Your already established coping skills
- Your continued training and supervision
- Your use of personal therapy

What all of these have in common is that they present a picture of who you are when you come to this work. You come with an already established conception of life, the world, and yourself. You have beliefs about the work you will do and a deep sense of the positive effects you can have on another person. You also bring with you a political and cultural context within which you are already established. The effect of working with people who have been victimized will very subtly erode your "best intentions" in this work. Your ideas about fairness, your deep feelings about what is right and what is wrong, as well as your confidence in being a helper will also be slowly eroded if you do not take care to avoid vicarious or secondary trauma effects. The nature of this work, the settings in which you work, and the world all will change over time, but you do not have to. By being aware of yourself as fully as possible, your beliefs and your style of living, you can slow down this effect.

One area that new volunteer counselors do not get much information about is the agency that they will be working with. They do not know how it is structured, how it is managed, or how decisions are made. It's important to learn as much as you can about these matters. Another way to slow the effects of secondary trauma is to be very aware of those areas in your life that you have absolutely no control over or influence upon. This awareness can help you to return to more reasonable expectations of yourself and of life.

Signs and Symptoms of Vicarious Trauma



The changes listed here as symptoms of vicarious trauma can be dramatic or very subtle. They can also be identified as characteristic of someone who needs a vacation or an afternoon at the park. Be careful not to misidentify. These symptoms are very specific to vicarious trauma and should not be confused with burnout. Remember, when noting these symptoms in yourself, place them in a time frame. How long have you or other people noticed you have had them? Place them on an emotional severity scale: usually 1–10 is a good range. Take the "Personal Inventory," page 203, along with noting these signs, and note where the inventory is changing. Go over these signs and symptoms at monthly staff meetings or at retreats. Check this list weekly if you are doing a lot of interventions, monthly if your workload is small.

Personal Inventory

Why do I do this work? How did I get involved? Why do I continue?

What are the costs and benefits of this work to me? What are the rewards?

What was and is currently my reaction to the people I work with?

What are the challenges to working with some people?

What have I learned about myself since beginning this work?

How have I been changed as a result of doing this work?

How do I know when I have become overwhelmed by this work?

How do I handle being overwhelmed?

When do I ask for guidance in this work?

How often do I reassess myself in this work?

- You are becoming disconnected to loved ones.
- You are becoming cynical.
- Your attitudes are more negative than positive.
- You have a generalized sense of hopelessness and despair that does not last long.
- You are beginning to have sporadic nightmares.
- You are not accepting social invitations.
- Your time for yourself is decreasing.
- You are increasingly sensitive to violence.
- Your ideas about the world are changing.
- Your spirituality is disrupted.
- Your frame of reference is now almost always about violence, crime, or injustice.
- Your ability to daydream or set future goals seems impaired.
- Your ability to maintain a strong ego is diminishing.
- Your personal identity is more and more connected to your work status.
- You begin to show signs of **transference** reactions usually seen in the people you help.
- You show **countertransference** behavior with your family, friends, and peers.
- You are becoming more antagonistic toward others: people in the store, other drivers, trauma survivors, and so on.
- You are beginning to feel hostility, or your hostility is increasing, toward, for example, the police, the criminal justice system, or specific district attorneys.

- You are increasing your use of alcohol, food, or medication, or you are spending money you do not yet have.
- Your ability to manage your emotions is decreasing.

Psychological and Cognitive Disruptions

There are a few areas that need to be evaluated periodically as a way to assess the effect this work is having on you. The disruptions that are referenced here relate to the intrusive questioning and doubting of the self in the areas of your life that you thought were completely safe. Those beliefs about yourself and the world are now coming into question as a result of this work. By answering these questions periodically, you can access your emotional and spiritual security, while checking to see how the negative and uncontrollable parts of your work are affecting your perception of life.

Safety

Do you feel that you are reasonably safe from others harming you?
Do you feel that you can reasonably keep yourself safe and take care of your own safety?
Do you trust that others will keep your shared environment safe?

Esteem

Do you feel valued by others?
Do you value yourself? How much? When?
Do you value others? How much? When?

Trust/Dependency

Do you have confidence in your own abilities?
Do you have confidence in your own judgment?
Do you have confidence in your ability to meet your own needs?
Do you have confidence that others could meet your needs?

Control

Do you feel you can manage your own feelings most of the time, no matter what the circumstances?
Do you feel you can manage your interpersonal behavior, no matter the situation?
Do you feel that you can manage and exert appropriate control over others in interpersonal situations?

Intimacy

Do you feel emotionally connected to yourself?
Do you feel emotionally connected to others of your choosing?

Memory

Is your recollection of activities or situations clear and similar to that of others?
Can you recall with some clarity how you felt during these situations?

When you have answered these questions, look for patterns. Are there certain kinds of clients, are there specific situations, or are there particular people who keep showing up? Do you find yourself responding in predictable ways, or are you using unhealthy, numbing, or avoiding behaviors? If you find that the patterns are not to your liking and they are not helpful, seek a conference with your supervisor or a very close

I would encourage sexual assault counselors to use the support of staff and peer volunteers. This work is best done using a collective process. Increasing a client's support system is often the key towards healing, and increasing our individual support is what makes us good at what we are passionate about—this work.

JEROLYN PEERY, RAPE CRISIS CENTER, SAN LUIS OBISPO

friend. If the patterns or behaviors become to be pervasive in your life, seek short-term therapy.

Intervention Strategies

Intervention begins with knowledge. This knowledge then has to be incorporated into your style of living. By understanding which areas of your life are vulnerable to disruption, you will be able to adapt and cope.[3] The crucial need is for complete honesty with yourself. Using irrational or distorted information or beliefs to shelter yourself from the vicarious trauma effect will only serve to increase the destruction in all areas of your life. Remember, this work will change your fundamental beliefs about the world and about people, which in itself can cause stress. Staying alert to your needs, emotions, resources, and limitations will help you keep in mind what is reasonable to expect for yourself. Being alert will also help you to avoid inflating what you expect from others. Have balance in your life. Maintain equal time for yourself, others, work, play, and rest. Become skilled at saying, "No, thank you," when you are offered additional work assignments beyond your already full days. Such a request may be a compliment, but compliments do not help you when you're not reenergizing with play, rest, meditation, exercise, visits with others, and so on.

Stay connected to others who are not involved in your work. You need to keep a global perspective on your life. Being with people who are not connected with this work is a good way to do this. By meeting others who have different interests, different jobs, and different life patterns will help you to avoid being stuck in a rigid form of existence. Maintain a spiritual connection in your life, whether it is a formal religion, a daily routine of inspirational readings, or a weekly visit to a spot where nature relaxes you and reminds you there is an order to things. A spiritual connection can be anything that reminds you that there is more to life than the tragic things that happen to people.

These intervention strategies should be used in *all* areas of your life. At work, whether paid or volunteer, you must watch for overloading, keep up on your training and supervision, develop a work space that is comfortable, seek assistance, and ask for variety in your work.

Make your personal life a priority. Have leisure time scheduled, and use it to do leisure activities. Become creative or exercise: draw, roller-skate, go bowling, work with clay. Be sure to learn new ways to nurture yourself. Taking baths, going for walks, reading books of humor, and listening to music are only a few ways. Pay attention to your health. If you notice some signs of illness, take care of the problem immediately. If you find you have a lot of negative "head talk," seek peer or professional guidance about how to eliminate this "chatter." Stay mindful of vicarious trauma effect, and use any sign of it to remind you to include in your daily routine those things that reaffirm the positive nature of life.

Challenge your negative beliefs and assumptions and find new, more positive ones to replace them. Participate in your community in ways beyond the trauma work. Find those community-building activities that remind you of the reasons you began to do this work.

Definitions

Transference. The reenactment of past relationships within current conflicts. The past relationship was of some significance and the patterns of thought, feeling, beliefs, and expectations are overlaid on the current situation. The behavior is relationally connected

and is usually reenacted unconsciously. This is what the new counselor would be doing with people within her personal life.

Countertransference. Any response that is a reenactment of a past significant relationship, on the part of the counselor, toward the client. All issues that are a part of transference are also a part of countertransference. The difference is in the person that the counselor is focusing on.

Notes

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2. Laurie Anne Pearlman and Karen W. Saakvitne, *Trauma and the Therapist* (New York: Norton Professional Books, 1996).
3. Pearlman and Saakvitne, *Transforming the Pain.*

4

Cultural Awareness

CALCASA
CALIFORNIA COALITION
AGAINST SEXUAL ASSAULT

4

Cultural Awareness

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Anti-oppression Theory

JANELLE L. WHITE

SEXUAL ASSAULT IS A TACTIC OR TOOL OF OPPRESSION. Most frequently, sexual assault is used by men to dominate women and by adults to dominate children. Sexual assault has also been used as a weapon of oppression against people of color, people with disabilities, and lesbians and gay men. Because sexual assault is a weapon of oppression, we must understand oppression if we hope to end sexual violence. This chapter examines oppression, explains how different forms of oppression work together, and explores the ways that oppression may stand in the way of efforts to end sexual violence.

Oppression and what Keeps It Going

Oppression is the *systematic* and *pervasive* mistreatment of individuals on the basis of their membership in a disadvantaged group. Institutional and interpersonal imbalances in power contribute to this mistreatment. Oppression involves the systematic use of power to marginalize, exploit, silence, discriminate against, invalidate, deny, dismiss, and/or not recognize the complete humanness of those who are members of a disadvantaged group.

In the United States, there are systems of oppression based on race, class, gender, sexual orientation, religion, ability, age, body size, and citizenship. Privilege is given to those who are white, male, middle-class or "well-off" economically, heterosexual, Protestant, able-bodied and of able mind, middle-aged, thin, and a U.S. citizen. This means that some *groups* of people are oppressed, and some are not. For example, men, *as a group,* are not oppressed. Men do not face systematic and pervasive mistreatment because they are male. An individual man *may* face oppression based on another identity characteristic, such as race or disability. We all have multiple identities, because we all have a gender, race, class, and so on. This means we can be privileged because of one identity while at the same time facing oppression because of another.

Stereotypes, prejudice, and *discrimination* support oppression and keep it going. Stereotypes are generalizations about groups of people. They do not take into account the difference within groups. Like stereotypes, prejudice is based on incomplete or inaccurate information. Prejudice is a preference or bias toward or against a group. Both stereotypes and prejudice have negative or detrimental effects. They assert that groups of individuals are all the same (that is, "Those people are…," "That group can't…," "They all act…"). They fail to recognize uniqueness, which is an important part of every person's humanity. It is true that prejudice and stereotypes are only attitudes, but these destructive attitudes, opinions, feelings, and ideas shape our actions and contribute to discrimination.

Discrimination is active; it is preferential or biased treatment based on stereotypes, prejudice, and/or historical practices. It results in unequal access and/or representation. Oppressive systems and ideologies—such as racism and white supremacy, sexism and male supremacy, and classism and capitalism—are maintained through discrimination. Institutionalized oppression involves enforcing discrimination in such a way that the

status quo is maintained (for example, when all the secretaries are women and all the supervisors are men) and inequality is made to seem legitimate (for example, when it is said that the workplace is structured this way because women who apply for supervisory positions lack the skills to hold these jobs but do possess the skills to be secretaries).

When oppression is enforced through everyday interaction between individuals, this is interpersonal oppression. Interpersonal oppression may take place in a variety of ways. For example, a shop clerk might follow Black customers, expecting them to steal and making them uncomfortable. Interpersonal oppression may occur among friends and relatives as well as among strangers. For example, family members may psychologically and/or physically abuse elder or disabled relatives. Interpersonal oppression is often supported by institutional oppression. For example, if a lesbian teen is harassed by her classmates because she is a lesbian, this is interpersonal oppression. If school authorities allow or condone the harassment, that is institutional oppression.

> *Each person is an individual, and comes to the event with their own religious, cultural, age, and experimental differences.*
>
> LINDA LIVINGSTON, COALITION TO END DOMESTIC AND SEXUAL VIOLENCE

Discrimination can take many forms, including unfair hiring practices, white flight and residential segregation, the educational "tracking" of students, and even violence. In fact, many people refer to violence (and the threat of violence) as a weapon of oppression because it protects oppression.

In doing anti-rape work, it is important to have a clear understanding of oppression and how it functions in the United States. *Oppression,* a political term often used in the anti-rape movement and other progressive U.S. social movements, must maintain its sharpness, its clarity; otherwise, it will be stretched to meaninglessness (that is, everyone calling themselves oppressed, regardless of their actual positions of privilege). Oppression is an abuse of power by a dominant group. Other interactions among people may be hurtful or unfair but not oppression. As a social movement, our goal is to challenge abuses of power—more precisely sexual assault, a specific power abuse—and we require language that can articulate why abuses of power occur.

Making the Connections

Audre Lorde writes, "There is no hierarchy of oppression."[1] What does this Black lesbian feminist, poet-activist mean? Ultimately she is saying that she will not choose between her identities or favor one identity over another. Any movement that fails to recognize her multiple identities or that asks her to recognize only her Blackness or her gender or her lesbian identity is a movement in which she refuses to participate. In fact, Lorde argues that such a movement holds the seeds of its own failure and destruction.

If we look deeply, we will see that *violence*—in the form of sexual assault, battering, lynching, genocide, and other hate crimes—*is a tactic of all forms of oppression*. Thus, violence is one area where all forms of oppression intersect. And, in fact, acts of bias violence or hate violence often involve more than one form of oppression. For example, lynching—most obviously an expression of racism—often included bizarre sexual mutilation of the victim. It seems clear that the white male perpetrators of such violence were expressing not only their racist ideology of white supremacy, but also their sexist fantasy of masculinity.

By the same token, rape—most obviously an expression of sexism—also often involves other forms of oppression. When women, regardless of their sexual orientation, are threatened with rape when they show affection toward other women, we see homophobia acting in concert with sexism. This all-too-common occurrence is a manifestation of these two forms of oppression interacting with and bolstering each other. Suzanne Pharr,

who co-chaired the National Coalition Against Domestic Violence and its Lesbian Task Force, calls homophobia a weapon of sexism and connects homophobia and heterosexism to sexual and domestic violence perpetrated against women:

> *How many of us have heard battered women's stories about their abusers calling them lesbians or calling the battered women's shelter a lesbian place? The abuser is not so much labeling her a lesbian as he is warning her that she is choosing to be outside society's protection (of male institutions), and she therefore should choose to be with him, with what is "right." He recognizes the power in woman-bonding and fears loss of her servitude and loyalty: the potential loss of his control. The concern is not affectional/sexual identity; the concern is disloyalty. The labeling is a threat. . . . Our concern with homophobia, then, is not just that it damages lesbians, but that it damages all women. We recognize homophobia as a means of controlling women, and we recognize the connection between control and violence.*[2]

The intersection of oppressions also affects how acts of bias violence are perceived. The feminist legal scholar Kimberlé Crenshaw notes that rape is "racialized."[3] In the United States rape has been historically racialized in the image of the white female victim and the Black male rapist, and our social problem of rape has grown to be racialized in the rapist as a man of color. This does two things. First, women of color are absolutely invisible in this equation. Women of color come to be seen as "unrapeable." Second, white men are protected by this mythology. They are let off the hook; they are not seen as perpetrating rape. But we know that 90 percent of sexual assaults occur between individuals of the same race and socioeconomic class.[4] We also know that in 84 percent of all rapes the survivor knows her rapist.[5] Such a racialized image of rape obscures these facts as well as the everyday attacks that white women experience at the hands of white men. Therefore, this racist mythology harms, not only women and men of color, but also white women. Here, racism and sexism work together to hurt everyone but white men. Donna Landerman clearly articulates why it is of utmost importance that the anti-rape movement be anti-racist:

> *From both an ideological and practical point of view, it is essential for the anti-rape movement to investigate racism and incorporate an anti-racist perspective, because racism in major ways both causes and defines rape. If we are to successfully aid women who have been raped, prevent rape, and eventually eliminate rape, it is necessary to understand and attack rape in all its forms and at all its roots. Racism and cultural and class oppression are some of those roots of rape, and lead rape to take different forms in the lives of women of various races, cultures, and classes.*[6]

Angela Davis insightfully links rape to the capitalist class structure. She asserts that

> *those men who wield power in the economic and political realm are encouraged by the class structure of capitalism to become agents of sexual exploitation. Their authority (within this capitalist structure) guards them against punishment in all circles except one: they may not violate a woman of their own standing. . . . With this single exception, the man of authority can rape as he will, for he is only exercising his authority.*[7]

The highly publicized William Kennedy Smith rape case, which involved a rich and influential man from a well-known political family and a less-affluent women, shows that there is validity to what Angela Davis argues. But it may be inaccurate to say absolutely that economically privileged men cannot rape women of their economic class with impunity. Nonetheless, the power of Davis's analysis is her awareness that capitalism is connected to violence against women.

Capitalism is based on competition rather than cooperation and therefore promotes conflict. In addition, capitalism has exploitation of one group of people by another "built

in," because profits can be achieved only by the exploitation of workers and/or consumers. Capitalism treats workers like objects to be used just as many perpetrators of sexual assault treat women and children like sexual objects to be used or consumed. Modern capitalism, in its advertising, also treats women like sexual objects to be used to sell products. Capitalism teaches those who are or who aspire to be of the owning class to dominate, exploit, and use workers. These are the same dynamics that the anti-rape movement has identified as contributing to sexual violence. And arguably it is capitalism that encourages us to believe that poor and working-class men are more likely to perpetrate sexual violence than economically privileged men. Classism works to the benefit of those at the top of the hierarchy, protecting them from being accountable for the sexual violence they perpetrate against women of their economic class and against those women who have less economic privilege.

All of this demonstrates that considering sexism and male supremacy as the only important forms of oppression involved in sexual assault is not only inaccurate but self-defeating. This is, in part, because we cannot neatly separate sexism from homophobia or sexism from racism or classism. Over time, forms of oppression have become intertwined. Movements that fail to take this into account cannot fully succeed and may cause more harm. I think Kimberlé Crenshaw, writing about the anti-rape movement, says it best: "This movement inadvertently participates in exclusionary politics because some of us fail to comprehend the anti-violence movement as an anti-oppression movement."[8]

Thinking about all of the different forms of oppression and how they work together can feel overwhelming and depressing. With so many forces against us, how can we hope to make a difference? Although the task is challenging, it is not impossible. From the anti-lynching movement in the United States to the anti-apartheid movement in South Africa, history is filled with examples of women leading and contributing to successful collective efforts at social change. Working with and learning about other activists can be educational, inspirational, and transforming.

Oppression in the Anti-rape Movement

Because oppression is, by nature, pervasive, it is not surprising that social change organizations—including the anti-rape movement—are sometimes hampered by oppression. Obviously, those in power seek to hold on to their power, so the oppressive forces against which social change organizations struggle often strike back. "Backlash" is an example of that. Less obviously, but still importantly, social change organizations sometimes have internal problems rooted in one form of oppression or another.

As social change agents of the anti-rape movement, we recognize the prevalence of oppression in our communities, whether it be sexism, racism, hatred of immigrants, heterosexism, anti-Semitism, or some combination of these or other forms of oppression. And we recognize the existence of a backlash, a reactionary response to our social change work. This backlash stems from the unwillingness of institutions and individuals to give up power and privilege.

Often it is easier for us to see oppression "out there," beyond our social movement or our agencies. But oppression is insidious and does find its way into anti-rape organizations. For example, a white-dominated organization might neglect the needs of survivors of color or a primarily heterosexual agency might ask its lesbian staff members to "act straight." Like many other institutions, anti-rape agencies may be inaccessible to people with disabilities or unfair in their treatment of workers.

One example of resistance to institutional and interpersonal oppression within social change organizations is the work of the Ann Arbor Coalition for Community Unity. This Michigan-based coalition formed in 1994 in the wake of a poorly handled serial rapist

investigation and committed itself to simultaneously addressing sexism and racism. During its work, it issued a statement to feminist agencies in the Ann Arbor area that stressed the importance of addressing abuses of power within women's agencies. Here is an excerpt from a letter written by the women of the coalition:

> *Audre Lorde told us that when we, as women, fall back on the same tactics that the patriarchy uses to control us, tactics of sexism, racism, silencing, and dismissal, we become self-defeating as a movement. Instead of working to end the conditions that create and perpetuate violence against women, we enable them. Every time we silence other women's criticism of our work, or punish dissent, we commit an act of violence. Violence, after all, is the abusive or unjust exercise of power. And when we perpetuate this kind of emotional and spiritual violence against women within our movement, we condition women to accept the physical and sexual violence we are fighting daily.*[9]

We have to meet all forms of oppression in our communities *and* in our movement head-on in order to progress and to ultimately end rape. This means that we cannot write enough about how racism, classism, and heterosexism and other forms of oppression reinforce sexism. This means that we cannot educate enough about how violence is rooted in oppression. And this means we must act!

Notes

1. Audre Lorde, *Sister Outsider: Essays and Speeches* (Trumanberg, NY: The Crossing Press, 1984), 20.
2. Suzanne Pharr, *Homophobia: A Weapon of Sexism* (Little Rock, AR: Chardon Press, 1988).
3. Kimberlé Crenshaw, "The Marginalization of Sexual Violence Against Black Women," *National Coalition Against Sexual Assault Journal* 2, no. 1 (spring 1994): 1–6, 15.
4. Angela Davis, *Women, Race, and Class* (New York: Random House, 1981).
5. Mary Koss, "Date Rape: The Story of an Epidemic and Those Who Deny It," *Ms Magazine* (October 1985).
6. Donna Landerman, "Breaking the Racism Barrier: White Anti-racism Work," in *Revealing the Web of Life: Feminism and Nonviolence,* ed. Pam McAllister (Philadelphia: New Society Publishers, 1982).
7. Angela Davis, "Rape, Racism and the Capitalist Setting," *Black Scholar* 9, no. 2 (1978): 24–30.
8. Crenshaw, "Marginalization of Sexual Violence Against Black Women," 6.
9. Ann Arbor Coalition for Community Unity, *Open Letter to Women's Community-based Organizations in the Ann Arbor Area*, 1996.

Being an Ally

SUSAN MOONEY

THE MOST EFFECTIVE SEXUAL ASSAULT COUNSELORS ARE those who can assist survivors in understanding their individual experience in the larger social context of oppression. Women who were able to see a connection between society's reactions to their experiences of victimization and the status of women in general founded the anti-rape movement. This chapter assumes that you have previously explored the connections between the multiple forms of violence against women and sexism and the connections between sexism and other forms of oppression: racism, heterosexism, ableism, classism. The focus here is on how you as an individual can use your awareness of oppression to be an effective counselor and a powerful agent for social change in your community.

We first explore what an **ally** is and then how being an ally relates to your work as a sexual assault counselor. Included are tips and challenges for the long journey that awaits you.

What Is an Ally?

"Epiphinal moments, in many ways, occur only when one is primed for them."[1] A good ally is ever on the prowl for an epiphinal moment, ever mindful of our status in the world and ever watchful for opportunities to use our privileged status to effect social change and interrupt oppressive behaviors and actions. The process of learning how to provide support to survivors of sexual assault, intervene when you witness injustice, and contribute to creating a world that does not tolerate sexual violence is the process of developing skills as an ally.

Allies are persons who seek opportunities to use their knowledge, personal commitment, access to resources (financial and otherwise), and willingness to overcome fear to promote the well-being of a **marginalized** group or an individual within that group, of which the ally is not a member. It takes courage to act for the benefit of others, particularly if the act requires acknowledging your own status or giving up **privilege.**

Each of us is a complex person with many facets to our identity; we both need allies and can be an ally to others. For example, a heterosexual woman of color can benefit from the actions and commitment of her white allies; at the same time she can be a powerful ally to lesbians and gays. How and when to be an ally can be confusing and complex, but remember that the more you practice, the more you understand, and the better your skills become. Each of us has within us the ability to act as an ally to others, and your participation in the sexual assault counselor training can be a huge step toward increasing your ability to act as an ally.

Being an effective ally to survivors of sexual assault requires that you are an ally in every area of their lives. Survivors do not experience sexual assault in isolation from the accumulated total of their life experience. Being a good counselor means you have to understand that a woman's experiences of racism, homophobia, classism, and ableism, combined with sexism, all inform the experience of sexual assault and the process of healing from the experience of victimization. Your commitment to understanding the totality of a woman's life will make you a more effective counselor. Your dedication to

changing the social conditions within which sexual assault exists is an essential component of being a sexual assault counselor.

How Does Being an Ally Relate to Your Work as a Sexual Assault Counselor?

The more you practice and develop your skills as an ally working to end oppression, the more effective a counselor you will become. Try to think in terms of the ripple effect: when you drop a stone in a bucket of water, many ripples are produced; they travel out, hit the side of the bucket, start traveling back to the center, and begin crossing and affecting one another's paths. Eventually the water settles down, but the arrangement of the water in the bucket is forever changed. The ripple effect of your work as an ally is much the same: every act affects the complex social conditions that allow sexual assault to occur and the conditions that influence a survivor's healing process.

Now let's apply that image to an example (see below): a heterosexual woman who provides counseling on the hotline at the rape crisis center is also involved in PFLAG

IMPACT OF PFLAG CAMPAIGN	RIPPLE EFFECT
In the process of preparing for the PFLAG campaign, the counselor becomes more aware of the emotional and social impact homophobia has on lesbians and gays.	The counselor receives a hotline call from a lesbian survivor of same-sex violence. The counselor's ability to assist the survivor as she sorts through the effect of internalized homophobia on her reaction to her assault is enhanced by increased awareness.
PFLAG campaign includes presentation to law enforcement on hate crimes against lesbians and gays, during which a couple of officers show that they are very sensitive to the issue.	The counselor's ability to assist the survivor in realistically assessing the potential outcome of reporting the assault to the police is enhanced. The counselor has increased access to officers who are more likely to respond to the survivor's experience sensitively.
The law enforcement officers who are sensitive to lesbian and gay issues notice that the majority of officers in attendance are not educated on these issues.	Working with the rape crisis center to assist the lesbian survivor makes the officers aware that their department's response to incidents of same-sex violence can be improved, and they work as allies with the rape crisis center to get more training included in courses at the police academy.
The counselor passes out leaflets at the local mall as part of the campaign and talks to dozens of people, one of whom she tells about her work at the rape crisis center.	A lesbian survivor of child sexual assault calls the hotline; she is willing to make the call because her friend tells her about her conversation with the counselor at the mall so she thinks the rape crisis center will be a safe place for her.
The counselor mentions to the crisis line coordinator that she is involved in the campaign, and the rape crisis center ends up endorsing PFLAG's campaign.	A number of lesbians in the community notice this relationship and call the rape crisis center to inquire about volunteering.

(Parents and Friends of Lesbians and Gays). PFLAG sponsors a campaign to raise awareness about the existence of hate crimes against lesbians and gays in the community. Let's follow the relationship between this activity and her work on the issue of sexual assault.

And so it goes, every action that is taken to address oppression can have a ripple effect on an individual survivor's experience, on the quality of rape crisis center services, and on society's response to sexual assault. The reverse is also true: every time we are complacent, every time we are indifferent to oppression, whether it is racism, homophobia, ageism, classism, or ableism, we reinforce the status quo and allow oppression to carry on. Oppression unchecked and unchallenged allows society to stay comfortable with blaming the victim and targeting people of color for violence, and maintains **power** imbalances between groups and individuals.

Acknowledging that our lives, the operation of our social world, and issues of oppression are complex is critical in understanding sexual assault. To think otherwise would be to minimize the importance of our work and the challenges faced by sexual assault survivors and counselors alike. Very few of us are raised with consistent, accurate messages about others, or ourselves, and those who are cannot escape the contradictions inherent in what society teaches. This is the socialization we each have to examine and resist in our work to become allies. Admitting the privileges we enjoy, unearthing the **prejudices** we hold, identifying the **stereotypes** we have been taught, and recognizing and challenging the **discrimination** that exists in society are all part of your work as an ally and as a sexual assault counselor.

As you develop your understanding of the connection between anti-rape work and oppression, you will also become aware of the cultural issues that arise as you work with survivors who are members of specific marginalized communities. Learning about cultures other than your own and increasing your understanding of your own life are important steps. Your work as an ally is to connect the big picture of the link between anti-rape work and oppression with your sensitivity to the experiences of women from a wide range of cultures. Making this connection will enhance your ability to provide culturally competent support to survivors of sexual assault. Your actions as an ally to interrupt this connection will contribute to your development as an effective agent of social change.

Common Stumbling Blocks for Allies

"I accept people for who they are; it doesn't matter if they are (fill in the blank: gay, lesbian, people of color, disabled, poor, young, old, fat, homeless)."

It's tempting to believe that ending oppression is a matter of eliminating our differences and/or overcoming our individual prejudices. Unfortunately, this ignores the complex nature of oppression and its impact on individuals and society. We cannot just wish away differences, nor do we want to. Our society is a rich fabric of people from many different cultures and experiences.

Sometimes the temptation to rely on the attitude reflected above results from our inability to acknowledge our own privilege or the oppression experienced by others. The fact is, people are affected differently by oppression depending on their status in marginalized groups. Our ability to be an ally is impeded when we are unable to recognize and acknowledge differences.

"People of color are racist against white people; they have just as much responsibility to end racism as white people do." This is sometimes called reverse racism, and it just does not exist. Racism is prejudice *plus* institutional power. People of color do not have the institutional power in Western society to enforce prejudiced attitudes toward whites. Some people of color may be prejudiced against white people, and this prejudice may be the result of their experiences of racism by white people. These are complex dynamics that don't have to be condoned to be understood. Most importantly, this form of prejudice must not be confused with racism.

To Do or Not to Do, That Is the Challenge of Being an Ally

DO	DO NOT
Do take responsibility for learning more about oppression and how to be an ally.	Do not assume that members of marginalized communities are available to or have a responsibility or desire to teach you about oppression.
Do stay open to feedback.	Do not confuse intention with effect.
Do spend time being self-reflective about your own life.	Do not expect others to share their self-reflection with you or to be open to processing your new awareness with you.
Do explore ways you have benefited from any privilege you may have.	Do not wallow in guilt about how lucky you are to be a member of a privileged group.
Do make a point of reaching out to other allies for support.	Do not get discouraged if you have periods of feeling isolated.
Do be on the lookout for oppressive behaviors, comments, policies.	Do not be disturbed if you are not always able to spot them immediately.
Do make a commitment to interrupting oppressive comments and behaviors.	Do not give up if you can't do it every time.
Do recognize and acknowledge when you have an epiphany about oppression.	Do not be surprised if you don't experience any epiphanies but take small steps instead.
Do be motivated by the small steps you make in understanding yourself and others.	Do not expect to be congratulated when you realize something new.
Do seek collaborative learning environments.	Do not count on everyone in your life collaborating with you on your journey.
Do take a comprehensive approach to learning how to be an ally. Learning more about yourself is most effective when it is balanced with increasing your understanding of institutions.	Do not be disappointed if you sometimes feel confused about your own life or about how oppression operates in institutions.
Do involve yourself in many facets of anti-oppression work in your community. Work in a variety of coalitions, and develop strategies for connecting your commitment to anti-rape work to other forms of anti-oppression work.	Do not think you have to do it all. Involve others in your life and in your community.
Do anti-oppression work for your own well-being.	Do not forget that change is a process, not an event.

Thank you to Cultural Bridges for introducing me to this framework as a tool at the 1998 National Coalition Against Sexual Assault workshop on how to be a white anti-racist.

Remember that you will always be learning. People and situations are so individual that it would take away from their humanness to think you could ever know everything.

BRANDY GRYCEL, MOUNTAIN WOMEN'S RESOURCE CENTER

"As a member of an oppressed group (woman, person of color, lesbian, person with a disability), I have to focus all my energy on dealing with my own oppression." It is true that it takes tremendous energy to survive, much less thrive, in a world that does not accept or support us. Experiencing racism, homophobia, sexism, ableism, ageism, classism, or any form of oppression drains our energy. This reality does not let us off the hook; we must act as allies and use our status of privilege and power to confront forms of oppression we are not experiencing. Heterosexual people of color must act as allies to lesbians and gays, people without disabilities must confront ableism, white people must act as anti-racists. The interconnected nature of oppression requires an interconnected response. There is an old saying, "None of us will be free until all of us are free." For example, my freedom from oppression as a woman and a lesbian is equally dependent on my ally's work to end homophobia and my own work to eliminate racism.

"I live in a multicultural environment; I am open to all cultures, have friends of all colors and persuasions; I have interrupted racist jokes before." It's easy to become complacent because we aren't as bad as the next person. We live in a culture that is obsessed with political correctness. An ally isn't comfortable with appearing to be an anti-oppression activist. The actions we take that are not recognized, that stretch us the most, that are not witnessed by members of the oppressed group are what really make us an ally. We all know and recognize posers when we see them, and we know in our hearts when we are falling into this trap ourselves. Real change happens through our daily commitment, our holding ourselves accountable, our willingness to take risks, our forgiveness of our own mistakes, and our unwillingness to remain silent.

Definitions

Ally. One whose personal commitment to dismantling oppression is reflected in a willingness to become educated about all forms of oppression and social justice, challenge one's own prejudices, learn and practice the skills of an anti-oppression activist, interrupt oppressive statements, behaviors, policies, and institutional structures.[2] An ally is someone who recognizes and utilizes his or her privilege to promote justice for others.

Discrimination. Preferential or biased treatment based on a prejudice or historical practices that result in unequal access or representation; adds action to prejudice and/or stereotype.

Marginalized. Having limited access to power because of institutionalized discrimination.

Power. The ability to affect the physical, economic, and/or psychological well-being of yourself and others.

Prejudices. Preconceived judgments or opinions, usually based on insufficient data.

Privilege. Choices, entitlements, advantages, benefits, assumptions, and expectations granted based on membership in a culturally dominant group, for example, white, nondisabled, economically secure, heterosexual. Includes privileges granted by society, as well as assumptions and expectations resulting from socialized beliefs about one's own social status.[3]

Stereotypes. Generalized, fixed impressions or opinions without regard to individual variation or the incorporation of new information.

Notes

1. Tessie Liu, "Teaching the Differences Among Women from a Historical Perspective: Rethinking Race and Gender as Social Categories," *Women's Studies International Forum* 14, no. 4 (1991): 265–276.
2. Adapted from Cultural Bridges workshop packet on white privilege.
3. Adapted from Cultural Bridges workshop packet on white privilege.

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Asian and Pacific Islander Survivors

THEA LEE WOON

In many cultures of the world, there is a custom of offering food, money, and other essentials to people who are about to go on a long journey. Those gifts, which embody the good wishes of family and friends, are meant to prepare the travelers for the surprises and loneliness as well as the joyous discoveries and triumphs of the trip. This brief chapter is like that small offering for a traveler. It provides you with some very basic information about serving survivors of Asian and Pacific Islander (A&PI) descent in the United States. The chapter reviews the following four key issues: (1) the demographic diversity and complexity of the population, (2) the social and cultural backdrop, (3) the impact of racism as it relates to the particular vulnerability of A&PI women, and (4) the impact of racism as it relates to the effectiveness of service delivery. It is my hope that this information will act as a useful reference point for your further learning and partnership building with A&PI survivors.

Who Are Asians and Pacific Islanders?

The population commonly lumped together and labeled as "Asian/Pacific Islander" in the United States, in fact, consists of people of diverse ethnicities, languages, religious beliefs, national origins, generational backgrounds, socioeconomic standing, affectional preferences, (dis)abilities, and personal/collective trauma history. They are Bangladeshi, Burmese, Cambodian, Chinese, Fijian, Filipino/a, Guamanian, Hapa (that is, mixed), Hawaiian, Hmong, Indian, Indonesian, Japanese, Korean, Laotian, Malaysian, Nepali, Okinawan, Pakistani, Samoan, Sri Lankan, Taiwanese, Thai, Tongan, and Vietnamese, and they are adoptees in non-Asian families. They are native English speakers or monolingual in their language of origin; Muslim, Christian, Hindu, Buddhist, Bahá'í, worshippers of ancestral spirits; immigrants, fourth-generation Americans, war refugees; engineers, nurses, cooks, liquor store owners, high school dropouts, welfare recipients, activists; lesbians, gays, bisexuals, transgendered people, heterosexuals; HIV positive, wheelchair using, and much more.

In addition, some people from the region known as West Asia or the Middle East consider themselves Asians or "Asiatic" people. The U.S. government classifies them, including Iranians (Persians) and Afghanis, as Caucasians. However, there is geographical as well as cultural continuity between the Asian/Pacific Islander population and the West Asian population. Although most West Asians enjoy some level of white-skin privilege in the United States, it must also be noted that the presence of institutional oppression against them is evident. The media is filled with images of West Asians as Arab terrorists. Not too long ago, during the Gulf War, the U.S. government actually considered rounding up Iraqi Americans. In addition, as relatively recent immigrants to the United States, West Asians encounter language and cultural barriers to accessing certain resources.

It is also important to note that there is diversity and complexity even within a group of people who may appear to share the same history, culture, and life experiences. People of Indian heritage in the United States illustrate this point. They come not only from India

but from places such as South Africa, England, Australia, Hong Kong, and the Fiji Islands. As a result of British colonialism in India in the earlier part of this century, many Indians moved (or were taken) to countries with British ties long before they arrived in the United States. A small number of Indian Americans are descendants of the immigrants who came around the turn of the century; many of these descendants are part Mexican. However, the vast majority of Indian Americans are immigrants, and their children are from the second wave of mass immigration that began in the 1960s. They speak a variety of languages, including Hindi (the national language of India), Punjabi, and Gujarati (some of the many dialects and regional languages from India); Swahili; and English. Religions embraced by Indians in the United States include Christianity, Hinduism, Sikhism, Zoroastrianism, and Islam. Life experiences of Indian Americans who run restaurants and motels are a world apart from those of doctors and engineers, who generally arrived in the United States with privileged socioeconomic class background.

Gaining insights into the diversity and complexity of the A&PI population is essential in serving A&PI survivors because the various factors (ethnicity, generational and socioeconomic background, personal and collective past trauma, etc.) that make up individuals' unique life experiences also shape their response to trauma and access to resources. I recommend that sexual assault counselors ask their respective rape crisis centers to provide them with information about A&PI populations in their service areas. The information should address the following issues:

- What A&PI groups does the center "target" for service? What are the characteristics of these groups? (For example, they might be low-income, immigrant Filipinas and Koreans.)
- What resources does the center have for these groups? (For example, the center might have Filipina and Korean staff and volunteers, brochures in Tagalog and Korean.)
- What collaborative or referral resources does the center have for the target groups? (For example, there might be access to interpreters and relationships with Filipino and Korean churches and community organizations for A&PI lesbians, gays, bisexuals, and transgendered people.)

Cultural and Social Barriers

This section highlights some of the cultural beliefs and values and social conditions that generally affect A&PI survivors' access to helping resources. It is important that counselors seek resources such as literature and training that address the variations in these common values that are unique to their centers' target groups, such as patriarchy, notions of honor, quiet suffering, and taboos against talk about sexual matters.

Patriarchy (that is, men as the head of family, women as family property and service providers, etc.) is the traditional norm in most A&PI cultures. Therefore, if the perpetrator is the survivor's husband, often there is little support for her, even from her own family, for leaving him or seeking outside help. Sometimes, immigrant wives' dependence on their perpetrating husbands for immigration status keeps the women from seeking help.

Honor, defined roughly as virtue and dignity, is the essence of being human and something survivors and their community feel that the survivors have lost. Survivors are reluctant to seek help because, in their collective and highly relational cultural context, their loss of honor brings disgrace to their families. I know a survivor of stranger rape who left her husband and children in an effort to remove the disgrace she believed that she had brought to them. She also felt that she had become a "ghost," a lost soul, as a result of losing her honor and someone who did not deserve help.

Quiet suffering, the ability to endure emotional as well as physical pain, is considered a reflection of strong character and works as a strong deterrent to A&PI survivors' seeking help. In particular, disclosing "problems" to people outside of a family is shameful because it publicizes the family's dishonor as well as its inability to solve its own "problems." Furthermore, seeking help from an outside agent is considered a last resort—for those who are "crazy" or "insane."

Taboos against discussing matters of sex or sexuality often keeps A&PI survivors from discussing their abuse or assault experiences. For instance, most A&PI women who reluctantly seek help from anti-domestic violence agencies for their survival do not disclose marital rape as part of their domestic violence experiences.[1]

A&PI Women as Sexual Objects

The images of A&PI women as "exotic, subservient, passive, sexually attractive and available" objects have long been pervasive in the Western media, literature, and art.[2] Those racist and sexist stereotypes are directly, if not solely, responsible for the sexual exploitation of A&PI women in the United States.[3] The booming success of the Asian mail-order bride business exemplifies the institutional nature of this exploitation. On a more daily basis, those stereotypes encourage and justify unwanted sexualized attention and violence toward A&PI women by men of all races, including A&PI men. A&PI men in the United States are susceptible to those racist stereotypes about A&PI women, and immigrant A&PI men bring with them varying degrees of sexist attitudes and beliefs about A&PI women from their countries of origin. A Pacific Islander survivor of acquaintance rape said, "In my native country, I was not considered an attractive woman. As soon as I came to America, all sorts of men started to flirt with me and make sexual comments to me."

U.S. society generally accepts the stereotypes as real and denies the institutional, racist, and sexist nature of the sexual exploitation endured by A&PI women. As such, many A&PI women who experience sexual exploitation are unable to put their personal ordeals in the context of societal conditions; they tend to perceive those experiences as isolated incidents. In addition, their cultural upbringing prevents them from confronting their perpetrators or acknowledging their rage. The resulting confusion, self-blame, and helplessness are often compounded by comments from others that minimize the damaging effects and keep the women from seeking help. The same Pacific Islander woman continued, "I didn't know how to stop those men. I just smiled or ignored them because talking back is not nice. My coworkers told me I should feel flattered. I felt so bad and thought there was something wrong with me."

Toward an Equitable Partnership

Racism, sexism, and other systemic forms of oppression have toxic effects on every member of our society. Those effects, in the form of preconceived ideas, unconscious assumptions, and unrecognized privileges, adversely affect our natural ability to relate to and be trusted by people from different backgrounds. I believe that a close examination of the effects of oppression within ourselves as sexual assault counselors helps us to develop equitable partnerships with A&PI survivors. Here is one particularly troubling stereotype about A&PIs and how it is likely to manifest itself in our attitudes and behaviors:

"A&PIs are smart, successful, and trouble-free." Also known as the model minority myth, this stereotype (1) negates the differences among A&PIs in access to socioeconomic and educational resources and opportunities, (2) denies institutional oppression (racism, in particular) facing A&PIs by attributing their success exclusively to "hard work," (3) paints A&PIs as superhumans without struggles such as family discord,

unemployment, and addiction, and (4) uses the success of a small segment of the A&PI population to subvert the cry for help from the rest of the community. Over the years, this stereotype has resulted in disproportionately low allocation of mental and physical health and social service resources for A&PIs across the country. When a given service or resource is underutilized by A&PIs, unaware service providers often assume that A&PIs do not need help. Hence, agencies rarely consider initiating outreach services for A&PIs. Combined with the cultural practice of A&PIs to understate their injuries and trauma, the stereotype also leads many service providers to grossly underestimate, if not minimize, their A&PI clients' suffering. Widespread belief that A&PIs are largely unscathed by racism stops many service providers short of examining either the effects of racism on A&PI clients or their unconscious beliefs and attitudes toward A&PIs.

To ensure competent services to and equitable partnerships with A&PI clients, I strongly recommend that sexual assault counselors take the following steps. The first step is to review their unconscious beliefs and attitudes toward A&PIs. For instance, the common image of A&PI women as being small and delicate leads some service providers to treat their A&PI clients as if those clients are completely helpless. I have heard some sexual assault counselors actually describe their A&PI female clients as "dolls." Second, it is helpful for counselors to keep in mind that A&PI survivors may understate their trauma (see "Cultural and Social Barriers," page 226). If counselors themselves have accepted the image of A&PIs being "trouble-free," the understatement of trauma by A&PI survivors is likely to result in a diminished assessment of the survivors' needs for service. Finally, I recommend that counselors make a point of incorporating in their counseling process questions about their A&PI survivors' experiences with various forms of oppression (that is, racism, homophobia, etc.).

Considerations for Counselors

- It is a good practice not to assume that everyone prefers to be addressed by his or her first name. Ask your A&PI clients what they would like to be called.
- Many service providers with some knowledge of A&PI cultures make the mistake of making comments such as, "I know you are embarrassed" and "You are probably blaming yourself." In effect, these statements impose on the survivors specific inner experiences that may or may not be true for them. In addition, naming the embarrassment in such a manner tends to intensify, not alleviate, the survivors' sense of embarrassment. I favor a statement such as, "Some people from backgrounds similar to yours have told me that it's uncomfortable to talk about things like this. I wonder what your experience is like."
- I believe that it is possible and necessary to respect survivors' cultural traditions without colluding with the oppressive elements of those traditions.[4] After listening for a while to a survivor who blamed herself and believed that she could recover her honor only in death, I explained my thoughts and asked *very* gently, "Is it OK with you if we disagree on this?" She smiled and said, "Yes, we can."

Notes

1. Rinita Mazumdar, "Marital Rape: Some Ethical and Cultural Considerations," in *A Patchwork Shawl: Chronicles of South Asian Women in America,* ed. Shamita Das Dasgupta (New Brunswick, NJ: Rutgers University Press, 1998), 129–144.

2. Connie S. Chan, "Asian-American Women: Psychological Responses to Sexual Exploitation and Cultural Stereotypes," *Women and Therapy,* (winter 1987): 35. See also Renee E. Tajima, "Lotus Blossoms Don't Bleed: Images of Asian Women," *Making Waves: An Anthology of Writings by and About Asian American Women*, ed. Asian Women United of California (Boston: Beacon Press, 1989), 308–317.

   This chapter focuses on Asian women and their exploitation by men. However, as Richard Fung points out, A&PI female stereotypes are transposable to A&PI men. In "Looking for My Penis: The Eroticized Asian in Gay Video Porn," in *Asian American Sexualities: Dimensions of the Gay and Lesbian Experience*, ed. Russell Leong (New York: Routledge, 1996), chapter 18, Fung reports that Asian male characters in North American gay pornographic videos are depicted almost exclusively as weaker recipients and objects of sexual desire by white male characters. Although I have not found any documentation as of this writing, I suspect that A&PI (gay and bisexual) men are vulnerable to sexual abuse and/or assault because of this stereotype, particularly in prisons. Similarly, I have no reason to believe that A&PI lesbian, bisexual, and transgendered women are free of race-specific vulnerability to sexual exploitation by men and women of all races.
3. For an analysis of the U.S. legal system as it relates to the vulnerability of A&PI women to rape, see Kandice Chuh, "Race, Gender, and the Law: Asian American Women and Rape," *Privileging Positions: The Sites of Asian American Studies,* ed. Gary Y. Okihiro, Marilyn Alquizola, Dorothy Fujita Rony, and K. Scott Wong (Pullman, WA: Washington State University Press, 1995), chapter 19.
4. Definition of what is oppressive is often subjective and culturally or religiously based. For this reason, I strongly recommend that service providers consult with members of their respective A&PI community to explore this issue.

Elderly Survivors

LINDA HIGHTOWER

With the increase in the elderly population (thanks to the many advances in health care), rape crisis centers are seeing an increase in the number of elderly people who are requesting their services. There are a number of issues to consider when working with elderly survivors of sexual assault. These might include a lack of trust, the need for additional services outside the rape crisis center, physical or mental disabilities, resurfacing trauma as a result of a previous assault, and a reluctance to discuss their assault. Although some elderly survivors might exhibit all these characteristics, some might exhibit none of them. Therefore, as you work with elderly survivors, you should keep in mind possible commonalities but not assume them.

One of the issues that you might encounter when working with elderly survivors is a lack of trust in service providers, including rape crisis centers. They may not have much experience using such services because of generational differences in the acceptability of seeking help, or they might have had negative past experiences. One of the specific challenges you might face when working with elderly survivors is the need to establish a trusting relationship, and as with all survivors, follow-through is especially important. When possible, it is helpful to keep the same counselor or advocate assigned to the survivor. This enables the counselor and the survivor to establish a safe and secure working relationship for the best use of services and the best outcome. Keep in mind that trust might not be established in the first encounter with a survivor—building trust takes time.

As with survivors of sexual assault in other age categories, many elderly survivors need a wide range of services—from the rape crisis center as well as from other service providers. Navigating complex systems such as Medicare and Social Security and various assisted-living arrangements is daunting under any circumstances. When compounded by the trauma of sexual assault, it can be overwhelming. It is helpful, therefore, for sexual assault counselors to be cognizant of this as they refer elderly survivors to the myriad services they might need to feel safe and supported. Any advocacy you can provide with other service providers will be especially helpful.

Some elderly survivors you work with will also have physical or mental disabilities resulting from their age or medical problems. It might be necessary to ask if the survivor has needs associated with a disability, such as hearing, visual, or physical impairment; language barriers; or transportation. If elderly survivors have disabilities, they might be reliant on in-home care providers or live in long-term care facilities. Because statistics show that many elderly survivors are victimized by their primary caregiver, it is important that you ask about the safety of their living situation. If you find that an elderly survivor is being abused by a caregiver, you might contact or Adult Protective Services or your local Ombudsman Program, a federal- and state-mandated program that provides assistance to long-term care residents.

Finally, discussing the sexual assault might be particularly difficult for an elderly survivor. This might be true whether the assault happened recently or long ago when rape crisis services did not exist. The stigma attached to being a victim of sexual assault may

have a devastating impact on an elderly survivor. Because of their value system or cultural background, they might not be able to discuss the specifics of the assault. Do not insist that survivors discuss anything that might be uncomfortable for them. As you educate survivors about the realities of rape in our society, they might become more willing to discuss their feelings about the assault.

Some elderly survivors have had numerous opportunities to interact with social service agencies; for others, contacting the rape crisis center is their first attempt at asking for help. Therefore, it is important to explain clearly the ways you and the rape crisis center can help. Some things to keep in mind include the following:

- Tell the survivor that follow-up phone calls and/or visits are part of the services offered.
- Tell the survivor when to expect the calls or visits so there are no surprises.
- Let the survivor know that it is possible someone other than yourself will be the one calling or visiting.
- Encourage the survivor to call the hotline with any questions that cannot wait for someone to call back.
- Encourage the survivor to have someone with him or her when making a call or expecting a visit.

Considerations for Counselors

On the hotline. In order to complete a successful hotline call with an elderly caller, keep in mind the following:

- Remember that it probably took a great deal of thought and courage to place the hotline phone call.
- Remind the caller that you are available to listen and then offer choices. The choices will depend on what the caller is telling you or asking you for.
- In listening to the caller, try to establish whether there is an immediate need for assistance.
- Continue to reassure the caller that making the call was a good decision.
- In establishing the caller's ability to clearly hear and understand your half of the conversation, continue to ask if there are any questions you can answer.
- Always speak slowly and clearly.

At the hospital. Successfully supporting an elderly survivor requires some specific techniques. Consider the following points when establishing a relationship with an elderly survivor or with family members or friends of the survivor:

- As you do with any survivor, keep in mind that sexual assault counseling may be a completely new and foreign experience to an individual, who may never have considered the possibility of needing your services.
- Be patient with the hesitation and the additional time it may take in establishing trust with elderly survivors.
- Be aware that an elderly survivor may not be comfortable discussing the assault and may feel that it is an invasion of privacy. Social, economic, and cultural factors may further inhibit the survivor from talking.

- Remember to stress the principle of confidentiality in dealing with the survivor. She may need reassurance that what she tells you will not be repeated without permission. Maintaining confidentiality will show that you have respect for the survivor and will help to build a foundation of trust.
- Depending on the mental and/or physical condition of the survivor, be prepared to repeat information about services available several times. Write down information for the survivor if you feel the survivor is not comprehending what you are saying.
- Describe choices available in detail, placing emphasis on victim rights services and how they can be accessed when they are needed.
- Explain the role of law enforcement and the court system. Stress the point that an advocate will always be available to accompany the victim throughout the legal process.
- Be aware that a feeling of shame may be overwhelming to an elderly survivor. Your explanation of the sexual assault examination will require a very careful and direct approach, outlining details and answering questions to allow her to feel as comfortable as possible.
- If you notice disorientation, either repeat yourself or relay the information to the survivor's support person, with permission, in order to make certain that your suggestions are understood and can be repeated at a later date.

It will be helpful for you to remember that an elderly survivor might have multiple needs following a sexual assault. Although you might not be able to meet all of these needs immediately, by going back to the basic advocacy guidelines you have learned for working with any survivor, and by adding a consideration of the specific needs of the elderly, you will help the survivor become more self-empowered and self-assured, thus reducing the trauma and hastening recovery.

Fat Oppression and Survivors

DANIELLE TILLMAN

THIS NARRATIVE WILL DISCUSS ISSUES affecting women who are rape survivors and who are **fat** and experience discrimination in society because of their weight. Although within the fat acceptance movement there are many definitions of what weight constitutes a "fat woman," for the purposes of this article a *fat woman* is defined as a woman who has reclaimed the word *fat* as a positive and political description and who does not meet a standard of beauty that dictates that all women be **thin**. Usually women who use this term have spent years working on body acceptance issues. Other terms that some fat women use include *supersize, zaftig, big, large, midsize,* and *plus-size.* Some fat women use dress size (14 plus), physical weight (170-plus pounds), or experiences of discrimination when defining themselves as fat. Issues that affect survivors who are fat women will be explored, including the effect of sexual violence on fat women; how thinner women contribute to violence against fat women; social institutions that condone fat hatred; feminist responses to **body image** and **fat oppression**; and how mainstream ideals of beauty further alienate women of color and women with disabilities who are fat.

Stereotypes and Oppression

Since the beginning of the rape crisis movement, counselors and advocates have worked diligently to change myths about sexual violence and particularly about who is a survivor. The fact that a survivor can be of any race, ethnicity, religion, class, sexual orientation, and ability is standard discussion in most "Rape 101" presentations. However, rarely discussed in any literature about rape or in presentations by counselors are the effects of sexual violence on fat women. The reasons for excluding fat women's experiences as survivors are multiple, but three prevailing myths regarding rape and oppression are at the core of fat women's displacement.

Myth: *Rape survivors are young, "pretty," and thin.*

Myth: *Fat women are fat by choice, and all women should meet mainstream beauty ideals through dieting.*

Myth: *Fat women are sexually promiscuous.*

Internalization of these myths by rape crisis counselors and other professionals who work with fat women are at the root of why many survivors who are fat are alienated from seeking services. In *Shadow on a Tightrope: Writings by Women on Fat Oppression,* Vivian Mayer discusses the insidious ways fat women's identities are marked and how women hurt other women. According to Mayer, "Even among women who, as a group, have gone the furthest toward renouncing standards of beauty and 'health' defined by patriarchal culture—radical feminists and Lesbian feminists—the diet talk continues."[1]

Issues Affecting Survivors

Most survivors of rape are reluctant to report the crime for a variety of reasons, including shame, self-blame, shock, anger, and denial. For women who are fat and survivors, experiences with healing are often made more difficult because of the treatment they receive based on their weight. For example, survivors may receive negative treatment from institutions and people that are supposed to help them, such as the legal system, health care providers, and counselors. According to Shelley Bovey in *The Forbidden Body,* many fat women rarely seek general health care in the first place because they have either been denied insurance because of weight discrimination or victimized by health care professionals.[2] *In Our Bodies, Ourselves,* discrimination against fat women is discussed as true reality and not a figment of fat women's imaginations:

> *Fat women daily encounter hostility and discrimination. If we are fat, health practitioners often attribute our health problems to "obesity," postpone treatment until we lose weight, accuse us of cheating if we don't, make us so ashamed of our size that we don't go for help, and make all kinds of assumptions about our emotional and psychological state ("She must have emotional problems to be so fat").*[3]

Thus, if a survivor wants to get medical attention for an assault, she may be afraid of working with health care professionals. Also, some of the physical spaces and tools used for evidence collection may be uncomfortable and prevent her from receiving medical care. Working with law enforcement is also a challenge for many survivors. Because the stereotype of fat women as unattractive and the myth of rape as an act of sex, not power, are so ingrained in the collective psyche, many police officers do not believe fat women are raped. According to Lynn Mabel-Lois and Aldebaran, "When Katherine was raped, the police laughed at her and refused to take down the report. Katherine is fat."[4]

Thin women and women who espouse feminist beliefs also contribute to fat women's oppression by not challenging patriarchal standards of beauty. Fat women often feel betrayed by other women, who will do anything to "not let themselves go" and become fat. Because being fat is mistakenly believed to be a choice of willpower and not a natural state of being for some people, fat women often feel pressure to diet, starve themselves, or internalize self-hate because they do not fit an often unattainable standard. According to Mayer, "Millions of average-sized women experience nagging terror over every bite they eat, and come to look upon their bodies as barely tamed dragons that could turn on them any moment and erupt with fat."[5] Women of color often find themselves battling against numerous stereotypes and oppressions all operating at once, including stereotypes of being overtly sexual, having bodies that do not conform to a white standard of beauty, and cultural beliefs about sexual violence within their communities. Women with disabilities who are fat also must cope with beauty myths and stereotypes about their bodies. According to *Our Bodies, Ourselves*, "as women who may not be 'pleasing' to look at, we are expected to compensate, and we come to expect it of ourselves."[6]

Considerations for Counselors

Counselors will have to work hard to build trust with a fat survivor and understand that she may not only feel shame because of the assault but also because of how society judges her size. It is a complex issue that will require counselors to seek out literature

on fat oppression and body image issues. Keep in mind that the majority of literature on fat oppression, which is limited, is written primarily by white women and includes few paradigms for women of color, lesbians, and women with disabilities. However, directing survivors to resources about fat oppression may be vital to their healing process. Survivors who are fat may internalize fat hatred and may believe they either were not raped or that no one will believe them because of their size and the prevailing beauty myth about who is raped. Thus, it is important that counselors do not pathologize fat or assume that survivors are fat because of sexual abuse. Although some fat women's size may be linked to childhood sexual abuse, adult rape, or other forms of violence, a survivor's size may not be connected to her abuse. It is important not to assume that a survivor is fat because of some trauma, just as assumptions should not be made that a survivor is thin due to trauma. Agoraphobia (fear of open spaces) is also common among fat women, and many do not leave home because of the prejudice and verbal taunts they have to endure when they go outside. For survivors who are being sexually abused by a caretaker or family member, isolation can contribute to their feelings of fear, shame, depression, and anger.

Including the experiences of women who are fat and survivors is necessary if counselors want to help all women and challenge the notion that violence against women is acceptable. Regardless of your body size, you can become an ally and help fat women recover from sexual violence. In order to accomplish this, it is critical to address your internalized fat phobia and be cognizant of how forcing all women to meet an imaginary ideal contributes to every woman's degradation in society. Survivors who are fat need to learn how to find their voice and demand equal treatment from health care providers and the legal system in order to access services. The challenge for all women is ultimately about creating a space where patriarchal beauty standards are not used as a tool of division between women. The only way to stop this form of mental violence is to rethink and reprogram how women view themselves and for women to realize that they control their most powerful weapon—their minds.

Definitions

Body image. How an individual perceives his or her body physically and mentally. A person's body image is often shaped by societal influences such as the media, peers, and family.

Fat. A reclaimed term used as a positive and political description by women who do not meet a standard of beauty that dictates that all women be thin. Usually women who use this term have spent years working on body acceptance issues. Other terms that some fat women use include *supersize, zaftig, big, large, midsize,* and *plus-size*. Some fat women use dress size (14 plus), weight (170-plus pounds), or experiences of societal discrimination when defining themselves as fat.

Fat oppression. Discrimination based on a person's weight and appearance. Used as a form of control and violence against women to make all women conform to society's mainstream standard of beauty, which includes being young and thin.

Thin. A physical state of a person's body that is often determined to be the norm for everyone. Thin women, in particular, are usually described as healthy, fit, smart, and beautiful by mainstream societal standards. Women who do not meet this ideal image are often characterized as lazy and unattractive and are subject to verbal, emotional, and physical violence.

Notes

1. Vivian Mayer, *Shadow on a Tightrope: Writings by Women on Fat Oppression*, ed. Lisa Schoenfielder and Barb Wieser, (San Francisco: Aunt Lute Books, 1983).
2. Shelley Bovey, *The Forbidden Body: Why Being Fat Is Not a Sin* (London: Pandora, 1991).
3. The Boston Women's Health Collective, *Our Bodies, Ourselves* (New York: Touchstone, 1998).
4. Lynn Mabel-Lois and Aldebaran, in *Shadow on a Tightrope*.
5. Lynn Mabel-Lois and Aldebaran, in *Shadow on a Tightrope*.
6. The Boston Women's Health Collective, *Our Bodies, Ourselves*.

Homeless Survivors

DANIELLE TILLMAN

EACH YEAR BETWEEN 1 MILLION AND 4 MILLION PEOPLE in the United States are **homeless**, and women and children make up 40 percent of the homeless population.[1] Homeless women, many of whom have children, are often survivors of multiple forms of abuse before becoming homeless. Factors that may lead to homelessness include domestic violence, rape, childhood sexual abuse, divorce, homophobia, elder abuse, substance abuse, unemployment, and HIV status. Women who are homeless may be workers in the sex industry or runaway youth, and they may be subject to multiple forms of oppression: racism, sexism, homophobia, classism, ageism, ableism, fat oppression, and so on. Mental health issues may also play a part.[2]

Women who are homeless are usually stereotyped by society as lazy, choosing to be homeless, unemployable, and/or mentally ill. However, women are not necessarily homeless for any of these reasons; for example, the **working homeless** work every day but are paid too little to afford housing.

It is important to remember that women who are homeless are not a uniform group: women who are homeless are of different ages and sexual orientations, and they have divergent class, ethnic, and educational backgrounds. The homeless population mirrors the diversity and complexity of the society to which they belong—the main difference is that they do not have permanent shelter.

Issues Affecting Homeless Women's Lives

One of the major issues affecting homeless women survivors is finding safe shelter, a problem that is much more difficult for women with children. Shelters can be government-funded facilities, churches, or other buildings where people can sleep for a night or several weeks.[3] The few places where homeless women can find refuge are often dangerous, however, and staying there can lead to their continued abuse, specifically sexual assault and rape. Thus, many women who are homeless are reluctant to live in shelters and prefer to live on the street, in their cars, or, if possible, with friends or relatives.

Most **shelters** and **welfare hotels** have limited space and are sometimes shared by men, women, and children. Some shelters are gender-specific, and some do not allow children. The majority of shelters have an intake process during which clients must agree to accept services in some form: job training, housing assistance, substance abuse counseling, or other forms of counseling. Additionally, some shelters attempt to help clients secure government assistance, such as food stamps, medical care, or other social services. Society's view of issues affecting homeless women is usually limited and tends to focus on two areas: securing housing and finding employment. Other needs may be forgotten, such as the need for crisis counseling as a result of a rape or sexual assault.

Women who decide to live in shelters or hotels often do so with the real fear that they will be raped, their property will be stolen, or their children will not be protected. Living on the street offers some women more protection because they become skilled at camouflaging themselves and their property: they find adequate hiding places in parks or cars,

they sleep near busy streets, or they stay in safer neighborhoods. Sleeping on the street has its own perils, however, as women are often harassed by the police, targeted by gangs for violence, and exposed to street violence. Women with children also have another concern: they may be coerced into giving sexual favors to men in order to protect their children.[4] Women who live on the street also learn how to protect themselves from danger and use a variety of self-defense techniques. Some women intentionally look "dirty" so men will not harass them, or they keep a dog with them. Others claim a false HIV-positive status in the hope that it will deter attackers, and some women carry an assortment of weapons to fight would-be attackers.

Women who are homeless deal with issues that other survivors do not face; most specifically they have no sanctuary. Survivors who are homeless often slip through the cracks and are unable to access services provided by rape crisis centers for a number of reasons. For example, if she is raped, a homeless survivor may not directly contact a rape crisis center for services. Many homeless people typically use services that address their homeless status first. Some of these organizations, such as homeless shelters, may not ask about sexual assault issues and therefore may not refer clients to rape crisis centers.

Considerations for Counselors

Providing services to survivors who are homeless may be a difficult experience for a variety of reasons. One of the most challenging issues that counselors and volunteers deal with is building continuity of services and trust with clients. Keep in mind that women who are homeless are often survivors of other forms of abuse and are hesitant to trust anyone for fear of being traumatized again. Also, historically social service agencies and the people who work there are often viewed as oppressors and are not immediately trusted, if at all.

In addition to distrust, women may also be experiencing other feelings, such as depression, anger, denial, self-blame, and powerlessness, that may be related to their homeless status. Thus, although it may have contributed to a survivor's homelessness, sexual abuse may not be the predominant factor affecting a homeless survivor's life.[5]

Being able to consistently work with a survivor is another major issue, because homeless women usually do not have a permanent address and often move from one area to another; it can be difficult to maintain contact and to provide stable services.

Due to the life circumstances of the survivor, counselors may find themselves becoming overprotective or overinvolved with the client. It is vital that clear boundaries are set and reviewed with survivors. Keep in mind the tactics that many homeless women use on the street to survive: being adaptable, strategic, and savvy. For example, as you develop a rapport with some clients, they may begin to ask you for rides in your car or for money, or they may ask if they can live with you, and so on. Maintain a professional relationship, and do not encourage the survivor to become dependent on you.

Counselors should also be aware that some survivors may have substance abuse and mental health issues, and counselors may need to work jointly with other agencies to provide services. However, be cautious in immediately referring clients to other agencies, as many survivors have experienced multiple visits to such facilities and agencies and are resistant to working with them. A woman may also be grieving the loss of her children to social services because of her homeless status.

Furthermore, survivors may be dealing with not just the misplaced shame of their abuse but also the stigma of being homeless. Some survivors may not always be able to take care of their personal hygiene needs and may need guidance and assistance with these issues. Survivors may need resources to help them with their hair or makeup or may

need assistance in finding clothing. These resources are often requested by survivors who work or who are interested in securing employment. Most shelters provide only minimal personal hygiene products and may not be sensitive to different women's needs. It is important that as part of your resource list you include places that provide clothing or other personal supplies (toothbrushes, combs, clothes, toys, etc.) for women and children.

Counselors and volunteers also should be aware of their internalized fears and stereotypes about homelessness and people who are homeless. It is critical that service providers educate themselves about homelessness and how they can provide the best support possible to survivors without further alienating them from society.

It is important to remember that, unlike other survivors, homeless women may not have any other existing support system, such as friends, family, or employers, to help them. Thus, many are relying on their community within the homeless population or on themselves to heal from their abuse. Women who are homeless are in many ways more vulnerable to dealing with their abuse because of social ostracism, isolation, and the limited number of supportive, knowledgeable, and strong voices advocating on their behalf.

Definitions

Homeless. Not living in a traditional home or apartment and perhaps finding housing in shelters, cars, parks, or other public places.

Shelters. Facilities, usually funded by local government, where people can find short- and long-term housing. Some shelters are maintained by churches and nonprofit organizations. Shelters usually have a limited number of beds available.

Welfare hotels. Hotels that are government-funded or privately owned and may charge a nominal fee. They are similar to shelters except that people can usually live in hotels for extended periods. Some homeless people in welfare hotels may receive a government-funded stipend, or a nonprofit organization may work in partnership with the hotel to pay the cost.

Working homeless. People who may work a "9–5" job and do not have permanent or stable housing.

Notes

1. Meredith L. Ralston, *Nobody Wants to Hear Our Truth: Homeless Women and Theories of the Welfare State* (Connecticut: Greenwood Press, 1996).
2. Sharon R. Liff, *No Place to Go: Homeless Mothers and Their Children Living in Urban Shelters* (New York: Garland Publishing, 1996).
3. Liff, *No Place to Go.*
4. Liff, *No Place to Go.*
5. Liff, *No Place to Go.*

Latina Survivors

M. CECILIA CUEVAS

THE TERM *LATINA* INCLUDES WOMEN OF COLOR from many different cultural groups, such as Mexicans, Cubans, Puerto Ricans, and Dominicans. Others also referred to as Latina include women from Central America (for example, Panama, Costa Rica, Nicaragua) and South America (for example, Columbia, Venezuela). Because this cultural grouping is so large and diverse, it is important for sexual assault counselors to take the time to understand the needs and culture of each individual survivor. Despite this diversity, there are some general cultural similarities to be explored. For purposes of this chapter, I am using as a starting place my understanding of Mexican-American women, specifically first- or second-generation immigrants to the United States from rural areas. While the characteristics of this population can in no way be translated directly to others, I believe it will provide a starting place from which you can begin to understand some of the cultural characteristics of Latina survivors of sexual assault.

All survivors of sexual assault suffer great degradation, humiliation, and extensive trauma. If her assailant was known to her, the ability to trust individuals once considered safe is lost.[1] If the assailant was unknown, her sense of trust of her surroundings and general safety is lost. In all, the survivor experiences a severe loss of trust at various levels: her personal relationships, her sense of personal safety, and her interactions with her family.

Cultural Context for Latina Survivors

Although the Latin community is indeed very diverse, this chapter examines some attitudes shared by Latin communities that affect cultural conditioning of Latina women. Background information about the social attitudes and beliefs of a Latina survivor can affect her assessment and treatment and alert counselors to sensitive issues.

A Latina attempting to assimilate into Anglo culture not only faces the challenges of learning a new language, a new culture, and new roles women play within this culture, she also often feels obligated to maintain the traditions of and pride in her native culture. This presents some inherent contradictions. The Latina's culture is, first and foremost, traditionally patriarchal. Women learn from childhood that men enjoy certain rights and privileges not available to them. For example, a young boy learns that, as he grows into adulthood, a man's role is to be "macho." Generally, the term *macho* is regarded within most Latin communities as denoting strength, power, and position. The *American Heritage Dictionary* defines the term *machismo* as "a strong, sometimes exaggerated sense of masculinity stressing attributes such as physical courage, virility, domination of women, and aggressiveness."[2] Latin cultures often demonstrate that machismo is how a man makes himself macho by exerting unchallenged power and control over all members of his household. That includes the authority to make all economic decisions for the family, assign the duties and roles of each family member, and exert sexual power over women.[3] It is important to the Latino that he maintains a macho image not only to members of his family, but also before his community or pueblo. A man who does not have control over his family is considered weak and not deserving of respect. The acceptance

by some communities or pueblos of "machismo-ism" adds pressure on both males and females to remain silent about established gender roles.

Conversely, another component of the Latin culture, "marianismo," defines a Latina's virtue. Marianismo is the personal worth and self-esteem attributed to the Latina. This concept of Latina virtue teaches her behavior that helps to support the patriarchal system. Some of this behavior manifests itself as an unwillingness to challenge any of her male relatives (father, husband, older or younger brother, grandfather, uncles, male cousins, etc.).

Further exploration of marianismo characteristics and behavior shows that virginity is, above all, the most valued attribute of a Latina woman. Thus, if a woman is not chaste and virginal at the time she weds or comes into adulthood she has little or no value. Additionally, if a woman loses her virginity to assault, incest, or molestation, her perceived value and worth are no different from that of a single woman engaging in "promiscuous" behavior.

Considerations for Counselors

When a young girl discloses a sexual assault, one common response from mothers and others is the question, "Is she still a virgin?" One way for a counselor to approach this situation is to remind parents, family, and others that virginity cannot be taken, virginity can only be given. Thus, it would be important to conclude that no matter her physical condition, the survivor spiritually and psychologically is still a virgin. For some, this concept of preserved virginity (as in cases of assault) may be hard to grasp and accept. However, it is important that the survivor's support, whoever that may be, remove the responsibility of being a virgin from the survivor and return to her the power and right to give herself freely when and to whom she wants.

The dynamics of machismo and marianismo are important in that each attempts to define the power and worth for both males and females.

In interviews with Latina women born and raised in Mexico, ranging in age from thirty-two to sixty-two, each stated that as a young woman (early teens to young adult) she was not permitted to date men as a means of selecting a future husband.[4] On the contrary, they were not allowed to have dating relationships, nor were they allowed to leave their homes without male accompaniment. Most of them married very young (between the ages of fourteen and sixteen), having little or no personal knowledge of their future husbands. Their families, in most cases, had friendly or casual relations with the parents of their future husband or with members of his extended family, which either consented to or "blessed" the union. In most cases the male was at least five years older than the female.

Another important cultural aspect of the Latin community is that family and extended family have an incredible amount of power and influence. The family, in most cases, can be and is very supportive. However, if the family is not comfortable and open about sexual issues, the support women have is little or none beyond their female family members (grandmothers, mothers, aunts, etc.). The only exception might be her priest, which again reflects patriarchal cultural mores. It is important to note that religion, frequently Catholicism, does not support violence within a family; however, divorce or separation is not supported either. The Latina is given mixed messages, with no means to escape a violent situation.

For the survivor of sexual assault, disclosure is the beginning of regaining control of one's life by seeking support, validation, and eventually treatment. An issue specific to the Latina survivor is the strong belief that one does not confide or share intimate per-

sonal information with anyone outside the family. This fear of disclosure, shame, and possible isolation from any available support often paralyzes a Latina survivor and prevents her from seeking treatment or removing herself from high-risk situations. An awareness of specific service programs and providers sensitive to cultural differences can assist the counselor in presenting options to the Latina survivor.

Disclosure of any form of abuse that occurs within the family can and often is looked upon as betrayal and disloyalty to the family and may result in the survivor's being ostracized from the family. Therefore, a woman who is experiencing violence, either domestic or sexual, may be convinced that her moral and spiritual obligation is to preserve the family and the marriage, regardless of any personal cost to her.

Some Latina women do not have a real sense of their own sexuality. Traditionally, women of rural Mexico rarely have gynecological exams other than at the actual time of childbirth. One result is that some Latinas have difficulty embracing their sexuality or even becoming remotely comfortable with talking about their sexual organs or body parts. This sense of shame about one's body can make assisting a sexual assault survivor through a medical-legal examination extremely difficult. The survivor may have a hard time disclosing the true nature of her assault, given that she is not comfortable talking about or describing her own body.

Family relationships are of utmost importance within the Latin community. Because of this belief in family loyalty, which can result in resistance to disclosure, remedy or treatment is seldom sought for either the perpetrators or the survivors. In cases of incest or molestation, immediate female family members can and often do blame the female for the assault, offering no support to the survivor and causing her to feel guilt for the disgrace to the family. Often, in haste, the survivor of the assault is removed from her home and placed in the home of a member of her extended family, which indiscriminately places blame on her for the assault and the obvious strain on the family structure. As a result, the survivor feels severe guilt and lack of self-esteem, whereas the perpetrator frequently suffers little or no disruption to his day-to-day life.

As a counselor to Latina women, it is important to be aware of and sensitive to cultural attitudes and belief systems. The following are important factors to consider as you assess the needs of each individual client:[5]

- Determine the immediate needs of the client (that is, safety, medical care, police and/or legal issues). Establish with the survivor her priorities in meeting her immediate needs.
- Look at the "presenting problem": what does she believe to be her key issues? Watch for any underlying psychological needs (for example, depression, suicidal tendencies).
- Be aware of other issues. For example, is she an undocumented immigrant, first-, second-, or third-generation? Is fear of deportation a concern? Who and what is within her available support system?
- Identify community and religious support that can enable her to make decisions without setting up new roadblocks. Be familiar with any agencies that provide services for specific populations.

Notes

1. Nearly six out of ten rape or sexual assault incidents were reported by victims to have occurred in their own home or at the home of a friend, relative or neighbor, U.S. Department of Justice, 1997.

2. *The American Heritage Dictionary of the English Language,* 3d ed., s.v. *machismo.*
3. Freddy A. Paniagua, *Assessing and Treating Culturally Diverse Clients: A Practical Guide* (Thousand Oaks, CA: Sage Publications, 1994), 39–41.
4. Interviews with M. Casteneda, age 32, second-generation Mexican American, Fillmore, California; S. Gonzales, age 62, first-generation Mexican American, Santa Barbara, California; anonymous source, age 39, undocumented immigrant, Ventura, California.
5. Interview with Constance Bryant, MFCC (marriage, family, child counselor) intern, Coalition to End Domestic and Sexual Violence, Ventura, California. Interview with Anna Magallanes, shelter client advocate, Coalition to End Domestic and Sexual Violence, Ventura, California.

Lesbian, Gay, Bisexual, and Transgender Survivors

DANIELLE TILLMAN

NOTE ABOUT LANGUAGE: *There are numerous ways in which lesbian, gay, bisexual, and transgender people identify themselves. Some use these terms to self-identify themselves, while others may use another term or none at all. For the purposes of this chapter, the term "queer" will be used to refer to lesbian, gay, bisexual, and transgender people as a group unless a point about a specific group is discussed.*

LESBIAN, GAY, BISEXUAL, OR TRANSGENDER PEOPLE ARE NOT a uniform group—in fact, they represent the diversity found in all sectors of society. **Queer** people come from different ethnicities, cultures, religions, classes, ages, and abilities. Although it is important continually to remind yourself of the wide-ranging experiences within **lesbian**, **gay**, **bisexual**, and **transgender** groups, some commonalities bear mentioning. It will be helpful to keep issues specific to the queer communities in mind as you attempt to provide culturally competent services to all survivors of sexual assault.

Before you explore specific issues affecting queer survivors of sexual assault, it might be helpful to understand some of the facts about sexual assault in queer communities.

Myth: *Lesbian, gay, bisexual, and transgender people are not "normal" and make up a small segment of society.*

Fact: *A commonly accepted statistic is that one in ten people are lesbian, gay, bisexual, or transgender and that sexuality can be viewed along a continuum.*

Myth: *Lesbian, gay, bisexual, and transgender people are mentally ill.*

Fact: *In 1973, the American Psychiatric Association removed homosexuality from its list of mental disorders and stated that it is as healthy as being heterosexual. In addition, many cultures around the world do not view homosexuality as a disease.*

Myth: *Lesbian, gay, bisexual, and transgender people abuse children.*

Fact: *The majority of child sexual abuse is committed by heterosexual men against young girls and young women.*[1]

Myth: *Lesbian, gay, bisexual, and transgender people can be "cured."*

Fact: *Just like heterosexuals, lesbian, gay, bisexual, and transgender people are normal and do not have a genetic defect or a disease that can be "cured."*

Myth: *Parents cause their children to be lesbian, gay, bisexual, or transgender.*

Fact: *Research suggests that there is no known cause for heterosexuality or homosexuality.*

Myth: *AIDS is a curse from God to kill lesbian, gay, bisexual, and transgender people.*

Fact: *AIDS is a symptom of the HIV virus that can be contracted via sexual contact, medical procedures, and drug use. Anyone can contract HIV.*

Myth: *Lesbian, gay, bisexual, and transgender people are not parents.*

Fact: *Queer people may be parents from a previous relationship, adoption, or artificial insemination. Queer people can have happy, healthy families just like everyone else, and there is no evidence to suggest that their children are more likely to become lesbian, gay, bisexual, or transgender.*

Issues Affecting Queer Survivors

Although lesbian, gay, bisexual, and transgender survivors each experience and react to sexual violence differently, general commonalities bear exploration. Survivors who are queer may be dealing with a range of issues that prevent them from seeking help. The first major obstacle that survivors face is not being "out" about their sexual orientation. **Coming out** as queer to yourself, family, and friends, at work, at school, and in social situations is a lifelong process for many queer people. Thus, if you are queer and not "out," reporting a sexual assault may be especially difficult. Additionally, existing laws in many states classify some sexual behavior that queer people may engage in as illegal. Thus, survivors may also feel alienated from seeking legal recourse.

Once survivors do seek support, they are met sometimes with insufficient understanding and even hostility from those systems that are supposed to support them. Historically, queer survivors have not accessed rape crisis services because many centers have not adequately addressed the needs of queer people. Barriers for survivors at rape crisis centers have included systematic **heterosexism** and **homophobia** in centers and few centers with trained counselors who understand the needs of queer clients.

A 1990 study in *Psychological Reports* indicates that 31 percent of lesbians and 12 percent of gay men have been assaulted.[2] Of those, another study shows that 52 percent of queer people have been assaulted by someone of the same sex. However, survivors may find little support from friends, family, or queer organizations due to the lack of awareness about same-sex assault.[3] Compounding this lack of awareness are myths perpetuated about rape in the queer community, such as "a woman cannot rape another woman" or "rape happens only to straight women." These combined factors contribute to the silence and denial. Additionally, if the perpetrator was another queer person, a survivor may feel further isolation because in some states the law may not recognize same-sex assault, there is institutionalized homophobia in the legal system, or the queer community may not acknowledge that same-sex assault occurs. Furthermore, if the perpetrator was a partner, a survivor may be experiencing other forms of abuse such as domestic violence and may be isolated from family and friends.

Like all survivors, queer survivors may feel a range of emotions after an assault, including self-blame, self-hatred, shame, depression, denial, fear, powerlessness, and anger. According to *Rape in America: A Report to the Nation*, 30 percent of rape survivors have reported a major depressive episode in their lifetime.[4] The survivor may also be dealing with **internalized homophobia**, which may compound these feelings, and may need additional counseling.

Queer survivors may also begin to question their sexuality as a result of the violence, feel ostracized by both mainstream and queer society, and feel that their sexual orientation is the issue, not the fact that they were raped. Additionally, because queer people may be targeted for hate crimes that involve rape, survivors may question parts of their sexual identity by internalizing stereotypes about queer people. For example, a lesbian may think she was raped because she "looked too butch" or a gay male may think he was raped because he "acted too feminine."

According to *Self-Defense for Gay, Lesbian, and Bi People,*

> ***many lesbian and bisexual women experience rape motivated by the perpetrator's misogyny. Examples of such instances include men raping women because they are perceived as lesbian, and ostensibly "heterosexual" men raping other men perceived as gay. Gay, lesbian, and bisexual survivors of homophobic rape, and survivors of cross-sex rape, are exposed to a broad array of cultural messages intended to make them see themselves as responsible for the violence directed against them.***[5]

It is important for survivors to remember that rape is a crime of violence, power, and control, and in many states rape constitutes a hate crime when committed against someone based on their **sexual orientation**.

Considerations for Counselors

Counselors who work with survivors can be allies with queer survivors by keeping in mind some key issues:

- Become personally accountable for educating yourself about stereotypes regarding queer people.
- Remember, survivors may not label themselves as lesbian, gay, bisexual, or transgender, and you should be sensitive with the language you use. It is best to follow survivors' lead and mirror the language they use to identify themselves.
- Remember that after an assault, lesbian and bisexual survivors may have special fears and concerns about pregnancy and all survivors may be concerned about sexually transmitted diseases, including HIV. It is important to have referrals to appropriate medical facilities to address these issues.
- Survivors who live in rural areas or where there are limited queer organizations and resources may need extra assistance in finding support.
- When counseling significant others, who may also be queer, be cognizant that they may have distinct needs in helping their loved ones. Because the majority of institutions do not recognize queer relationships and may be homophobic, partners may have difficulty in helping survivors navigate legal systems, medical care, and other social services.
- Keep a resource list of local or national organizations that help queer survivors. If you cannot help them, refer survivors to appropriate support groups or other centers that can address their needs.
- Survivors should be reassured and informed that they are entitled to the same treatment from centers and other service providers as survivors who are heterosexual. It may be helpful to refer a survivor to a legal advocate who is familiar with state laws regarding same-sex assaults, hate crime laws, and laws regarding queer survivors' legal rights.

Sexual assault counselors should keep the following tips in mind as they provide services to queer survivors:

- Do not assume clients are heterosexual, and use inclusive language.
- Be cognizant that survivors may not be out to themselves and might be uncomfortable talking about their sexuality.
- Remember that queer survivors may not have other support systems available to them because of their sexual orientation and homophobia.

- Understand cultural differences among survivors.
- Particularly when working with youth, value the trust they have placed in your support.

Although counselors need to recognize that queer survivors may have special concerns, survivors should always be treated with the same respect for confidentiality, nonjudgment, and compassion that any survivor receives.

Definitions

Bisexual. A man or woman who is emotionally, sexually, or spiritually involved with both men and women—not necessarily at the same time.

Coming out. A process that some lesbian, gay, bisexual, and transgender people use to tell themselves, family, friends, and society about their sexual orientation.

Gay, or gay male. A man or young man who forms his primary loving and sexual relationships with other men. Gay men have a continual affectional, emotional, romantic and/or erotic preference for members of the same sex—other men.[6]

Heterosexism. A belief system, expressed overtly and/or covertly, that assumes that everyone is heterosexual and that heterosexuality is the only acceptable, natural, and spiritual form of sexuality.[7]

Homophobia. An extreme and intense aversion to, and irrational fear and dread of, gay, lesbian, bisexual, and transgender people. It often includes hatred and contempt and is composed of all the unfounded and prejudicial teachings and beliefs held to be true by the prevailing or dominant culture and perpetuated by society's various institutions.[8]

Internalized homophobia. Hatred of one's own sexual orientation resulting from societal oppression of gay, lesbian, bisexual, and transgender people.

Lesbian. A woman who forms her primary loving and sexual relationships with other women. Lesbians have a continual affectional, emotional, romantic and/or erotic preference for members of the same sex—other women.[9]

Queer. Term used as a derogatory word to put down homosexual, bisexual, and transgender people that has been reclaimed and used positively by some lesbian, gay, bisexual, and transgender people—especially youth and young adults.[10] This term is sometimes used to encompass the diverse lesbian, gay, bisexual, and transgender communities.

Sexual orientation. Self-identification as lesbian, gay, bisexual, transgender, or heterosexual. Physical attraction to one's same gender or the opposite gender.

Transgender. Literally, to cross gender lines. This is an umbrella term that may include transsexual, transvestite, drag queen/king, intersexed, and cross-dresser.[11]

Notes

1. The Women's Safety Project study of 420 women showed that 99 percent of sexual assault cases at the level of rape, attempted rape, and forced touch of breasts and genitals were perpetrated by males. Melanie Randall and Lori Haskell, "Sexual Violence in Women's Lives: Findings from the Women's Safety Project, A Community-Based Survey," *Violence Against Women* 1, no. 1 (1995): 6–31.
2. David F. Duncan, "Prevalence of Sexual Assault Victimization Among Heterosexual and Gay/Lesbian University Students," *Psychological Reports* 66 (1990): 65–66.
3. Lisa K. Waldner-Haugrud and Linda Van Gratch, "Sexual Coercion in Gay/Lesbian Relationships: Descriptives and Gender Differences," *Violence and Victims* 12, no. 1 (1997): 87–98.

4. D. G. Kilpatrick, C. N. Edmunds, and A. Seymour, *Rape in America: A Report to the Nation* (Arlington, VA: National Victim Center, 1992).
5. Amber Ault, *Self-Defense for Gay, Lesbian, and Bi People* (Columbus, OH: The Ohio State University Rape Education and Prevention Program).
6. Michael Kerr, Pacific Research and Training Alliance, Oakland, California.
7. Kerr, Pacific Research and Training Alliance.
8. Kerr, Pacific Research and Training Alliance.
9. Kerr, Pacific Research and Training Alliance.
10. Hunter R. Morey, *Demystifying Homosexuality: A Teaching Guide About Lesbians and Gay Men* (San Francisco, CA: Community United Against Violence, 1984).
11. Morey, *Demystifying Homosexuality*.

What Is Homophobia?

Expecting a lesbian to change her public identity or affectional habits or mode of dress to work on "feminist" issues.

Looking at a lesbian and automatically thinking of her sexuality rather than seeing her as a whole, complex person.

Failing to be supportive when your lesbian friend is sad about a quarrel or breakup.

Changing your seat in a meeting because a lesbian sat in the chair next to yours.

Thinking you can "spot one."

Worrying about the effect a lesbian volunteer or coworker will have on your domestic violence program.

Using the term "lesbian" as accusatory.

Not asking about a woman's female lover, although you regularly ask, "How is your husband or boyfriend?" When you run into a heterosexual friend.

Kissing an old friend but being afraid to shake hands with a lesbian.

Thinking that if a lesbian touches you she is making sexual advances.

Stereotyping lesbians as man haters, separatists, or radicals. Using those terms accusingly.

Feeling repulsed by public displays of affection between lesbians but accepting the same affectional displays between heterosexuals as nice.

Wondering which one is the "man"/"mother" in a lesbian couple.

Feeling that gay people are too outspoken about gay rights.

Feeling that lesbianism and discussions about homophobia are not necessary within the battered women's movement.

Assuming that everyone you meet is probably heterosexual.

Being outspoken about gay rights but making sure that everyone knows that you are straight.

Feeling that a lesbian is just a woman who couldn't find a man.

Avoiding mentioning to friends that you are involved with a woman's organization because you are afraid that they will think you are a lesbian.

Not confronting a heterosexist remark for fear of being identified with lesbians.

ORIGINAL SOURCE UNKNOWN.

Male Survivors

SUSAN WACHOB AND RICK NIZZARDINI

JUST AS WOMEN HAVE HISTORICALLY BEEN DENIED PERMISSION to be powerful, assertive, and in control of their bodies, men are expected to embody these attributes at all times. Thus, the very rules that oppress women set up a dynamic where it is assumed men can't be sexually victimized.

In the United States and in many other cultures, gender role socialization, a process that begins at the moment of birth, teaches the young male child how he is expected to feel, think, and behave and, most importantly, how he is to experience himself. "Big boys don't cry." "Be a man!" "If he hits you, hit him back." None of what he's taught allows him a full range of emotional response—crying if he's sad, freezing in fear or feeling helpless if overpowered—to one of the most devastating of human experiences: sexual assault.

The average man is not prepared for the role of sexual assault victim. Thus, he is taken totally off guard, further adding to the trauma. This lack of anticipating the possibility that he can be a rape victim not only prevents him from having considered options (something as basic as being aware of a rape crisis center as a place to call for help or support), but also minimizes the actual options available to him. The same gender role socialization that has molded his own beliefs has occurred in the very environment that has molded other individuals as well. Thus, while the male survivor struggles to integrate the experience of a sexual assault with his gender stereotyped notions that such things do not happen to men, those who wish to offer him help struggle with the same issues. It is important for sexual assault counselors, then, to analyze their own assumptions about gender stereotypes so that when a male victim calls, these beliefs do not impede the counselor's genuine offer of help.

A number of issues are similar for most survivors: fear, shame, guilt, helplessness, anger, among others. How these particular concerns are experienced by the male survivor and how he communicates them to others, however, may be significantly different. Additionally, there are many issues unique to male survivors and some that are of particular relevance to gay survivors.

Because statistics vary from study to study, it is difficult to estimate the number of male victims of adult rape or childhood molestation or incest. As a general rule, however, it is estimated that as many as one in six men are sexually abused as children. The following section highlights some of the most frequently encountered issues unique to the male survivor, and it is followed by a section focusing on the specific needs of the gay male survivor.

Issues for Male Survivors of Any Sexual Orientation

It is often difficult for the male survivor to identify sexual victimization as abuse because he has been taught that it happens only to women. He might redefine the abuse as something other than sexual victimization: "It wasn't rape. It was just an early opportunity for sex," or "Women can't rape men, so it wasn't rape," or "Because I had an erection, I must have enjoyed it so it wasn't really rape and what am I complaining about?" The first task, then, is to help the male victim understand that his experience was abuse or a rape.

Although the sexual assault counselor should assess where the male survivor is regarding his acceptance of what has occurred, it is also helpful for the worker to assess whether those survivors who seem fearful of naming the assault as rape may benefit in the moment by naming it as such. In effect, the sexual assault counselor might need to serve as the external, objective voice of reason that helps the male survivor see the abuse for what it really is—abuse—because gender socialization prevents the survivor from doing so on his own. The male victim who is able to define his experience as sexual abuse may still fear the response of the rape crisis center or others he reaches out to, anticipating that their responses may be as judgmental or uninformed as his own. Many of those the male survivor turns to for help (rape crisis centers, therapists, his own family or friends) will, in fact, similarly distort the realities of the rape of men.

It is important for the sexual assault counselor to keep several things in mind when a call comes in from a male survivor. First, it should be recognized that there are few culturally sanctioned emotions for men, with anger being the primary one. Sadness and fear are the least acceptable. It is therefore easy to miss the broad array of underlying reactions and needs that any survivor experiences. Because for women anger is often seen as empowering, it is easy to misinterpret the early anger expressed by the male survivor as a sign that he is less traumatized. Additionally, male survivors often feel the need to take action regarding the abuse. "Sitting with the feelings" is often unknown and intolerable. More active options sometimes work better at first, but ultimately he needs to learn how to deal with those feelings. Some things that might prove useful are helping him identify and name the feelings he is experiencing, normalizing them and his discomfort with them, and helping him to understand the importance of the feelings as internal messages and healing tools. It is also important to understand his statements like "I'm going to get him" as expressions of his hurt and fear in a framework of taking action. At the same time, however, it is still imperative to not dismiss expressions of potential violent behavior without fully exploring them.

Furthermore, it should be recognized that many men talk about sex in graphic ways. When they call a rape crisis center, this presentation fits well with the stereotype of men as the perpetrators and women as the victims and can be mistaken for someone making crank calls for his own sexual gratification or to harass the person taking the call. Although it is important to acknowledge that crank calls can occur and that they make it difficult for legitimate male victims to access services, sexual assault counselors should also recognize the importance of differentiating the two callers. To do this, it is helpful if the sexual assault counselor does not initially comment on the graphic nature of the caller's story, acknowledging the possible underlying meanings to the graphic content (for example, "That must have been really frightening," or "What an awful thing to go through") and attempting to determine if the caller may be a legitimate victim who is calling for help but unable to find words other than a detailed description of the rape. Doing this both avoids the judgment that is the very thing the survivor fears and also models a way to talk about what's underneath the initial presentation.

Sexual assault counselors should also be aware that sexual issues are of major concern to many male survivors. Because an erection is so visible, it is obvious to the perpetrator, who may use it to confuse the victim. The survivor may also mistake this physiological response for consent or desire, and he may need educating that he may well have been physically stimulated without having wanted the sexual activity and that erections can be caused by such things as fear as well. Additionally, men are often expected, both internally and by the culture at large, to be sex seekers—ready, willing, and able to perform. Yet post-assault, it is common for men to experience diminished interest in sex through difficulty getting or maintaining an erection and reaching an orgasm. It is vital to normalize

these experiences. Exploring the "message" that his body is expressing often helps minimize the need for acting it out through sexual dysfunction.

Men who are sexually victimized often assume that they are the only ones—an idea that is reinforced by the secrecy that other male survivors maintain, and that is in turn fostered by the massive denial about male sexual victimization in general. For the man assaulted by another man, this leads to such questions as, "Is there something wrong with me, that I'm the only man it happened to?" This in turn leads to questions about whether the assault will have an effect on the survivor's sexual orientation and whether he was singled out because the assailant thought he was gay. For the heterosexual survivor, fears of "becoming gay" could emerge. The sexual assault counselor should normalize such fears but reassure the survivor that the assault was an act of power and the sex was just used as the weapon. Finally, for the male survivor of sexual abuse by either gender, concern arises about his inability to be a "man"—that is, one who is never vulnerable—obviously an impossible standard to uphold.

Issues Specific to Gay Male Survivors

The gay male survivor of sexual abuse has all the concerns that any man might have, plus a number unique to being a gay survivor. There are differences in the gay survivor's internal experience of himself as a gay man, of the greater culture's view of him, and of his relationship with both the gay and nongay cultures in which he must function daily.

Similar to the question that a heterosexual man might have about sexual orientation as a factor in the abuse is the gay man's question about whether he was raped because he is gay. In gay bashings, this may well be true.

Most sexual abuse of gay men outside institutional settings occurs in the same way that it does for women—by partners and acquaintances. Thus, the very people who are likely to make up his community and social support system are similar to the person who assaulted him, possibly heightening the lack of safety he already feels.

In addition, the gay man who is raped is taking an often enormous risk approaching some service providers, fearing that his homosexuality, rather than his assault, will become the focus of sexual assault services. He legitimately fears judgment about his sexual orientation and sexual practices. His partner may not be offered the same emotional support that a heterosexual survivor's partner might receive or be welcomed as a valid part of the gay survivor's support system.

There is some debate in the gay community as well about whether forced sexual activity among gay men is rape or a form of sexual expression. The issue remains the same, no matter who the survivor or the circumstances: was it consensual? Helping the gay male survivor explore the event in this context, helping him use his feelings as a tool to guide him, will be more fruitful than defining it for him. This is an extremely sensitive issue in the gay community, and the survivor may not mention it at all, not wanting to expose his community to the scrutiny of a possibly hostile public.

The sexual assault counselor should also be aware that gay men, like their heterosexual counterparts, often experience a lack of libido and erectile and orgasmic difficulties after being raped. Both within the gay culture and in the wider community, a gay man is expected to be universally interested in sex and may question his identity or competence as a gay man as he experiences a decrease in sexual desire and/or functioning.

In summary, men who are sexually victimized face many of the issues that female survivors encounter. But they have numerous additional hurdles to surmount in their healing as well. As a healer in these men's recovery, it is vital to be aware of the issues with

which the male survivor may be struggling. Perhaps even more important, however, is examining your own biases about men and their varying roles in sexual victimization. To fully accept that men can be and are sexually victimized in no way minimizes the impact of sexual violence in the lives of women. Each sexual assault survivor, female or male, deserves a fully compassionate and informed response to that person's unique needs.

Native American Survivors

JOYCE GONZALES

AUTHOR'S NOTE: *The terms "American Indian," "Native American," "Native," and "Indian" are used interchangeably in this chapter.*

This synopsis of Native American culture is, by necessity, generalized; it must be remembered that there are many Indian tribes in the United States. California has the largest Native American population of all the states. Each tribe has its own customs and traditions. American Indians live in rural areas, on reservations, on rancherias, and in urban areas. That variety in itself presents different subcultures that deviate from indigenous traditional ways. In addition, Native Americans have had to learn to survive in the dominant society. This clash of cultures creates another culture that is different from the culture of a Native person who has lived on the reservation and kept indigenous traditions as a way of life. Unfortunately, in California, few tribes have been able to maintain an unaffected culture, due in part to mandated Indian schools, laws that do not protect Native victims, outlawing of spiritual practices, loss of homelands, and lack of resources for higher education. Examining the historical trauma Native Americans have survived should assist sexual assault counselors to understand the complex additional trauma Native Americans face when identifying or acknowledging sexual assaults.

The National Institute of Justice, Centers for Disease Control and Prevention, *Research in Brief* of November 1998 reports that American Indian women have the highest percentage of reported rape, physical assault and rape, and/or physical assault of any group. Nevertheless, rape statistics for Native Americans reflect underreporting in most counties. Most Native Americans do not report sexual trauma. Exploring why involves an examination of historical trauma and post-traumatic stress syndrome and Native Americans' lack of trust of agencies.

Intergenerational Traumatic Stress

Intergenerational traumatic stress is *severe* trauma experienced by an individual who then experiences psychological and/or physical impairment and passes on the psychological effects to generations that follow. There has been little, if any, time before each new trauma that spreads through Indian country for families, individuals, and communities or tribes to heal before another arose. Therefore, the history of Native people is important as it affects their coping and reacting skills.

In the latter half of the last century, the Bureau of Indian Affairs (BIA) mandated that Native American children attend boarding schools. American Indian children were sent to the mandatory boarding schools as early as the age of four. Native American parents were legally without voice. Their children were often sent hundreds of miles away from home, and usually parents and children were not reunited for a great length of time. Parents who did not obey the orders to relinquish their children to these schools were incarcerated. The credo of one mandatory boarding school was "Kill the Indian, save the

child." Such schools often subscribed to the "spare the rod, spoil the child" philosophy. Corporal punishment and food deprivation were the disciplinary methods used for children speaking their natural language or acting in a manner that was not sanctioned by the institution. Many students were sexually assaulted or molested by school adults who were in essence their caretakers. Children were not able to live in a natural home setting with caring parents but were relegated to dormitories with other children who frequently did not speak the same native tongue. Many of these school survivors are mothers and fathers, grandmothers and grandfathers today.

Some survival techniques many Native people have used to live with their intergenerational trauma and loss are rage (violence), alcohol and drug abuse, silence, and assimilation into the dominant society. Although these survival techniques are used by survivors of all cultures, Native people have used these over the generations to meet their basic needs and *to live as a people and as a family.* For some Native Americans, trauma may seem a part of life. They have learned and believe that this is what the dominant culture offers and expects.

Agencies and Native Americans

In California many Native Americans listed on the State of California's Bureau of Indian Affairs rolls as American Indians are not registered in a federally recognized tribe. Native Americans not on federally recognized tribal rolls must prove to the federal government that they are American Indians along with their relatives, and they must retain a land base to become federally recognized. This process is demeaning to the individuals who start it, time-consuming (it can take many years), and very expensive. Native Americans again are left feeling they have been ignored, discounted, and alienated as a people. In some California counties, Children's Services Division, Department of Social Welfare, does not acknowledge Native Americans who do not belong to a federally recognized tribe.

Native Americans historically have had limited interaction with law enforcement. Most interaction was negative and biased against Indians. For many years, there were no laws protecting Native people on their reservations. Prior to Public Law 280, only two federal "special" officers and eleven Native officers were responsible for all California Indian land. Assaults, batteries, attempted rapes, and other offenses falling outside the scope of the Major Crimes Act and liquor laws continued to plague Indians, who had no federal protection or legal recourse.

In 1953, Public Law 280 was signed into law. Under PL 280, six states (California, Alaska, Minnesota, Nebraska, Oregon, and Wisconsin) changed criminal jurisdiction over offenses committed by or against Indians in Indian country from federal government and tribal courts to state law enforcement jurisdiction (criminal and civil). This law did not add financial assistance for law enforcement agencies who now had to police a larger area. Native Americans were upset as yet another law affecting them was made without their consent or input. Not until recently have some tribal leaders and law enforcement officials started sharing concerns and working together. Many Native Americans who live in rural areas (many on their families' ancestral homelands) continue to have limited interaction with, let alone intervention by, law enforcement and social service agencies. Many Native Americans still view law enforcement as limited or as an opposing force rather than an agency to protect and serve them.

In 1978 the Indian Child Welfare Act (ICWA), Public Law 95–608, was signed into law. This federal law was passed in response to the excessive number of American Indian children who were being taken by social services agencies and placed into non-Indian homes. Also in 1978, the American Indian Freedom of Religion Act (AIFRA), Public Law 95–341, was signed, allowing Native people to practice their once outlawed religious ceremonies.

Although these laws have been passed, enforcement of them is more recent. The trauma experienced by many American Indians prior to these laws is still in recent memory.

Many Native Americans feel that agencies are not there to protect them for the following reasons: the lack of federal recognition as Indians, the change of law enforcement jurisdiction without their consent, the removal of Indian children by federal boarding school mandate and social service agencies, and the legal loss of spiritual religious practices. In addition, one agency (for example, law enforcement) is not always seen as different from another (for example, a rape crisis center) in a Native person's eyes.

Threats Faced by Survivors

A frequent threat to a non-Native woman or a Native woman who is not affiliated with a federally recognized tribe is that she will lose her children if she reports a sexual assault. The father of her children might threaten that his tribe will take his children from her under the ICWA law if she reports the assault. This is not true! ICWA was created to keep Indian children with the tribe only if the tribe decides to intervene in Children's Services Division cases, and then only where the children will be placed in foster care or put up for adoption.

Another threat is the loss of home. If the woman is not a member of the tribe that owns the tribal housing where she and her family reside, she may be afraid to report the assault. The tribe very often decides (or the woman may believe they do) that the home will remain with the tribal member or his family and shun her if an accusation or a conviction should occur, thus leaving the woman and her children homeless.

Considerations for Counselors

- **Explain clearly what services your agency can offer.** Only if the survivor does not feel that any of your services can help should you refer her to other services she may need. A referral before your services are offered may only confirm to the survivor that no one really wants to help her.
- **Know services offered in your area that are Native-specific.** Perhaps the local Indian health clinic or the local tribe offers services. Know whether those services are provided to Native Americans who are not members of the local tribe. However, also be aware that many California tribes are small and that the survivor may not want to use tribal services for fear her family and friends will see or hear about her trauma before she is ready to disclose it to them. Therefore, referrals to other agencies may be appropriate.
- **Treat the Native American survivor as you would other survivors: be noncondescending; be clear and concise.**
- **Hear what the survivor is saying and not how you think she should be saying it.** Remember, when trauma has become a way of life, people act different; however, they still know what trauma is, and that is why they are calling.
- **Do not assume that a Native person who has light skin is acculturated and a Native-appearing person is traditional.** Remember that, like all individuals, each Native person is a product of who and where she was brought up.
- **Remember that when a Native woman calls for assistance, she often does not explain her full situation.** Like other survivors, she may fear that she is at fault for the assault; however, she may have a deeper fear of the agencies that have historically promised to take care of her but have always fallen short. She may fear that her children

will be taken by Child Protective Services or that she will be incarcerated if she tells the severity of her trauma. Because many Native Americans live with members of their *extended* family, she may also fear the loss of her family ties. To understand the complete trauma of family separation, you must realize that Native American families include their grandparents, aunts, uncles, cousins, in-laws, and so on. (Note: *extended family* is a sociological term, but it still does not meet the definition for *family* for Native Americans. Extended family usually includes friends, teachers, tribal representatives, clergy, spiritual advisers, and others.)

- **Native Americans often do not disclose trauma to someone they do not know.** Some Native Americans wait until they know you and feel they can trust you before disclosing specifics. This is why explaining your services is important: the survivor is able to see a clearer picture of what help exists. The less frequently she has to tell her story before getting help, the less she will feel revictimized.
- **Do not take for granted that the victim knows that the assault on her is against the law.** Remember, trauma is what some Native Americans understand the dominant society provides. Knowing you don't like something does not always mean you know you have legal rights. However, depending upon where the victim is from, it is probable that she has had some intervention to call your agency or even know your crisis line exists.

Outreach to tribal councils and health clinics is necessary and will augment resources available to survivors. Some Native American communities have implemented sexual assault and domestic violence intervention and prevention programs. As trust builds between agencies and the Native American community, more survivors will find the help they need and so deserve.

Notes

1. Eduardo Duran and Bonnie Duran, *Native American Post Colonial Psychology,* (Albany, NY: State University of New York Press, 1995.)
2. Carol Goldberg-Ambrose*, Planting Tail Feathers: Tribal Survival and Public Law 280* (Los Angeles: American Indian Studies Center, University of California, 1997).
3. The 1976 United States Congressional Task Force statistics for the State of California—which describes the disproportionate number of Indian children placed into foster care and adoptive homes and the high percentage of those children raised in non-Native homes—is the report that was the basis for the Indian Child Welfare Act.
4. *Broken Treaties, Empty Promises: An Introduction to Native American Women's Reproductive Health Issues* (Lake Andes, SD: Native American Women's Health Education Resource Center).
5. *The Indian Extended Family and Its Relationship to Parenting*; and Charles Horejsi, *Traditional Native American Cultures and Contemporary U.S. Society: A Comparison*, National Indian Child Abuse and Neglect Resource Center, 6539 East Thirty-first Street, Tulsa, Oklahoma.

Recent Immigrants

DEEANA JANG

EVERYONE LIVING IN THE UNITED STATES, including people who came without immigration papers as well as people who were born here, has an immigration status under the immigration law. Unfortunately, with the passage of California's Proposition 187 and other anti-immigrant measures and the media attention given to immigrants who come to the United States without papers, derogatory terms such as *illegal aliens* are often used by the media, policy makers, and the public. For purposes of this manual, we use the term *immigrant* to refer to all persons who were not born in the United States.

When necessary to distinguish between immigrants, we use the term *undocumented immigrant* to refer to persons who come to the United States without immigration papers and to persons whose immigration status may have expired. *Refugees* can be either documented or undocumented, but unless there is a legal reason to distinguish them from immigrants, we include them in our discussion about immigrants in general.

Nonimmigrants are persons who are in the United States with immigration papers allowing them to live here temporarily; they may be subject to various restrictions.

Citizens are persons who were born in the United States, have a parent who is a United States citizen, or have become "naturalized" citizens. Persons who were born in United States territories such as Puerto Rico or the Pacific Islands (for example, Guam, American and Western Samoa, Commonwealth of Northern Mariana Islands, Tonga) may be United States "nationals" and have most of the same privileges and rights as U.S. citizens, or they may be considered nonimmigrants or immigrants (and may be documented or undocumented).

To make matters even more complicated, the federal welfare and immigration laws create even more divisions between immigrants. Hence, some immigrants are considered "qualified" for some federal and state government benefits and some immigrants "not qualified." Some survivors of violence may be considered "qualified" even if they have no immigration papers.

Immigrant women who are survivors of sexual violence face a number of fears regarding accessing the justice system, medical care, counseling, and other supportive services. These fears relate to concerns about confidentiality, eligibility for services, and deportation if reported by law enforcement, health, or social service providers or the perpetrator of the assault. Immigrant women who are survivors of sexual assault and violence are eligible for services to address the violence, and some undocumented immigrant women may be able to obtain legal residency if they do not have legal immigration status.

Eligibility for Services

The federal welfare and immigration laws passed into law in 1996 created new problems for immigrants who need government services or benefits. Although undocumented immigrants continued to be ineligible for most government services, new immigration verification and reporting requirements for a wide range of public services has created a

new atmosphere of fear and mistrust for immigrant communities. Immigrant women who have survived sexual assault and violence may be even more reluctant to use the criminal justice system or access medical or counseling services. The Violence Against Women Act (VAWA), passed in 1994, provides some assistance for an immigrant who is abused by a spouse and for immigrant children abused by a parent. The federal welfare and immigration laws also provide some limited exceptions to some of the harsher provisions of the law for battered immigrants.

Rape may not be the most significant issue at hand for every rape victim seeking help. As a sexual assault counselor you must pay close attention to what the survivor is saying and provide or direct them to the appropriate counseling.

TRACY RUDD-HEILIG, RIVERSIDE AREA RAPE CRISIS CENTER

According to the federal welfare law, services "necessary for the protection of life and safety" are available to all persons regardless of immigration status. This includes police, fire services, and sexual assault and domestic violence counseling and supportive services. Domestic violence and sexual assault services receiving federal funds, including VAWA funds, should not restrict use of services based on immigration status.

Emergency MediCal is available to all low-income persons regardless of immigration status. Most immigrants who have immigration papers can also get full-scope MediCal (includes prevention and primary care). Prenatal care is available to all low-income pregnant women regardless of immigration status.

CalWORKs is available to "qualified" immigrants. Under the federal welfare and immigration laws, "qualified" immigrants include lawful permanent residents, refugees, persons granted asylum, those granted withholding of deportation or removal, parolees, and some battered immigrants who have petitions pending with the Immigration and Naturalization Service (INS). General assistance payments are available to most immigrants, but eligibility varies by county.

Reporting and Confidentiality

- **Law enforcement.** Police services are "necessary for the protection of life and safety," and survivors of crime should not be required to provide proof of immigration status to law enforcement agencies. Law enforcement agencies are not required to enforce federal immigration law. However, nothing prohibits them from entering into cooperative agreements with INS, so advocates should check with their local immigrant rights organizations to find out what the local law enforcement agencies' policies are.

- **Criminal justice system.** As with police services, a survivor of crime is not required to provide proof of immigration status in the prosecution of the crime. However, nothing prohibits the defense attorney or the perpetrator from reporting the survivor to INS. If this happens and the survivor receives notice that she is going to be in deportation proceedings, the prosecutor can arrange to get an agreement from INS that she will not be deported until the criminal case is finished. This is not very reassuring for most survivors. Advocates need to be sensitive to these concerns and acknowledge that immigrant women may not want to proceed with prosecution if there is a threat that they will be deported.

  Immigrant perpetrators of sexual assault may also be putting their immigration status in jeopardy if convicted.

- **Medical care.** Health providers who suspect that an injury is due to domestic violence or other violent crime are required to report to law enforcement, so confidentiality concerns exist when immigrant women seek care for their injuries. Because low-income persons are eligible for emergency MediCal regardless of immigration status, immigrants should not be required to show proof of their immigration status to get emergency MediCal.

Deportation Issues

U.S. citizens, permanent residents ("green card" holders), people with valid visas, and refugees cannot be deported as long as they did not enter the United States with fraudulent documents or violate the conditions of their visa, or as long as they have not been convicted of certain crimes. If the survivor is undocumented, you should refer her to an immigration expert to see if she has a way of legalizing her status.

Battered undocumented immigrants and their children can apply for permanent residency (a "green card") if they were battered or subjected to extreme cruelty by their spouse (or parent, for an abused child) and that spouse or parent is a U.S. citizen or permanent resident. These immigrants may also apply for VAWA relief if they are in deportation proceedings. Advocates should refer potential VAWA applicants to an immigration expert (not the INS). Battered immigrants who have applied for VAWA relief or have an immigration petition pending that was filed by their spouse or parent are eligible for CalWORKs and full-scope MediCal.

Considerations for Counselors

It is important to avoid frightening immigrant women by asking about their immigration status. Explain that your conversations with her are confidential. Many immigrants are not aware of the differences between nonprofit community-based organizations and the government and may assume you are linked to the INS. Even if a privilege applies, it is not necessary or advisable to make a record of the survivor's immigration status. You do not need to know a woman's immigration status in order to provide assistance; however, when counseling her, you may want to explain her options and the different risks that immigrants may face.

Some women may tell you their immigration status. If a woman does not tell you her status herself and you feel it is important to know her status to better protect her, follow these steps (from *Working with Battered Immigrant Women: A Handbook to Make Services Accessible* by Leti Volpp, edited by Leni Marin and produced by the Family Violence Prevention Fund):

- Reassure her that you are asking about her status so you can best help her (to increase her safety, and to know if she needs immediate legal referral).
- If you *know* that the information she gives you will be kept confidential, tell her so.
- Reassure her that you will not deny her any services, whatever her immigration status may be. Tell her that she does not need to tell you if she prefers not to.
- Use sensitive language. For example, do not bluntly ask questions such as "Are you an illegal alien?" Instead, you may ask, "Do you know your immigration status?"

Sometimes the information about her status that a woman gives you will be incorrect: she may not know what it is, or her abuser may have lied to her about her immigration status. Do *not* call INS yourself to verify her status.

Because of the complicated immigration and welfare laws and the fear in immigrant communities, it is important to be sensitive to immigration issues when counseling immigrant women. Know that, in these cases, it is even more important to focus on other safety options and not just the police and the criminal justice system.

Significant Others

DANIELLE TILLMAN

Survivors of sexual assault and rape often rely on a network of support, which may include rape crisis centers and significant others such as family members, friends, and intimate partners. Although significant others can be a primary source of support for the survivor, rape and sexual assault can have a deep impact on the significant others themselves. Significant others, like the survivor, experience a range of emotions and deal with a myriad of issues regarding sexual violence. Therefore, as a sexual assault counselor you will probably provide crisis intervention and counseling services to help significant others heal from the assault of a loved one.

Common myths about rape such as "she asked for it" or "men are not raped" serve to alienate the survivor from significant others. For example, a survivor may not report a rape because she believes it was her fault, and the significant other may not know how to help the survivor because he or she does not believe the survivor was raped. Survivors' interconnecting identities (ethnicity, class, age, sexual orientation, gender, size, ability) may make securing support from significant others more complex. Factors such as culture, religion, sexual orientation, race, class, and locale may affect how both the survivor and her significant others can access services.

Significant Other's Perspective

Significant others who contact rape crisis centers often do so not only to find assistance for the survivor but also to find support for themselves. They may be experiencing a range of emotions, including anger at the survivor, desire for revenge against the perpetrator, self-blame, hate, grief, confusion, depression, shock, and embarrassment. They should be reassured that their feelings are normal and it is okay to talk with you about them.

Significant others usually have many questions about how to help the survivor. According to Alan McEvoy in *If She Is Raped*, they can help the survivor by

1. Knowing what to expect from the survivor and others following the rape
2. Recognizing and accepting the survivor's feelings; as well as their own and those of others close to the survivor
3. Communicating to the survivor a sense of compassion and acceptance
4. Allowing the survivor to make decisions that help her regain control over her life
5. Sharing with the survivor so that the survivor senses she is not alone, that she has their unconditional love and support, and that this is a crisis they will endure together[1]

Considerations for Counselors

Counselors should provide significant others with information that helps them to understand the culture of violence against women, myths and facts about rape, and what the survivor may be experiencing. Explaining rape trauma syndrome may be a good way to begin to describe what the survivor may be feeling.

Counselors should keep in mind that services significant others may need will vary depending on their background, relationship to the survivor, and the survivor's background. For example, a parent, friend, or intimate partner each has a different relationship with the survivor. Thus, an intimate partner may be dealing with relationship issues that were present before the assault and seem magnified after the assault. A parent may be experiencing family conflicts if the perpetrator was a family member. Some friends may be reliving their own assault and may want to distance themselves from the survivor.

Also, the significant other may feel that the survivor is violating a cultural or religious norm if she reports or publicizes the assault. The survivor and significant others may experience ostracism from their community, family, and friends. For women of color, this is a particularly fine line to walk, because often the legal system is viewed with mistrust by her community, and she can be perceived as abandoning her political, cultural, and social roots by cooperating with law enforcement. Also, for some communities of color, sexual violence is viewed as a taboo subject that is not publicly discussed.

Counselors should emphasize to the survivors' loved ones that how she wants to heal from her assault is ultimately the survivor's choice. Additionally, to protect the survivors' confidentiality rights, significant others should be advised against contacting a survivor's counselor or therapist for information about the survivor or her case. Significant others should also be reminded that they too have a right to confidential services. Recognize that significant others may feel overwhelmed with helping the survivor, particularly if they are the survivor's sole support system. Additionally, if the perpetrator was a family member, the significant other may feel torn between family loyalties. Significant others may also need to be advised against seeking revenge and reminded of the consequences of any violent actions in which they may engage.

Significant others, especially partners, who are lesbian, gay, bisexual, or transgender have distinct needs in helping their loved ones. Because most social institutions do not recognize their relationships, they may have difficulty in helping survivors navigate legal, medical, and other social services.

Significant others who learn that their loved ones are survivors of childhood sexual abuse may have additional concerns. According to Laura Davis in *Allies in Healing*, "if you haven't been abused yourself, particularly if you grew up in a 'good' home, it may be difficult for you to believe that people molest, torture, and sexually abuse children. It may take time for you to fully accept the survivor's experience."[2]

Family members and friends who are monolingual may also feel excluded and not able to help the survivor if services are not available in different languages.

Finally, when significant others contact rape crisis centers, remember that they too are experiencing varied emotions about the survivor's assault. Although they may be calling the crisis line, it is important to ask them basic questions about the survivor's mental and physical health. This is important in case the survivor has been recently assaulted, requires medical attention, is feeling suicidal, or needs some form of immediate intervention.

Family, friends, and intimate partners serve as critical support systems in helping survivors heal. Reinforcement of their importance to the survivor is vital in helping them feel a part of the survivor's life. The process for both the survivor and her signifi-

cant others is long and complicated and can be strengthened with a clearer understanding of everyone's needs and expectations.

Notes

1. Alan W. McEvoy and Jeff B. Brookings, *If She Is Raped: A Guidebook for Husbands, Father, and Male Friends* (Holmes Beach, FL: Learning Publications, 1991).
2. Laura Davis, *Allies in Healing: When the Person You Love Was Sexually Abused as a Child* (New York: Harper Perennial, 1991).

Dos & Don'ts for Significant Others

Do listen,

Do say, "I'm glad you're alive."

Do say, "I'm sorry this happened."

Do say, "It's not your fault."

Do say, "You did the best you could to survive."

Do say, "I'm here for you."

Do ask the survivor's permission when you want to provide physical comfort.

Do provide information and options about resources.

Do realize that sexual assault affects survivors in many ways and that almost any reaction is possible and not unusual or abnormal.

Don't say what he or she should have done differently.

Don't say what you would have done differently.

Don't ask, "Why didn't you run, scream, fight, leave?"

Don't ask for specifics about the assault. (But do listen, if he or she wants to reveal that information.)

Don't ask blaming questions such as, "Why were you wearing that? Why were you there? Did you lead him on?"

Don't ask irrelevant questions such as, "Was he good looking?"

Don't take control away from survivors. Allow them to make their own decisions.

Don't forget that recovery from rape is an ongoing process that takes months, years, or a lifetime.

Don't forget to take care of yourself. You can't support anyone if you don't support yourself.

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Substance-abusing Survivors

GREG WULIGER

Working with sexual assault survivors who are substance abusers can present an interesting dilemma for sexual assault counselors. This is principally because the empowerment model for counseling survivors is quite different from most treatments for chemical dependency. Sexual assault survivors need supportiveness in the face of rape trauma and affirmation in the face of self-blame to help regain a sense of control over their lives. Alcoholics and addicts, by contrast, may need at least some level of confrontation to break through the often-entrenched system of denial that prevents them from recognizing that they even have a substance abuse problem. Further, as sexual assault survivors need to be empowered in order to feel a sense of control over their lives, alcoholics and chemically dependent survivors must first recognize that they are powerless in the face of their addiction in order to begin their recovery. It will be helpful for you as a sexual assault counselor to understand the basic elements of recovery in order to provide effective services to survivors of sexual assault who are also substance abusers.

It must be recognized at the outset that chemical dependency is a disease with both genetic and environmental origins. It is not the substance abuser's fault that she has the problem, any more than it is the fault of someone who is nearsighted that she has bad eyes. However, just as a person with bad eyes has the responsibility to wear glasses when driving, it is the responsibility of alcoholics and addicts to do something about the problem in order not to wreck their lives or the lives of those around them.

It is never helpful or necessary to moralize about addiction. What is needed is to be nonjudgmental in providing the necessary emotional support as it relates to the sexual assault and to be up-front about how substance abuse might affect the survivor's healing process. It might be necessary for you to refer the survivor out for appropriate treatment for substance abuse. Knowing what to handle as part of the recovery from rape trauma and what to have others deal with regarding the substance abuse thus becomes an important aspect of sexual assault counseling.

For many counselors, the first contact with the substance-abusing sexual assault survivor will be on the rape crisis hotline. Counselors handling the hotline should always be aware of the possibility that a caller may be under the influence of alcohol or drugs. If this becomes clear during the course of the call, caller safety is of the utmost importance. Survivors in such circumstances should not drive themselves to the hospital for a sexual assault medical examination, nor should the counselor offer personally to provide such transportation. You should explore alternative means of transportation with the survivor, including asking for a ride from a sober friend; taking a taxi, if available; or, possibly, transport by law enforcement—although if the survivor is actively using drugs, offering her a lift by the police might increase her level of anxiety.

If the survivor is especially emotional, it is important to ask if she feels like hurting herself and, if so, if she has a plan and the means to carry it out. Such an expression of suicidal intention should not be discounted because the survivor is under the influence. It

should be taken seriously, and the counselor should ask the survivor to verbally commit (or, if the survivor is physically present, to commit in writing) not to kill herself. If the survivor refuses, and you honestly believe she is a threat to herself or others, she should be kept talking on the line or in the counselor's office while law enforcement is dispatched to assess whether the victim is a threat to herself. Although directly contacting the police should be a last resort, sexual assault counselors' obligation to involve law enforcement in such circumstances outweighs the individual's trauma and privacy issues.

Even if there is no expression of suicidal intention, hotline counselors may still encounter chemically dependent survivors with high emotions focused not simply on the sexual assault but also on other issues. Counselors may be supportive at such times but should try to keep the survivor focused on the sexual assault. If callers are not in acute crisis or not in need of medical attention, it might be necessary to advise them that you cannot help until they are clean or sober. Trying to deal with issues brought up under the influence of alcohol or drugs has limited therapeutic value. It might be more necessary to be a little directive about the immediate crisis at hand—getting to a safe place or finding transportation to the hospital—than to deal with emotional recovery while the survivor is drunk or high.

Medical assessment for the substance-abusing sexual assault survivor may be necessary at any time. If no such assessment has ever been done and the counselor suspects a chemical dependency issue, the survivor should be referred to qualified medical personnel. Both overdose and withdrawal from drugs can have medical complications and can be life-threatening. It is all right to ask when and how much the victim last used or drank. Frequently alcoholics minimize their drinking, whereas hard drug users might exaggerate their medical needs as a way of getting more medication to manage withdrawal.

Outside the crisis setting, it should again be noted that attempting to deal with emotional issues, including those involving sexual assault, is valueless if the survivor is under the influence. If the counselor senses a problem in this area, the survivor should be asked to agree to abstain from all drugs or alcohol for twenty-four hours prior to any session.

There are numerous treatment philosophies regarding recovery from substance abuse. A treatment option utilized by many for alcohol abuse or dependence is Alcoholics Anonymous (A.A.). A.A. groups are widely available, usually without significant cost. They are effective in large part because they provide confrontation of the alcohol abuser by other alcoholics who can "pull the covers" off the alcoholic who is still in denial, minimizing, or manipulating family and friends into helping her get another drink. In individual treatment, substance abusers may engage in similar behavior. It is important not to engage in "enabling" such survivors. Enabling means going along with the alcoholic's or addict's reasons for using—which are frequently complex and can be compelling. "I can see why you drink" is never an appropriate form of support. Instead, it is helpful to discuss alternative ways of coping with pain.

A person who has no significant history of drug use prior to a sexual assault but who begins using drugs to manage the emotional pain of the assault is in a somewhat different situation than the long-term substance abuser. Here the drug may provide some short-term relief for overwhelming emotional pain. However, these survivors are still at risk for becoming addicted. If she is using street drugs, she is getting introduced to a culture that encourages repeated use of a chemical until addiction occurs. If she is managing her pain through prescription drugs, she may be at even greater risk, because prescription drug addicts frequently excuse the abuse as part of what they see as their doctor-prescribed healing process.

You might find that a more typical scenario involves the sexual assault victim who has a history of long-term drug or alcohol abuse. The person often begins using chemicals very

young to numb emotional pain, which could arise from a large number of issues, including child sexual abuse, chemically dependent family members, and oppression, such as racism or homophobia. Though this survivor may seek counseling following a recent sexual assault, she may also have been sexually abused a long time ago, and her friends and family may have denied the abuse took place, looked the other way, or blamed the victim. This does not change the fact that the alcohol or drug use must be dealt with separately as a disease. For the sexual assault counselor, the focus again should be on providing emotional support for the survivor's long-term sexual assault and family issues while providing ongoing encouragement to deal with the addiction issues in groups like Alcoholics Anonymous, Narcotics Anonymous, and other treatment programs.

There will be a certain tension in treatment as the sexual assault and chemical dependency issues are dealt with. As the survivor starts achieving sobriety, drugs or alcohol are less available to numb their emotional pain; the more intense the emotional pain becomes, the greater is the impetus to return to chemicals in order to control it. It may be that the survivor in this scenario will be in a chemical dependency group or in-patient drug rehabilitation program at the time she first appears for counseling. The process of learning to empower herself in rape counseling may conflict with the necessity to follow rules and take direction in the structured environment of drug rehab or an A.A. or N.A. program. Sexual assault counselors must be sensitive to these conflicting forces on the survivor's recovery. At the same time, it is important for the counselor not to get drawn into siding with the survivor against what may often seem like the rigidity of drug rehab. Both types of treatment have their place. Of course, it is helpful to assist the victim in finding treatment programs and A.A. or N.A. meetings that are understanding of sexual assault issues. All-women groups, if available, may be particularly appropriate. For significant others and family members, you may need to refer to groups like Al-Anon or Nar-Anon for help in learning to stop enabling the survivor. Drug rehabilitation can be an expensive proposition, and counselors may need to help survivors find low-cost rehab programs if, as is often the case, the survivor has no medical benefits. Counselors may also need to be understanding of those survivors who have problems with the spiritual philosophy of A.A. or N.A. Groups like Rational Recovery, a twelve-step program that is not spiritually based, may be more appropriate for such survivors.

Considerations for Counselors

Supporting the substance-abusing sexual assault survivor can be a challenge. It can be frustrating that the recovery process does not follow a linear pattern—for many substance abusers recovery is something that might take a number of attempts. The more the counselor can educate him- or herself about the nature of chemical dependency and the types of recovery, the more effective he or she will be. In the meantime, here are some suggestions for supporting survivors with substance abuse issues:

- Do be supportive of the emotions related to the rape trauma.
- Do refer gently to treatment programs when there is a chemical dependency issue.
- Don't judge the victim who cannot control her drinking or drug use. Chemical dependency is a disease, not a failure of willpower.
- Do be aware of the tendency to deny or minimize the alcohol use or to exaggerate drug use.
- Do ask the actively using survivor to abstain for twenty-four hours before any counseling appointment.

- Don't be confrontational or get into power struggles over attendance at chemical dependency support meetings.
- Do be aware that family members may also need referrals for treatment.
- Do remember that you are dealing with a person in pain over both the sexual assault and the substance abuse.

Survivors from God-centered Faith Communities

MARIE M. FORTUNE

THE VAST MAJORITY OF OUR POPULATION HAS some experience with some form of organized religion. An individual may have had formal religious training from childhood to adulthood or may have only attended vacation Bible school with a next-door neighbor. In either case, religion may well play an important role in a survivor's healing from sexual assault.

This religious experience may rest within any number of religious traditions or organizations: Roman Catholic, Jewish, Protestant, Buddhist, Hindu, Orthodox, Muslim, Native American, and others. In our pluralistic culture, many varieties of religious tradition and practice are represented. When faced with a trauma such as sexual assault, it is predictable that a victim or survivor will want to look to her belief system and/or faith community for answers and support. Whether she will find what she needs depends on the awareness and sensitivity of the leadership of that group.

She may also want to talk about her religious feelings or questions with the sexual assault counselor. Otherwise she will be forced to compartmentalize this very important part of her life, and that will make it hard for her to address the other issues you are prepared to help her with.

In the late 1970s, a sexual assault counselor was called to the home of a victim immediately following her rape. When the counselor entered, she observed the survivor sitting on the sofa reading her Bible. The counselor did not comment on this but instead focused on whether the woman wanted to seek medical care. She decided to go to the hospital emergency room. The counselor drove her; the woman read her Bible in the car on the way to the hospital.

The victim was set up in an exam room. When the doctor entered, she observed that the victim was reading her Bible, and she said, "Is there something you want to discuss before we do the exam?" "Yes," the woman replied, "I am a Jehovah's Witness, and I would like to read a passage of scripture." She read the passage out loud, closed the Bible, and proceeded with the exam.

Afterward, the doctor informed the victim that she was at high risk for pregnancy due to the rape. She recommended the morning-after treatment. The woman agreed that this was her best option, but she said she would have to have permission from the elders of her church in order to receive the treatment. So the counselor telephoned each of the twelve elders in the predawn hours, explained the situation, and asked their permission. Fortunately for the woman, they gave their permission, and she received the treatment.

The counselor in this situation was well trained and prepared to deal with the aftermath of the rape, the health care and legal systems, and so on. She was not prepared to address the needs of this particular woman, who gave multiple signals that she had religious concerns. The counselor, in her anxiety and lack of confidence that she could respond to these signals, chose to ignore important information coming from the

woman. Fortunately, the doctor noticed and responded in a way that made space for the woman to name her concerns and find support in addressing them. Then the counselor was able to step forward and assist the woman.

Victims of sexual assault who come from a religious background will often look to their religious beliefs to help them cope with the trauma of the assault. Their beliefs and their religious community can help them make sense of what has happened and provide much-needed emotional and spiritual support. Religion and spirituality will either be a valuable resource or a major roadblock for the survivor's healing process. An insensitive, uninformed counselor or religious leader will often do more harm than good.

The victim of sexual violence may be thinking about why God let this happen to her; does God still love her; should she share her experience with her faith community; how will they respond to her? A survivor needs to know that it is not her fault and that she has not committed a sin because she was raped by someone. The sin belongs to the person who raped her. This was not God's will or punishment of her. She does not have to forgive her assailant unless or until she feels ready to do so. She may be freed to forgive if she experiences the support of her community (for example, her church, family, and coworkers). If her assailant has been held accountable and will not be able to harm anyone else, she may also be able to let go of some of her anger and pain. These are major issues that will weigh heavily upon her after the assault.

The identity of the survivor's assailant will often be significant in her struggle with religious concerns. For example, if she was abused by her father as a child, she may be very confused about religious language and imagery that focuses on "God the Father." She may equate her abusive father with God, severely limiting her relationship with God. Or she may let go of the male image of God completely and see God more fully as both male and female or neither. Some survivors find it helpful to them to hold onto "God the Father" imagery in order to have a relationship with God as a loving, protective figure very different from their biological fathers.

If the survivor was assaulted by a religious leader, there will be multiple layers of issues to address. Betrayal of trust by a religious leader initially equates for many people with a betrayal by God; all of the common religious concerns are multiplied even further. It will be especially important in these cases for an counselor to work with someone from the survivor's religious tradition who can both provide practical information for bringing a complaint as well as address her spiritual and religious concerns.

Role of the Counselor or Religious Leader

Ideally, a victim or survivor of sexual assault should be able to turn to her religious leader for support and guidance. She should be able to find someone there who is knowledgeable about sexual assault, who is able to work cooperatively with an counselor, and who can address her religious or spiritual concerns. If she is fortunate, she will find this resource in addition to the advocacy of the rape crisis program. If she is not fortunate, she may find that her religious leader is not knowledgeable, is uncooperative with the counselor, and is not prepared to help her address her religious and spiritual concerns in a helpful way. Both types of religious leaders exist: the first will be an invaluable resource; the second will be an enormous roadblock and can do further harm to her.

Likewise a victim or survivor of sexual assault should be able to find a sexual assault counselor who is aware of the possibility that she may have religious or spiritual concerns, who is supportive of her addressing these concerns, and who will assist her in finding the resources she needs. If she is fortunate, she will find an counselor who appreciates her concerns, is cooperative with her religious leader, and encourages her to find these resources. If she is unfortunate, she will encounter an counselor who is unable or

unwilling to support her in meeting her needs and who may in fact be hostile toward her articulation of religious questions. The first will be a valuable resource; the second will be a significant roadblock.

Considerations for Counselors

Listen carefully for signals from a survivor that she may have religious concerns. "I've been praying about the trial all week," or "I wonder sometimes why God let me down." These are ways that she may begin to name her concerns.

Acknowledge her religious concerns. "It sounds like your religion is important to you. Do you belong to a particular religious community?" If you are comfortable, discuss her religious feelings or concerns further. Don't hesitate to speak from your own experience if you feel you can identify with her. For example, if you grew up as a Roman Catholic and the person you are working with is also Roman Catholic, it is fine to let her know that and to share your common questions or concerns. If she is struggling with an issue, for example, she believes that God "allowed" her to be raped as punishment for her sinfulness, you might share with her that you have a different understanding of God and of rape. It is important that you are speaking from within her belief system in sharing a different interpretation rather than speaking from outside it, which would probably alienate her.

However, if you are not comfortable with religious issues, that's fine too. Just find someone who is. Refer her either to another sexual assault counselor or to a religious leader in your community whom you know and trust. If you have your own unresolved issues about your religious background or feel hostile or prejudiced against women who practice what you might view as patriarchal religions, do not impose your views on her. Find someone who can relate to where she is now. As she moves through this experience, she may well begin to question any teachings of her tradition that are harmful or counterproductive to her. But this will come in its own time.

Do not ignore her religious concerns. Do not minimize these concerns or try to convert her to anything (for example, your own religious tradition) or encourage her to deny her own faith. You may be very active in the practice of your own faith. Do not take advantage of her in this time of crisis to try to convince her that your faith is what she needs now. This would be unethical and exploitative.

Tips for Counselors Working with Survivors from God-centered Faith Communities

- Listen carefully for signals from a survivor that she may have religious concerns.
- Acknowledge her religious concerns.
- If you are comfortable, discuss her religious feelings or concerns further.
- If you are not comfortable, find someone who is. Refer her either to another sexual assault counselor or to a religious leader in your community whom you know and trust.
- Do not ignore her religious concerns.
- Do not minimize these concerns or try to convert her to anything (for example, your own religious tradition) or encourage her to deny her own faith.
- Offer to advocate with her religious leader.
- Work cooperatively with religious leaders whom you trust.

Offer to counsel with a survivor's religious leader. Perhaps the person with whom you are working wants to talk with her priest, but she isn't certain that he will be understanding and helpful. Offer to accompany her as a counselor just as you would when she is interviewed by a district attorney. You will probably end up providing a mini-workshop for the priest on sexual assault. Assume that the priest wants to be helpful and just needs to be brought up to speed. A little education can go a long way, as does an open and cooperative attitude on your part. If, however, you discover that the religious leader is hostile and resentful of your involvement and clearly presenting roadblocks to the survivor, do not hesitate to strongly counsel for her and seek to protect her from further harm.

Work cooperatively with religious leaders whom you trust. Find pastors, priest, rabbis, nuns, religious teachers, and others who want to work with you, who are willing to be trained and educated about sexual assault, and who can be trusted to be a real resource to victims and survivors. These are invaluable resources to her and also to you. As members of her team of supporters, religious leaders can help carry the load and provide enormous support to her. Have a list of leaders in your community from various denominations, movements, and traditions who are willing and able to be referral resources to your program. For example, if a survivor has been to her rabbi and found him unhelpful, you might have several other rabbis on your list with whom she might consider talking.

A woman's faith community can be an enormous source of support, strength, courage, and sustenance as she deals with the aftermath of an assault. Right now she needs all the support she can find. Your job is to help her connect to her faith community in ways that will be supportive and life-giving.

Survivors in the Military System

KAY BUCK

This chapter is designed to introduce you to the military environment, its structure, and the military justice system as it relates to sexual assault, and to give you ideas about how to develop allies within the military system to provide accessible services to military personnel and their families.

The military consists of four services: Navy, Marines, Army, and Air Force. Although there are differences among them, the military justice system for all services is based on the **Uniform Code of Military Justice.** Visualize the military as a system with its own set of laws. Procedures and survivor rights differ from those in the civilian system.

The military has a culture of its own that plays an important role in the way its members function. The military system is based on a model of patriarchy and hierarchical order. Trained to function within this hierarchy, or "chain of command," members exist in a system of institutionalized oppression. **Active duty personnel** and their families are subject to military rules at all times, even when they are off duty. Unlike civilians, who may separate their work from their personal lives, members of the military live as the military dictates. It is not uncommon to hear military personnel voice feelings of powerlessness and lack of control over their own lives. Rank, too, plays an important role in the military. Members quickly learn to be submissive to their superiors, tolerant, and controlled, even to the point of suffering humiliation and abuse. The chain of command power is absolute, and individual needs are secondary to the command. The military culture also creates an environment in which members are encouraged to be a homogenous group: single members reside together in barracks, and families reside together in designated military housing areas; members socialize together; and they even shop at the same places on a military base. A military base resembles a small city or town that stands isolated from the outside community. Seeking services from civilian sources is uncommon. When something traumatic such as a rape occurs, the barrier between the military and civilian communities leaves the service member and his or her **dependents** not knowing where to turn for help. It is equally difficult for rape crisis centers to provide services to military members without some kind of formal relationship with the military system. Understanding the military culture is the beginning of bridging this gap in providing services for military personnel and their families.

Military Justice Procedures

When a rape or sexual assault occurs, jurisdiction plays a very important role in determining whether the military justice system will be involved. If the assault occurs on military or federal ground, the military will handle the case; however, if the assault occurs on common jurisdiction, the military may hand over the investigation to local law enforcement. Likewise, the military and the district attorney may negotiate to determine which justice system will handle the case. It is even possible that both justice systems will prosecute the case. Once jurisdiction is determined and it is decided that the military will handle the case, the **commanding officer** (CO) is given a great deal of decision-making

power. It is the CO of the suspect who decides which avenue to take regarding possible punishment and proceedings: **administrative separation**, **Captain's Mast**, or **court-martial**. The CO also has the authority to call an **Article 32** investigation, where enough evidence must be produced to show that a crime occurred. When the Article 32 investigation is complete, the report is given to the CO, who then decides whether to go ahead with proceedings. The CO has the authority to drop all charges; however, there are written regulations that must be complied with. The military **Victim Witness Assistance Program** is charged with ensuring that a rape is taken seriously by the CO.

The charges against the suspect may be dropped, or the decision regarding proceedings may take time. It is possible that the survivor and the accused will be working in the same command, which means that the survivor must face her perpetrator daily. And if the assault is Navy-related, the survivor may be forced to be on the same ship as the offender. As a civilian sexual assault counselor, it is important for you to work with the **Family Service Center** staff or the **chaplain** to advocate for separation arrangements, such as **temporary active duty** for the suspect or the survivor.

Confidentiality

In the military, confidentiality is different from that in the civilian community. Even though much effort is made, complete confidentiality in the military system cannot be guaranteed. Medical personnel, investigators, Family Service Center staff, the commanding officers, and other military personnel are seen as necessary sharers of information. It is possible that most of the command will be aware of the assault. In many cases, chaplains are a source of confidentiality; however, there are inconsistencies depending on the command.

The military police that take the report are active duty personnel. It is possible that the survivor or the suspect may know the officers prior to the assault. The issue of confidentiality is complex in such circumstances. And because both survivor and suspect may be from the same command or unit, the entire command may be aware of the assault and the pending charges on their peer. As in any case, it should not be assumed that the survivor's peers will be supportive. As a sexual assault counselor and advocate, you must work within the system, realizing that confidentiality in the military is limited. Because you can offer confidential services as a civilian agency, the survivor may choose to seek rape crisis center services.

Survivor Rights and Services

In theory, active duty and dependent survivors have rights, which are outlined in the Victims Bill of Rights. Survivors do have the right to be informed of and to be present at proceedings. They also have the right to be notified of the case outcome and sentence. They are informed of the offender's release as well. Survivors also may be eligible for compensation, possibly even restitution from the offender if convicted. All active duty survivors and their dependents have the right to services from the Family Service Center and advocacy programs like the **Sexual Assault Victim Intervention program** (SAVI). Still, actual attitudes toward and consequently treatment of survivors by the military will differ greatly in each command.

In situations where a superior is the perpetrator, rank may be favored by the command. In these cases, the assault may be swept under the rug. The survivor may be pressured to recant, or she may be assigned to another command. A civilian rape crisis center can help by advocating for Family Service Center staff to facilitate action within the command. Remember that the advocacy law (Penal Code sec. 697.04) is not valid in

federal jurisdiction; survivors in the military do not have the right to an advocate that this law provides.

Another issue arises when a gay service member is assaulted. If the investigation reveals this information, administrative separation procedures for the survivor will follow completion of the sexual assault case. Unfortunately, rights and services are not the same for all service members. It is important to inform the survivor of this reality.

Yet another issue surfaces when an active duty member sexually assaults a military dependent. Remember that the assailant may be her spouse, an acquaintance, or a stranger. Ultimately, it is the command of the active duty assailant that has decision-making authority regarding any disciplinary action against the assailant. If the service member is in good standing with the command, it is even more difficult to have the assailant held accountable. In these cases, dependents may access services through the Family Service Center, which can maneuver up the chain of command in order to advocate action on the case. The survivor may also seek support at the rape crisis center for confidential services. Just as you would advocate for a survivor in a nonmilitary case, the sexual assault counselor may also advocate on the dependent's behalf so that action in these cases is taken seriously by the command.

Considerations for Counselors

- **Assure confidentiality.** This is the one service that may be most valuable to a military survivor. Due to the nature of confidentiality in the services, the survivor already may feel as though her privacy has been violated.
- **Be flexible.** Service members have erratic work schedules. Some may have extra duty after hours or on the weekends. They may be attached to a ship and be deployed for weeks at a time or on a **WESPAC** for six months. Scheduling appointments to meet their needs is important.
- **Listen.** Remember that the service member knows the military system better than you do. In fact, some of your best advice will come from the survivor herself. Because military procedures progress without many interactions with the survivor, it is important to her that her voice is heard and her words mean something.
- **Build partnerships.** You will gain much by creating positive working relationships inside the military system. At the same time, you have the opportunity to educate and train the individuals you come into contact with. Changing attitudes is part of your work. You can do this and respect the chain of command at the same time. By creating partnerships with Family Service Center staff, chaplains, and the officers' wives club, you will be able to advocate better within the military system. Initiate and participate in military-related training and in-services, or offer your crisis intervention training to Family Service Center staff and volunteers. If it's possible, get involved on a board or advisory committee with a military component.
- **Be careful not to generalize.** You will not have the same experience with the military every time. All commands have different leadership, and therefore attitudes and relationships vary greatly between commands. You will find military professionals with a similar philosophy to your own, just as you will encounter others that challenge your values and beliefs.
- **Be aware of other options.** If the military justice system fails your client, there are other options. Informing your client of her right to write a letter to her member of Congress or getting the media involved can be a useful tool when all other avenues

have been explored and exhausted. Remember that change in the military system is difficult and rare. Putting pressure on the military at this level should be used as a last resort. Also be aware of the possibility of negative consequences or backlash for your client and your relationship with the military.

Definitions

Active duty personnel. Service members who work full-time in the military.

Administrative separation. Discharge of active duty personnel for misconduct. This separation process from the military is merely administrative, not judicial, and does not determine whether a crime has occurred. There are different degrees of administrative separation: general, honorable, and other than honorable.

Article 32. An investigation in which enough evidence is presented to show that a crime was committed. This process can be compared to a civilian preliminary investigation.

Captain's Mast. The forum for nonjudicial punishment for active duty personnel.

Chaplain. The clergyperson attached to a ship or a base chapel. Chaplains are a good contact for rape crisis centers because they can advocate for survivors within a command.

Commanding officer. The officer who supervises a unit or command, also known as the CO. This individual has a lot of decision-making power and has the authority to order nonjudicial punishment when a case does not go to court-martial.

Court-martial. The system of military justice. There are three different forms: **general court-martial**, **special court-martial**, and **summary court-martial**.

Dependents. The family members of military personnel.

Discharge. The processing out of an active duty person from the military. There are different levels of discharge: dishonorable after a conviction by a general court-martial and bad conduct by either a general or special court-martial. A dishonorable discharge is the more serious of the two.

Family Service Center. A social service agency for military personnel and their families. This is a good point of contact for civilian social service agencies in initiating collaboration.

General court-martial. The military court for felony crimes. Punishments range from a dishonorable discharge to death. It is important to know that a conviction in this court is a federal conviction.

Sexual Assault Victim Intervention Program. A specialized advocacy program for survivors in the Navy, also known as SAVI. It is similar to SART (Sexual Assault Response Teams) in the civilian world. Other branches of the military have similar services, usually under the Family Advocacy Program.

Special court-martial. The military court for misdemeanor crimes. Punishment usually consists of a bad-conduct discharge, which is a federal conviction.

Summary court-martial. A military court for noncapital offenses. Maximum sentence is thirty days' confinement; however, the accused can refuse this kind of trial.

Temporary active duty. Temporary assignment of an active duty member to another part of the command; also known as TAD.

Uniform Code of Military Justice. The basis for the military justice system.

Victim Witness Assistance Program. A program in each of the services that provides assistance to all military survivors.

WESPAC. A six-month period of deployment for active duty personnel.

Survivors of African Descent

JANELLE L. WHITE

THE TERMS *BLACK* AND *OF AFRICAN DESCENT* ARE USED interchangeably in this chapter. *Of African descent* includes African Americans and African immigrants and is used here for its inclusiveness. Because of its political significance in U.S. history, the term *Black* is also used. It stands as a racial identity that members of my community chose for ourselves and applied to ourselves, and I use it to recognize the empowerment in this act.

Introduction to Black Feminism

A Black feminist perspective is well suited to address sexual violence perpetrated against Black women and Black community responses to such violence. The Black feminist way of looking at the world places Black women at the center; it does not seek to compare their experiences to those of white women. Black feminism is shaped by the recognition that different forms of oppression are connected but does not stop with this recognition; it stimulates action—individual and collective—that attempts to address oppression in all its forms.

Anti-rape activists know that all forms of oppression (for example, racism, sexism, classism, heterosexism) contribute to sexual violence. If we hope to end sexual violence, these theories should shape our rape prevention education programs, our direct services to survivors, and our personal lives.

Is There a Singular "Black Community"?

It has become popular to write protocols for rape crisis counselors with titles such as "The Black Survivor." Acknowledging that Black survivors of sexual violence may be faced with culturally specific issues may be well intentioned, but survivors have multiple identities based on their gender, race, class, sexual orientation, age, and so on. Protocols like these convey the notion that all Black survivors are the same or that one counseling protocol should adequately suit any Black survivor. Understandably the term *Black community* conveys a racial identity, a point of unity. And though points of unity are important, there is tremendous diversity within Black communities; it is important not to make sweeping generalizations about what might or might not be the case. In fact, to perceive Black communities or other communities of color as monolithic is demeaning, denying us our complexity, our richness, our uniqueness. Therefore, my approach here is not to elaborate a protocol but instead to provide a history of racial and sexual violence in communities of African descent. With this history as background, I present some barriers to disclosure and some of the issues that can arise for Black survivors.

History of Racial *and* Sexual Violence

In *Women, Race, and Class,* scholar and political activist Angela Davis writes a painful yet eloquent description of Black chattel slavery in the United States. Slave women were, of course, vulnerable to all forms of sexual victimization: "If the most violent punishments of [slave] men consisted in floggings and mutilations, [slave] women were flogged and mutilated as well as raped. Rape, in fact, was an uncamouflaged expression of the slave holder's economic mastery and the overseer's control over Black women as workers."[1]

Thus, rape in early U.S. history served to reinforce not only male supremacy, but also white supremacy. The rape of Black slave women by white men was about not only their presumed racial inferiority, but also their presumed gender inferiority. I stress this observation because too often sexual violence is considered to be about only sexism or male supremacy. In fact, a basic premise of the anti-rape movement is that "rape culture" is based on the objectification of women, which allows women to be perceived as less than human and allows women to be denigrated and violated. Although this is an important part of the story, it is only part of the story; the historical example shows us that rape is an expression of both sexism and racism.

In spite of the emancipation of U.S. slaves in 1865, the sexual victimization of Black women by white men continued—in part, because Black women were still economically vulnerable, often financially dependent on domestic work in white households. Furthermore, the myth of the Black male rapist was created after emancipation. This mythology had a specific purpose: to rationalize the lynching of Black men. Black men were depicted as sexual predators of white women to make it acceptable to perpetrate violence against them. This mythology was created at a time when Blacks were beginning to assert political power and make gains. For example, in the "reconstructed" South Carolina legislature, fifty members were Black and only thirteen were white. Most of the Black legislators were former slaves who learned to read and write while in office. They threatened white supremacy, so lynching was created to help build it back—to reinforce it.

I would only be telling a part of the history if I did not acknowledge that Black women were lynched too. In a recent article, the Black feminist historian Elsa Barkley Brown asks a compelling question:

> ***Why it is that lynching (and the notion of it as a masculine experience) is not just remembered, but is in fact central to how we understand the history of African American men, and indeed the African American experience in general. But violence against women—lynching, rape, and other forms of violence—is not.***[2]

Unfortunately, the myth of the Black male rapist still shapes our perspective of rape today. In the United States, rape has been historically visualized as the white female victim and the Black male rapist. This image has a dual impact: (1) Black women and other women of color are invisible and therefore seen as "unrapeable." (2) White men are protected from being seen as perpetrating rape. The racialized image of rape also covers up the everyday attacks on white women by white men. So, this racist mythology of rape harms not only women and men of color, but also white women.

Thus far I have largely spoken of acts of racial and sexual violence perpetrated against Black women and men by the dominant culture. Yet I must also acknowledge sexual vio-

lence within Black communities. This is the violence that is much more difficult for me to discuss. The late Black poet Pat Parker perhaps describes it best:

Brother
I don't want to hear
about
how my real enemy
is the system.
I'm no genius
but I do know
that system
you hit me with
is called
a fist.[3]

Perhaps the Combahee River Collective, a group of Black feminist activists, articulates best the stance Black women and men may need to assume in order to begin the dialogue on male supremacy and sexual violence in Black communities. In their 1977 manifesto they write, "We struggle together with Black men *against* racism, while we struggle together with Black men *about* sexism."[4]

Disclosure by Black Female Survivors

There are many factors affecting whether Black survivors speak of their experiences of sexual violence and seek support from the anti-rape movement. Needless to say, history is one. The Black feminist legal scholar Kimberlé Crenshaw notes that Black communities may be weary of the anti-rape movement, associating it with the notion of the Black man falsely accused of raping white women.[5]

This skepticism of the anti-rape movement is well grounded. Even Susan Brownmiller, a pioneering contributor to the contemporary literature on rape—author of *Against Our Will: Men, Women, and Rape*—did not hesitate to argue that men of color are especially prone to commit sexual assault. Brownmiller claims that because of Black men's historical oppression, many of the "legitimate" expressions of male supremacy are beyond their reach; therefore, they must resort to acts of sexual violence. In her portrayal of men she terms "ghetto inhabitants," she insists that "corporate executive dining rooms and climbs up Mount Everest are not usually accessible to those who form the structure of violence. Access to a female body—through force—is within their reach."[6] Such arguments are pervaded with racist ideology that obscures the fact that rape is a cross-cultural act of power, control, and violence.

"Black women were and continue to be sorely in need of an anti-rape movement,"[7] Angela Davis writes in a 1989 article. White women have historically set the discourse on and determined the action to be taken in the anti-rape movement, often without taking into consideration how the ideology of white supremacy and the social structure of capitalism affect survivors of African descent. The work of the psychologist Gail Wyatt supports Davis's assertion.[8] In her survey of 126 African American women and 122 white American women, Wyatt finds that Black women are significantly less likely than white women to disclose incidents of sexual assault. There are a number of general reasons—some cited shame, guilt, and fear of retaliation—but there are also race-specific reasons: "One important factor is the anticipation of lack of community and societal support as a

victim/survivor. The credibility of Black women as rape victims has never been established as firmly as it has for White women."[9]

Racialized gender stereotypes portray Black women as lewd, oversexed, promiscuous, always sexually available, and essentially "unrapeable." In addition to these racialized gender stereotypes are societal myths: Black families condone violence, Black men are rapists, and Black families condone sexual activity between adults and children. Most sexual assaults occur between individuals of the same race and class; Black survivors may fear that disclosing rapes by Black men will reinforce dangerous myths. Beth Richie, sociologist and former cochair of the National Coalition Against Domestic Violence Women of Color Task Force, comments on this dilemma: "Black women be forewarned: there is already so much negative information about our families that a need to protect ourselves keeps us quiet. It is a painful, unsettling task to call attention to violence in our community."[10]

The need to protect our communities from racist attack and the need to appear the "Superwoman"—able to deal with every situation, never having a moment of weakness—work to silence us.

In addition, the lower socioeconomic class of many Black women has the effect of making them more vulnerable to sexual violence. According to anti-rape activist Donna Landerman, "relying on public transportation because they can not afford a car, poor women are more vulnerable to attack. . . . Also, because of their tight economic situation, poor women are less able to change jobs; therefore, they cannot respond by leaving when they face situations of sexual harassment or assault at work."[11]

Lower socioeconomic class has another limiting effect, according to Landerman:

> *for poor women who are constantly faced with survival issues such as how to feed the children, pay the rent and get decent health care, rape (or domestic violence) may not appear to be the same priority issue it is to middle-class women. It may be as devastating an experience, but they may not have the luxury to focus time or energy on feelings about assault.*[12]

Black lesbians and Black gay men who are sexually assaulted face additional barriers to disclosure and recovery. For example, if a Black lesbian is assaulted by her female partner, she may not want to acknowledge the assault for fear of "outing" herself as a lesbian. If she does disclose, she may face disbelief that same-sex rape happens. And even if the assault is acknowledged, often it is thought to be "not as bad" as male-female rape. Another barrier is the fear of being accused of betrayal: betrayal of the gay, lesbian, bisexual, transgendered community by further contributing to negative stereotypes or betrayal of the Black community by not being heterosexual or by accusing a Black partner of rape.

In addition, incidents of sexual violence in communities of color are often converted into spectacles for the dominant culture. Aishah Shahidah Simmons, a Black feminist independent filmmaker currently working on a documentary entitled *No!* that focuses on Black women and their experiences of violence, raises this question: "Clarence Thomas, Tupac Shakur, O. J. Simpson, Mike Tyson—why are these household names when discussions about sexual harassment, sexual assault, domestic violence, and femicide occur?"[13]

A woman of African descent disclosing an incident of sexual assault may be viewed as "selling out" in a context where race is often privileged over gender. Some might argue that it is necessary at times for racial identity to have primacy over gender to protect and/or insulate Black communities from racist assaults. But when this happens to the detriment of Black women's life chances—contributing to our emotional and/or physical death—it is entirely unacceptable.

All these factors, along with the history of racial and sexual violence in Black communities, affect whether Black survivors speak of their experiences of sexual violence and seek support from the anti-rape movement. Our awareness of these issues as sexual

assault counselors can help make us a movement that Black women can turn to for support. Encouraging cultural competency; working within an anti-oppression model; supporting women of African descent doing anti-rape work; establishing mechanisms that enable Black survivors to work specifically with Black counselors (if that is what they want); and creating coalitions and equal partnerships with communities of color, especially communities of African descent, are a few things that the anti-rape movement can do to increase accessibility to Black survivors and communities. It is important to remember that these steps are part of actively confronting the oppression that contributes to violence against all women.

Notes

1. Angela Davis, *Women, Race, and Class,* (New York: Random House, 1981), 7.
2. Elsa Barkley Brown, "Imaging Lynching: African American Women, Communities of Struggle, and Collective Memory," in *African American Women Speak Out on Anita Hill–Clarence Thomas*, ed. Geneva Smitherman (Detroit: Wayne State University Press), 102.
3. Pat Parker, "Brother," in *Chain, Chain Change: For Black Women in Abusive Relationships,* Evelyn C. White (Seattle: The Seal Press: 1994), 23.
4. Cherríe Moraga and Gloria Anzaldúa, eds., *This Bridge Called My Back: Writings by Radical Women of Color* (New York: Kitchen Table: Women of Color Press, 1983), 213.
5. Kimberlé Crenshaw, "The Marginalization of Sexual Violence Against Black Women," *National Coalition Against Sexual Assault Journal* 2, no. 1 (spring 1994): 1–6, 15.
6. Susan Brownmiller, *Against Our Will: Men, Women, and Rape* (New York: Fawcett Columbine, 1973), 194.
7. Angela Davis article, 1989.
8. Gail Wyatt, "The Sociocultural Context of African American and White Women's Rape," *Journal of Social Issues* 48, no. 1 (1992): 77–91.
9. Wyatt, "Sociocultural Context of African American and White Women's Rape," 86.
10. Beth Richie, "Facing Contradictions: Challenge for Black Feminists," *Aegis* 37 (1983): 16.
11. Donna Landerman, "Breaking the Racism Barrier: White Anti-Racism Work," in *Revealing the Web of Life: Feminism and Nonviolence,* ed. Pam McAllister (Philadelphia: New Society Publishers, 1982), 320.
12. Landerman, "Breaking the Racism Barrier," 320.
13. Aishah Shahidah Simmons, "Creating Sacred Space of Our Own," to be published in *Sex, Violence and Activism,* eds. Jodi Gold and Susan Villari.

Survivors with Disabilities

TANIS DOE

AUTHOR'S NOTE: *I thank Corbett O'Toole and Barbara Waxman for their support and feedback as well as Dick Sobsey for being a mentor and supporter of my work for years.*

WE ARE WOMEN OF BROKEN SPIRITS, BROKEN BODIES, AND BROKEN MINDS—not so much because of impairment or disability, but as a result of violence. The hard facts are that more than half of us will have some form of violence perpetrated upon us as women with disabilities.[1] A third of us have already experienced abuse as girls.[2] Our spirits and minds can be affected forever by this type of violation because we can never look at ourselves again and know life as risk-free. For nearly 10 percent of us our disabilities are intimately tied to our experiences of violence because we were shot, shaken, blinded, beaten, or psychologically tortured. Our physical paralysis and our mental illnesses (so labeled by professionals) and our lack of self-esteem are tied to trauma and the inability to live again as someone free of violence. Violence leaves a lasting mark, one that is not erased or dealt with using the Americans with Disabilities Act or even the justice system. The mark of hate, of devaluation, and of pity is tangible on all survivors even if we do not show our survivor issues to the public. High rates of violence against women and girls with disabilities are complex consequences of segregation, poverty, dependence, and societal devaluation, which makes us "vulnerable" to assault.[3]

Depression and suicide are very much part of the world of sexual assault survivors, and too many teenagers and adult women die because they cannot live with what they have been through.[4] Emotional and psychological abuse, incest, sexual abuse by doctors or attendants, battering, and public humiliation take their toll in our lives. Women who cannot speak (using their voices) are not able to disclose in the traditional sense and are usually not given alternative means to do so; women who have been drugged into the world of nonsense lose their credibility; and women who do speak out are ignored and not believed.

Who Are Disabled Women and Girls?

Disability transcends age, race, ethnicity, sexual orientation, class, religion, and gender, but it is also related in complex ways. Low incidence of disability at birth means that fewer infants have disabilities, but living risky lives increases the chance of becoming disabled. Some of these risks include poverty, drug use, alcoholism, sports, erratic driving, and lack of health education. As our population ages, the incidence and number of disabilities increase. Poor people and often people of color who are poor have higher rates of many disabilities, including those caused by violence, such as gunshot and knife wounds.[5] Our population is extremely diverse: not only do women and girls differ by type and severity of disability but also by age of onset and by how they live with their disabilities. In addition to the wide range of disabilities and multiple disabilities, women

and girls cross all the cultural, class, sexuality, race, and ethnicity group lines as well. We are literally everywhere.

The terms *impairment* and *disability* are often confused, and the old term *handicap* is still used inappropriately. There is an easy way to solve the confusion and a good protocol to get used to.

- Impairment is a lack of or difference of function in how someone uses her body or mind, vision, hearing, speech, or organs.
- A disability is a limitation in a social role (doing things like working, parenting, participating, using the bus) that could result but does not necessarily result from having one or more impairments.
- A handicap is a barrier to participation: stairs might be a barrier to a person using a wheelchair, or a person might be handicapped when sign language interpreters are not provided. A handicap is something outside the person, not of the person.

However, even if these terms are commonly accepted within the academic and services community, not every disabled person will agree, so the simple and most important rule is to *ask*. "What terminology do you feel most comfortable with when I am trying to describe how to accommodate your needs?" Most people prefer to be called by their name, but if they must choose a term it might be *hearing impaired, wheelchair user, person with AIDS,* or *asthmatic*. Listen to the survivor, not the guidebooks—use the survivor's preferred language but still understand the differences among *impairment, disability,* and *handicap*.

Identification issues are important to dealing with survivors because their "personhood" is defined individually and culturally and is not homogeneous. Women who are deaf may not want to identify themselves as "disabled," because culturally deaf people prefer to be seen as a linguistic minority group who use sign language. Also, some women who have learning disabilities or medical conditions like asthma or diabetes do not strongly identify with the term *disability* as it is associated with physical impairment. Women with physical disabilities may have progressive conditions or stable impairments. It is important to take into account both current status and recent changes in conditions of survivors because stress is linked to worsening of existing symptoms. Women with multiple sclerosis or arthritis, for example, often have fluctuations in their ability to function and level of pain, and generally their condition worsens over time. Women with a brain injury or spinal cord injury may have had a traumatic injury at any age but are currently stable and live, cope, and deal with their situation as a normal part of their lives. As counselors it will be important for you to understand how recent the woman's disability is, if it is the result of violence, and how well she is coping (medically, emotionally, socially) with her situation.

What Is Violence Against Women with Disabilities?

This section describes the types of violence that women and girls experience not only because of having disabilities but as a result of being victimized by people in relation to their disabilities. It is important to recognize first and foremost that disabled women and girls are subject to the same risks and rapes as all other women—this section highlights additional problems facing disabled women and girls.

Violence against women with disabilities and girls and boys with disabilities is two to four times as likely as violence against nondisabled women and children.[6] Vulnerability plays one role, but the main factors relate to the devaluation of disabled people, their lack of credibility, and the inaccessibility of escape, services, and support. This chapter

provides information about how to believe, support, and empower women survivors with disabilities of all forms.

There are five main types of sexual assault related to women with disabilities:

1. The first type is the same sexual assault that all women experience when they are forcibly raped (by strangers, dates, family members etc).

2. The second type of sexual assault is abuse by paid caregivers, nurses, or doctors. This is a form of sexual abuse that many disabled girls and adults experience because of the high rate of contact and dependence on caregivers. This is a particularly difficult form of sexual abuse to deal with because often the survivors have speech disabilities, mental illnesses, or physical disabilities that make them unable to escape, disclose the abuse, or be believed.[7]

3. The third form of sexual assault, which is particular to women with disabilities, is related to sexual threats and harassment tied to disability-related services. Paratransit drivers (drivers of the lift-equipped vans that transport disabled women) or personal attendants who shop, clean, or cook for disabled women may use sexual coercion as part of their manipulation. Interpreters for the deaf have also been known to assault young deaf women. Some women have been sexually assaulted by these paraprofessionals if they suggested they might tell authorities about the harassment.

4. Another type of sexual assault among disabled girls (and boys) occurs in special residential schools and camps where disabled girls are segregated from nondisabled children. In residential settings, disabled girls are often assaulted by older boys or adults and are unable to leave the institution to escape or disclose the abuse. Historically, residential abuse is well known in deaf schools, schools for the blind, and summer camps for disabled children.[8]

5. The last type of abuse is related to how people deal with the woman's ability to access her community and remain healthy. Abuse can take the form of hiding crutches, overmedicating, withholding medication, removing canes, threatening to kill or harm a guide dog, or taking control of disability income. Although initially this kind of abuse does not seem to be sexual assault, it is linked directly to the kinds of violence that disabled women experience when their husband, partner, family members, or caregivers restrict their choices to staying in their homes dependent and at risk of sexual assault.

Women with disabilities are unlikely to report abuse, sexual or physical, if it puts their housing, income, support system, or transportation at risk. Women, particularly women with developmental disabilities and mental illness, are often disbelieved or dealt with as if they wanted the assault or made it up. Credibility is a major issue among women with disabilities, and because disabled women are often seen as asexual or nonsexual, the concept of sexual assault of a disabled women often raises doubts.

Counselors dealing with women with disabilities should also be aware that women survivors may have "symptoms" unrelated to their disability but related to the assault. Women with disabilities may also be dealing with depression, side effects of medication, or worsening of disability conditions when a counselor meets with them. Women who are sexually abused almost always exhibit symptoms of post-traumatic stress syndrome. Children who are abused are four times more likely to have mental health disorders as children without abuse histories. Adult women who were abused as adults have many of the same problems as adult survivors of child abuse.[9] Children grow up without the ability to trust and without feelings of worth and competence. A disabled girl who is abused has her gender, her disability, and her history of abuse all working to demean her existence

and render her helpless. Adult women may have their personal ability to cope affected. This is not to say that being a woman or having a disability are negative. But the combination of being an abused disabled woman and living in a society that devalues women and disabled people and sustains a culture of violence does result in destructive forces. Women cannot escape sexual assault when they are dependent on the perpetrator for food, bathing, toileting, transportation, or communication. Disabled women face all the *same* issues around the care and custody of their children, emotional manipulation, threats, and financial dependence as other women, as well as their disability-related issues.

Domestic violence, and in particular for disabled women, violence at the hands of paid or voluntary caregivers, can be the hardest kind to stop. If you live with and are dependent on the abuser, or if the alternatives are not accessible or are worse, there is little hope. We need to create accessible community housing and shelters—not only transition homes but also full-time places where women can live safely and be supported. Funding mechanisms need to encourage consumer control of attendants and paid caregivers. Family members must be given respite and training, and if they are feeling stressed because of caregiving, they must receive intervention before violence begins. Family members can be the most important source of support for disabled girls and women, but if a family member is the offender, it destroys the family potency. It breaks trust and dissolves the wonderful ability of a family to overcome barriers and deal with problems.

Some of the more publicized victimizations have been gang rape of developmentally disabled women, rape of blind women by teenagers, rape of deaf girls by hearing adults or boyfriends, and sexual assault by doctors or psychiatric nurses in institutions. Although our rates of abuse are higher than average, our use of and access to services is lower than average.

The law is clear. All public services must make accommodations to ensure access for a disabled person under the Americans with Disabilities Act. Prior to that act, any program receiving federal funds was required by section 504 of the Rehabilitation Act to also provide access to programs. It is not an option, or something we should be grateful for, access is our right.

Considerations for Counselors

Implications for counselors dealing with women with disabilities are multifaceted. Although there are no perfect ways to approach disabled women, just as there are no perfect ways to approach women who are not disabled, there are some things *not* to do. Doing things that are patronizing and negative may impede development of trust and a healing relationship.

The basic etiquette in dealing with any disabled woman is to

- *Ask* her what her needs are, physical, communication, or otherwise.
- Listen to her answers.
- Proceed with what the woman asked for, or if she identifies no disability-related needs, continue treating the woman as you would any survivor. At regular intervals check in *again* and ask, listen, follow up.

Tips for Working with Survivors with Disabilities

DON'T	DO
Don't confuse disability with sexual assault experiences; i.e., just because she is deaf does not mean her needs are about being deaf.	Focus on addressing the assault experience while accommodating her needs—make sure you ask her what her needs are!
Don't assume caregivers should be called, because they might be perpetrators.	Always ask permission from women survivors before contacting anyone.
Don't automatically place a woman in a hospital if you feel you cannot meet her needs; she may have been assaulted in hospitals, and women with disabilities should have options, including going to shelters or safe houses instead of hospitals.	Many women have no safe, accessible alternatives to the place they were assaulted. Find out about community resources to refer to when in an emergency the woman cannot return to her home.
Don't assume that disability issues are the only ones involved—she may have issues around sexual orientation, culture, language, and age.	When working with women with disabilities, respect their diversity and ensure the whole person is respected respected without exclusive focus on disability.
Don't assume that you can communicate adequately because you have some experience with sign language or alternative communication.	Hire professional sign language interpreters (with permission of the survivor). Some women use a third party to help them communicate or a communication board that might be neglected if the counselor is over-confident about her abilities.
Don't talk to an attendant or interpreter instead of the woman survivor.	The disabled survivor is the person you need to talk to, and it is disrespectful to speak to a third party unless directed to by the survivor herself.
Don't refuse to provide support because of lack of accessibility.	Go to a different location, find ways to make your services accessible, and ensure that the survivor gets her support without a fight. Disability issues often cause women more trauma when they are seeking help for sexual assault issues.
Don't assume that the woman knows all about the sexual assault or her rights; being raped does not mean the disabled woman understood what happened.	Often a developmentally disabled woman or a woman with a psychiatric disability has not been given sexuality education and has been assaulted repeatedly, and she may confuse "sex" with "assault."
Don't suggest or imply that you find some of the woman's story hard to believe.	Always reinforce and give support by active listening and by believing the woman.
Don't think that the case might not be prosecutable and decide not to explain legal rights.	Always give the survivor the power to decide how to proceed.
Don't think that because you know someone with a disability you know all the issues associated with women with disabilities and assault.	Get trained by women with disabilities who specialize in awareness and accessibility issues so that you are able to meet women's diverse needs.
Don't assume you know her needs.	*Ask* and *listen.*

Notes

1. Several research projects find a higher incidence of violence against women and children with disabilities, in particular those with developmental or communication disabilities: see Sobsey 1988, 1994; Sobsey and Doe 1991; and Roeher Institute 1994; and more recently Waxman 1999.
2. Although rates of disclosure are lower than predicted violence rates, adult survivors interviewed or surveyed have higher rates of abuse than nondisabled. See Sobsey 1994; Sobsey, Wells, and Mansell 1995; and Eastcott 1994 for further discussion.
3. Through literature review and independent research, Sobsey (1994) reports vulnerability based on location and type of disability and Ticoll (at the Roeher Institute, 1992) notes higher rates of abuse for people who were socially devalued and isolated. It is important to not link the abuse to the disability itself but to the response of offenders and of society to the disability in victims.
4. Masuda (1997), through DisAbled Women's Network in Canada, notes a high correlation between suicidal ideation, attempt, and depression among women survivors of abuse who had disabilities.
5. Seelman and Sweeney (1995) identify that battered women often experience brain injury and that many disabled people among poor populations have sustained injuries from knife or gunshot wounds.
6. Several surveys show higher rates, including Corin 1986; Sobsey 1988; Sobsey and Doe 1991; and Ticoll 1994. Nosek, Howland, and Young (1997) show similar rates of abuse among nondisabled women compared with a sample of disabled women, but the women were women with physical disabilities and self-selected, so this may indicate that a higher rate of abuse exists among women with nonphysical disabilities.
7. Strong and Freeman (1997) describe the situation of domestic violence and caregiver abuse that also includes a literature review and suggestions for supporting disabled women who are experiencing this kind of violence.
8. Ticoll (1992) and Doe (1990) both show that institutionalized deaf children have experienced abuse at the hands of both older children and paid staff. This phenomenon is noted in many state schools for the deaf as well as institutions for children with other types of disabilities.
9. Post-traumatic stress syndrome is well documented among nondisabled abuse survivors but less well understood among disabled women. See Briere 1997 for a discussion of concomitant diagnosis of mental health and physical disabilities in abuse survivors.

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Teen Survivors

JAMIE LEE EVANS

We live in a dangerous world. Each night in California and across the country we can turn on the television and find another woman dead. Raped. Missing. *Sherice Iverson. Polly Klaas. Christina Williams*. Young women in particular are in danger. Grave danger.

The 1998 National Violence Against Women Survey found that 32 percent of rapes happened to young women between the ages of twelve and seventeen; another 22 percent occurred to young women under the age of twelve.[1] The Department of Justice, Bureau of Justice Statistics, reports that teens experience the highest rates of violent crime.[2] The 1997 National Crime Victimization Survey provides us with the following information: 22 percent of the U.S. population is made up of youth between the ages of twelve and twenty-four, but youth constitute 35 percent of murder victims and 49 percent of serious violent crime victims. This report also indicated that victimization rates overall increase through the teen years, crest at age twenty, and then decrease.[3] Each of these studies also showed that the majority of rape survivors were assaulted by acquaintances and intimates, perpetrators that were known to them.

As a sexual assault counselor you will speak with survivors from many different backgrounds. Because teens make up the majority of rape survivors, it is important that we are adequately trained to serve their needs. Because teens are often targets of **ageism** or **adultism**, we must learn to recognize and address the specific needs of teen survivors, which may differ from those of adult survivors. Finally, we must learn to challenge our own internalized ageist or adultist beliefs about youth.

Ageism and Adultism

When a teen is raped, she is faced with the same issues and concerns of all rape survivors: medical needs, the decision to report or not, issues of shame and self-blame, safety fears, emotional anxiety, and so on. However, in addition to these tremendous difficulties, young women face the additional burden of having much less life experience, and certainly less power and control over their lives, than most adults have. Given that power and control are the central motivating factors for a rapist, counselors should pay special attention to how issues of power and control are presenting in a teen survivor's life.

For example, young women should have the right, just as every rape survivor should, to decide on how they want to proceed and to whom they want to disclose after a rape. It is important for sexual assault counselors to truly believe in this right and to convey it to the teen survivor. If mandated reporting becomes an issue, then counselors should be up-front, clear, and honest about their legal obligations, being careful to explain prior to a teen's disclosure what they are obligated to do. For example, if you are on the phone with a caller who tells you she is sixteen, let her know ahead of time that if you get her name and number you will be obligated to report her situation to Child Protective Services. If you must report something, explain clearly

what you will be doing and why and keep the survivor in on each action you must take. Regardless of legal obligation, it is important that the teen survivor knows every detail of what you will tell an authority figure.

It's important to avoid the ageist assumption that because a survivor is young, she is ignorant, unsophisticated, or unintelligent. Although it is important to clarify options with all survivors, it is nonetheless vital that we not presume that a teen doesn't know her options just because she is young. In reality there are very worldly teenagers and adults alike, correlations of the two may vary, but age is not the connecting factor.

Providing Realistic Assistance to Teen Survivors

I once attended a public hearing where the sister of a gang rape survivor was telling her story. The story was very tragic and involved a young woman who was being repeatedly raped by several violent gang members who had threatened to kill the young woman's entire family if she reported them to the police.

After listening for about three minutes, a city councilwoman, who had earlier been dozing, looked down at the young witness and told her the following, "I am an attorney and I can help you and your family. Here is my phone number, don't worry about a thing. You girls need to come to me when this kind of bullying happens; I'll get these guys arrested! Give my office a call, and I'll be there."

The young woman looked distressed, and she frantically tried to tell the rest of her story. She talked about how this violence involved many people and crossed both language and cultural understanding. The perpetrators knew the survivor's family, where the family members lived now, and where they lived in their home country. These gang rapists not only ran the show in this young woman's apartment building but in other buildings in their district too; everyone in the neighborhood deferred to their authority. If the survivor did not submit to this rapist, she feared that they would, as promised, rape her little sister and her mother and even kill some or all members of the family.

The survivor knew that getting out of this situation would have to involve moving the entire family: grandma and grandpa, mother and father, aunts and uncles, sisters and brothers, children and infants. The survivor knew this would never happen. She also didn't want the entire family to know about what had happened to her, because she feared that some family members would expect her to marry one of the rapists.

This was one extremely complex and dangerous situation. One in which there was little chance that safety could be easily achieved, especially with the simple passing of a card and an assured "not in my town" attitude. The young woman's story was cut off with the city councilwoman calling the meeting short because she had other appointments, and I stood devastated by the irresponsibility of the authority figures in the room.

Survivors of any age rarely have a simple story to tell when they disclose rape. And we who dedicate ourselves to supporting survivors need to realize there is no magical swoop that we can do to "save" or "rescue" a young woman who's been raped. We need to listen to the stories of teen survivors, and we need to refrain from making false promises. If we tell a young survivor that we are going to make everything all right, we are most likely lying. Furthermore, it is not our place to "make everything all right." An effective sexual assault counselor does not do the fixing, she helps the survivor find and use her own tools and resources to *heal* (not fix) herself. It is human to, out of love, want to "make everything better" for a young woman or girl in need, but we should channel these urges toward becoming knowledgeable about every single teen shelter, hotline, counseling service, job placement center, or other youth resource in our town. Offering this type of

information and just listening will take a survivor much further along her path of recovery than making false promises or setting up false expectations.

Cultural Context of Teen Rape

Although anti-rape activists have been careful to analyze rape as a sexual crime of power and control, we would be misinforming the public if we simply left it at that. Today sex and violence have become so fused in our music, media, and even entertainment that it only follows that young people are being socialized to believe that sex and violence go together naturally. Popular music refers to women as "bitches and ho's"; video games give extra points for killing prostitutes who saunter across the screen with swollen and extra bouncy breasts. Even independent films are in on it. The highly celebrated *Kids* is a basic day in the life of a teen rapist and is so real in its scenes of coercion and in the rape of an unconscious girl it would sicken even the slightest feminist. Finally we have books like *American Psycho* that glamorize and sensationalize the sexual torture and murder of women. This last example is so well liked that in 1999 it was announced that it would be made into a movie. It is more evident than ever that sex, coercion, and violence have become so intertwined in popular culture that it's hard to discern which is which.

As the old patriarchs continue to capitalize on violence against women, it's no surprise that young men are calling women's vaginas "ax wounds" and refer to the act of sex as "stabbing, beating, or hitting." We shouldn't be surprised when we hear a young man proudly say that "yes, he beat [meaning: fucked] his bitch" last night.[4] And girls too, finding few alternatives, use some of these same words to describe themselves and other young women.[5] So when it comes to saying yes to consensual heterosexual sex, we have to wonder how many girls actually even know what consensual nonviolent sex is. And we have to wonder how many boys see pressure, coercion, manipulation, and physical force not as inappropriate, but as the new method of seduction, or "macking,"[6] as it is now called. Because sex has become so fused with violence, it is now more than ever relevant for rape prevention educators and sexual assault counselors to become skilled at talking about what sex is and isn't and to understand youth cultural contexts around sex and rape.

For the last two years I have been running sex education and rape prevention workshops with young women at San Francisco Women Against Rape. Anecdotes support the claim that more and more young women are having sex. But having sex is not the same as being sexually knowledgeable or sexually empowered. I have talked with dozens of young women about sex, including many teen mothers, and at least half of these young women could not define a female orgasm. Many of the sexually active girls could not tell you how a woman can have an orgasm, and most of them were horrified at the thought of masturbation. So, if not for sexual pleasure, why are these girls having sex? The answer is, of course, to please their boyfriends. And this very fact should cause us all great concern. Yes, we have come a long way baby, and, man, do we have a long way to go!

Acquaintance rape for teens often means being forced to do something in the course of otherwise consensual sexual experimentation. Keep in mind when you are working with teen survivors that they may have a long list of sexual experiences and still have very little sense of their sexual rights and choices. It would behoove us all, young, adult, and old, to review what we think *our* sexual rights are and talk about them with one another. In doing so, we "keep it real," as my students would say, and have a greater chance of engaging in real (helpful) conversations with sexually active youth.

Considerations for Counselors

There are particular issues to watch for around disclosure and medical care when you are working with a teen survivor.

There are many reasons a teen may not want to tell her parents she was raped:

- She was dating the perpetrator against her parents' wishes.
- She sneaked out the night the rape occurred.
- She is afraid they will find out she is sexually active.
- She was drinking or doing drugs the night of the assault.
- She still loves the boy and is confused about what happened.
- She believes her parents will punish her for what happened (for example, put her on a strict curfew or not let her out of the house).
- She is concerned about a cultural norm that would have her marry her rapist.
- She is afraid her parents won't think of it as rape but as premarital sex.
- She does not want to "come out" to her parents (and the disclosure of the rape would somehow reveal her sexual orientation, for example, if she was raped as a hate crime).
- She is afraid her parents will blame it on her sexual orientation (especially if she is bisexual or lesbian and was assaulted by a woman).
- She is not close to her parents.
- Her parents are also abusive to her.
- In her family or culture it is the norm for girls/women to suffer at the hands of men.
- Her parents have other problems in their lives, and she doesn't want to burden them further.

Seeking medical care after a rape can be an extremely difficult situation for any survivor, and especially difficult for a teen. Often teens report not feeling respected or listened to when seeking any medical attention. Clarifying the medical process with a survivor or answering a few questions may assist her in getting the best treatment possible at a medical facility. When asking a teen about her physical well-being and assessing her potential medical needs, you may want to ask the following questions:

Are you in any physical pain? Is there any bleeding or other physical injury?

Is there any possibility that you could be pregnant?

Do you want to go to a doctor?

Do you want to discuss what generally happens in a rape exam?

Would you like an advocate to go with you?

Did you know that you can tell a doctor that you had unprotected sex and receive the same medications as you would receive for a rape exam; that is, the morning-after pill and medication to prevent STDs?

Did you know that if you can pass for eighteen, most hospitals will not require you to show identification to prove that you are eighteen, and therefore there are no mandated reporting issues to worry about?

Did you know that you have the right to refuse any part of a rape examination if you are uncomfortable at any time?

It is important to remember that most women report having been raped under the age of twenty-five. Do your best to challenge your own assumptions and provide the best support you can to a teen survivor.

The "Don't" List for Working with Teen Survivors

- Don't confuse experience with intelligence; that is, just because a teen survivor may have limited life experience does not mean that she is not able to make complex and difficult decisions on her own.
- Don't make promises that you can't keep—it's really important not to set up young people. Offer only those services that you know are appropriate; don't make lofty philosophical promises that you cannot follow up on.
- Don't assume that the teen hasn't already thought of ways to help and empower herself.
- Don't withhold support because you are trying not to be presumptuous about her needs being met.
- Don't assume that she is doing well in school, is in school, is living at home, is straight, and so on.
- Remember to do a lot of listening, something teens don't get a lot of in their lives.
- Remember that teen survivors need to make their own decisions, just as adult survivors do.
- Resist the impulse to mother; this is the same crisis work as with an adult survivor, that is, supporting survivors to make their own decisions, including giving them the appropriate and correct information they need to make choices.
- Don't assume that the rape is the teen's only problem.
- Don't assume that she is a virgin.
- Don't assume that just because she's sexually active, she's sexually knowledgeable.
- Don't assume she knows what rape is or what it takes to get pregnant.
- Don't assume her attacker is another teen.

Definitions

Adultism. The belief that adults are more intelligent than and generally superior to youth, and/or the systematic mistreatment of youth by adults. Adultism is often manifested by adults not allowing youth to make their own decisions, assuming that youth are ignorant, and treating youth as if they matter less than adults.

Ageism. The belief that young or elderly people are less intelligent, capable, or worthwhile than others and the systematic mistreatment of youth and elders.

Notes

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2. *Violence Against Women* (Rockville, MD: Bureau of Justice Statistics, U.S. Department of Justice, 1994).
3. *National Crime Victimization Survey* (Washington, DC: Office of Justice Programs, U.S. Department of Justice, 1997).
4. As recounted to me by a counselor/support group leader of young male batterers who heard it in one of his group sessions.
5. As I discovered with horror in a support group for young women at a high school in San Francisco.
6. *Macking* is a term used by many youth to describe seduction or coming on to someone with whom you want to be sexual. It is commonly used when someone is successfully attracting their "partner" and is sometimes nothing more than a form of skillful persuasion. People (males usually, but the term is also used in lesbian communities) who are good at "macking" are often also referred to proudly as "pimps."

Women in Prostitution

MELISSA FARLEY

There is a widespread belief that the concept of rape does not apply to women in prostitution. People may perceive the rape of a woman in prostitution as a form of robbery rather than rape. Some people assume that when a prostituted woman is raped, it is part of her job and that she deserved or even asked for the rape. For example, stating that a working prostitute could not be raped, one judge described the rape of a prostituted woman as a "breach of contract between a whore and a trick."[1]

This prejudice, which dismisses the rapes of prostituted women, reflects attitudes that normalize prostitution in our culture. Just as wife beating is considered normal in many cultures, the extreme violence directed against those in prostitution—including rape and other physical assaults, poisonous verbal abuse, and sexual harassment—is socially invisible in most cultures. Many assume that prostitution, like slavery, is an inevitable (if unpleasant) part of society and turn their heads away.

The political perspective of the customer—that prostitution is a free choice—prevails in Hollywood and in fringe feminist circles. Prostitution is not a free choice. With few exceptions, prostitution is the last choice of women who have no other options for survival. Of 500 women, girls, boys, and transgendered people in prostitution in six countries (Colombia, South Africa, Thailand, Turkey, United States, and Zambia), 92 percent said that they wanted to escape prostitution but had no other options. The economic vulnerability and limited career options of poor women are significant factors in their recruitment into prostitution.[2]

The Norwegian criminologists Cecilie Hoigard and Liv Finstad wrote, "The everyday life of prostitution is distant from most of us. . . . Negotiate a price with a stranger. Agree. Pull down one pant leg. Come and take me. Finished. Next, please. It becomes too ugly to really take it in."[3]

Sexual assault counselors must address the pain of rape with clients. But how do we address the pain of *weekly* and regularly anticipated rapes that prostituted women have told us about? It is a challenge simply to acknowledge that this kind of emotional and physical pain exists in the world: "the scale of [prostitution], the dailiness of it, the seeming inevitability of it; the torture, the rapes, the murders, the beatings, the despair, the hollowing out of the personality, the near extinguishment of hope commonly suffered by women in prostitution."[4]

Some people benefit from prostitution, which is why they do not acknowledge its harm. Because prostitution exists, men are granted unlimited sexual access to girls and women. Vast amounts of money are generated by legal and illegal organized prostitution. Much of this money passes through the hands of prostituted girls and women, but they are not the ones who reap the profits.

Rape Is the Rule Rather Than the Exception Among Women in Prostitution

The commercial sex industry includes street prostitution, massage brothels, escort services, outcall services, strip clubs, phone sex, video and Internet pornography, and prostitution tourism. Most women who are in prostitution for longer than a few months drift among these various aspects of the commercial sex industry. Rape by customers and pimp-boyfriends is common in all forms of prostitution.

Women in prostitution have been described as the most raped women in the world. The experience of prostitution is itself like rape, only with money paid for the rape. The payment makes the rape invisible to some people. Women in prostitution sometimes hesitate to define the customer's pressuring her into performing a sex act that she did not agree to as rape. Of course it is rape when she agrees to masturbate him only, or to perform a blow job only, and he intimidates or coerces her into vaginal or anal intercourse. Of course it is rape when she needs money for food, clothes, child care, education, or housing and the customer exploits this vulnerability and she "exchanges" sex acts for the necessities of life.

Rape is extremely common among prostituted women. Many authors have documented and analyzed the sexual violence that is normative for women in prostitution.[5] For example, 94 percent of prostituted women interviewed by Miller and Schwartz had experienced some form of sexual assault, and 75 percent had been raped by one or more tricks.[6]

Childhood Sexual Assault Among Women in Prostitution

Research and clinical practice have demonstrated the prevalence of childhood sexual abuse and chronic trauma among prostituted women. From 60 percent to 90 percent of those in prostitution were sexually assaulted in childhood. One teenager told Silbert and Pines, "I started turning tricks to show my father what he made me."[7]

Most women in prostitution have had multiple perpetrators of childhood sexual abuse. In one study, 90 percent of the women had been physically battered in childhood; 74 percent were sexually abused in their families—with 50 percent *also* having been sexually abused by someone outside the family.[8] Of 123 survivors of prostitution at the Council for Prostitution Alternatives in Portland, 85 percent reported a history of incest, 90 percent a history of physical abuse, and 98 percent a history of emotional abuse. One woman in prostitution said,

> ***We've all been molested. Over and over, and raped. We were all molested and sexually abused as children, don't you know that? We ran to get away. They didn't want us in the house anymore. We were thrown out, thrown away. We've been on the street since we were 12, 13, 14.***[9]

Incest, rape, and prostitution may be seen as points on a continuum of sexual exploitation and abuse. Some have described the emotional distancing necessary to survive rape and prostitution as the same technique used to endure familial sexual assault. Dworkin described incest as "boot camp" for prostitution.[10]

Trauma Symptoms in Prostituted Women

Women who are prostituting dissociate as a means of survival in exactly the same way that incest survivors and rape survivors do. Advocates of the commercial sex industry have described this dissociation as "keeping a professional distance." Women in prostitu-

tion tell us that they usually need drugs or alcohol in order to "put their emotions to the side" while they engage in prostitution. Drugs and alcohol are used as chemical dissociation, both to deal with the feelings of revulsion for customers and to numb the pain of frequent assaults and rapes.

More than two-thirds of people in prostitution had PTSD (post-traumatic stress disorder), according to an international study that included San Francisco. Those in prostitution had PTSD symptoms at an incidence comparable to battered women seeking shelter, rape survivors, and refugees escaping state-sponsored torture.[11]

The health care system has repeatedly failed women because of its lack of attention to women's experiences of sexual violence in general. Prostituted women report difficulty gaining access to social and medical services, in part due to fear of arrest and also as a result of health care providers' prejudice against women in prostitution.

Racism Can't Be Separated from Sexism in Prostitution

Women in prostitution are purchased for their appearance, including skin color and characteristics based on ethnic stereotyping. Throughout history, women have been enslaved and prostituted based on race and ethnicity as well as gender. The presence of commercial sex businesses in their communities creates a hostile environment in which pimps and johns continually harass girls and women.[12]

Women are vulnerable to sexual violence when they travel to escape wars or economic devastation. Indigenous women are brutally exploited in prostitution—for example, Mayan women in Mexico City, Hmong women in Minneapolis, Karen women in Thailand, or First Nations women in Vancouver.

In most cities in the United States, women of color are overrepresented in prostitution compared with their numbers in the society as a whole. For example, in Minneapolis, a city that is 96 percent white European-American, more than 50 percent of women in strip club prostitution are women of color. Black women are arrested in prostitution at a higher rate than others charged with this crime.

Once in prostitution, women of color face barriers to escape. Among these is the lack of culturally sensitive advocacy services. Other barriers to escape faced by all women in prostitution include the lack of services that address emergency needs such as shelters, drug and alcohol detoxification, and treatment of acute PTSD. There is also a lack of services that address long-term needs of women escaping prostitution, such as treatment of depression and chronic PTSD, vocational training, and long-term housing.

Considerations for Counselors

Women who have experienced sexual harassment, rape, or prostitution may not define their experiences as instances of male violence against women. Sexual assault counselors know that women often blame themselves for having been sexually harassed or raped. Women who were raped may hold themselves responsible because they wore certain clothes or were in a certain place at a certain time. Similarly, prostituted women, in cultures that normalize prostitution, may not define prostitution as an act of sexual harassment, sexual exploitation, or rape.

Even if she does not discuss this awareness with her prostituted client, it is important for the sexual assault counselor to know that prostitution *always* involves sexual exploitation, verbal harassment, verbal abuse, and rape. Childhood sexual abuse and battering are almost universal among prostituted women.

Although 90 percent of prostitution is controlled by pimps, women in prostitution whose boyfriends are being supported by their earnings (the definition of pimping)

frequently deny that their boyfriends are pimping them. When sexual assault counselors inquire about the social support available to women in prostitution who have been raped, it is important to be aware that when she says that she has a supportive boyfriend, she may be referring to the man who is also pimping her. Careful inquiry about her relationship to her support person is advised. Ideally, she will have someone in her life who does not pressure her to return to prostitution.

Survivors of prostitution who later got out tell us that when they were prostituting, they told others that they "chose" prostitution, or they denied the harm that was being perpetrated against them in prostitution. It is normal for people who are in the midst of ongoing or inescapable trauma to deny the harm as a means of survival; otherwise, it might be too emotionally difficult to stay alive.

Women in prostitution and women who have been raped are likely to have symptoms of PTSD. A person's risk of using drugs or alcohol increases with symptoms of PTSD. Chemical dependence may be an issue for women in prostitution. If a sexual assault counselor suspects that a caller is intoxicated, it is helpful to ask if she has been using drugs or alcohol. If she says yes, or if she acknowledges a problem with drugs or alcohol, it is helpful to let her know that after rape, problems with chemical dependence may be exacerbated. Treatment for chemical dependence, such as Haight Ashbury Clinic or Walden House in San Francisco, and support groups, such as Alcoholics Anonymous (A.A.) or Narcotics Anonymous (N.A.), are available.

Agencies that offer services to women escaping prostitution should be included among other referrals for women in prostitution who have been raped. Agencies such as Council for Prostitution Alternatives (Portland), You are Never Alone (Baltimore), Promise for Women Escaping Prostitution (San Francisco), or SAGE (San Francisco) offer individual counseling and peer support for women who have been raped in prostitution. These agencies offer services to women in prostitution *whether or not* they have decided to leave prostitution. A Safe House (San Francisco) provides transitional housing for women leaving prostitution.

Sexual assault counselors who are working with raped women in prostitution can support their clients *without supporting the institution of prostitution.* As with all women who have survived rape, the focus must be on the emotional and physical pain suffered as a result of rape. Her immediate physical and emotional safety are crucial issues—including the fearful challenge of finding safety in a culture that normalizes sexual exploitation.

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5

Medical & Legal Systems

CALCASA
CALIFORNIA COALITION
AGAINST SEXUAL ASSAULT

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Survivor Rights

What are the rights of a sexual assault survivor?

Many survivors of violent crimes and especially survivors of sexual assault experience emotional shock. As a crisis intervention worker, it is important for you to acknowledge that victims can become survivors. Part of this process is for the victims/survivors to make every attempt to take control of their life again. In order to do this, they must be certain that they are receiving the care, information and rights to which they are entitled. By exercising their rights they are, in effect, taking charge again. Become familiar with their rights.

As a survivor

You have the right to determine whether or not you want to report the sexual assault to law enforcement.

You have the right to request to be interviewed by a female officer if you decide to make a report. This may result in extremely lengthy delays in the reporting procedure.

You have the right to report but not proceed with prosecution.

You have the right to withdraw your testimony against the attacker at any time.

You have the right to be treated in a considerate and sensitive manner by law enforcement and prosecution personnel.

You have the right to sue a person or company for negligence—if you were sexually assaulted in a place having unsafe conditions (apartment building or parking lots, for example).

You have the right to contact and be contacted (where and when you wish) by law enforcement and the district attorney's office.

You have the right to obtain copies of police reports regarding the sexual assault.

You have the right to report the attack to law enforcement and expect that all avenues within the law will be pursued to apprehend and convict the offender.

You have the right to file a third-party report (for example, a rape crisis center reports the crime but does not disclose your name).

You have the right not to be exposed to prejudice because of your race, age, class, lifestyle, or occupation.

You have the right to be considered a rape survivor regardless of the relationship of the assailant to you (for example, spouse, acquaintance, relative).

You have the right to be loved—you have done nothing wrong.

As a patient

You have the right to call your personal physician to attend you.

You have the right to refuse the collection of medical evidence, even though you may request venereal disease and pregnancy tests.

You have the right to privacy during the collection of medical evidence. Even though you may be a minor, you have the right to have the examination without a parent or guardian present.

You have the right to request that law enforcement officers leave the examining room.

You have the right to request that a friend, family member, or rape crisis counselor accompany you in the examination room.

You have the right to have each procedure explained in detail before it is done.

You have the right to an explanation of the reason for every test, form, and procedure.

You have the right to copies of medical reports.

You have the right to make application for reimbursement through victims of violent crimes compensation for certain medical expenses.

You have the right to strict confidentiality.

You have the right to have common reactions to the rape, such as sleeplessness, nightmares, anxiety, and fear, and not have these reactions considered abnormal behavior.

As a witness

You have the right to be asked only those questions that are relevant to a court case.

You have the right to attend all proceedings that are not closed to you as a witness or to the public.

You have the right to a translator in court if you do not speak English.

You have the right to any court records that are public.

You have the right to have your own attorney present during the proceedings. If you are a minor, you have the right to testify in closed chambers or to have your parents excused from the courtroom during your testimony.

You have the right to be informed of the parole date and release from jail if your assailant is found guilty and sent to prison.

You have the right to have someone with you (a friend, relative, rape crisis counselor, etc.) at police and court proceedings, such as lineup identifications or superior court.

You have the right not to be asked questions about prior sexual experience—with anyone other than the defendant.

You have the right to sue the suspect in civil proceedings.

***Finally, you have the right to survive**—which means that you have the right to request everything that you need in making the transition from victim to survivor.*

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SANTA CRUZ SEXUAL ASSAULT RESPONSE TEAM (SART)

Maintaining Confidentiality

KATHLEEN A. TARR

THE PURPOSE OF THIS CHAPTER IS to clarify the role of sexual assault victim advocates in the criminal justice system. Although this chapter is not a substitute for obtaining advice from your own legal counsel, the general information it contains highlights care you must take in order to advocate effectively while maintaining victims' autonomy. Sexual assault victim advocates are integral to the full participation of survivors in the criminal justice system without being revictimized. Unlike support persons, sexual assault victim advocates speak and act on behalf of survivors to protect their legal and social rights, from the initial interviews with law enforcement to hospitals' forensic examinations to the final sentencing of perpetrators. It is important to note that while sexual assault counselors can also be sexual assault victim advocates, not all sexual assault victim advocates are sexual assault counselors. One of survivors' legal rights that is often neglected in this process is that of privilege.

What is privilege? Privilege is the product of relationships that demand the confidentiality of exchanged information. Legally, "privilege" is a defense available to parties who have exchanged information as justification for not disclosing the contents of their communications.

Who has privilege? California recognizes privilege in several different relationships, including, but not limited to, the lawyer–client privilege, privilege for confidential marital communications, physician–patient privilege, psychotherapist–patient privilege, clergyman–penitent privileges, sexual assault victim–counselor privilege, and domestic violence victim–counselor privilege. (See generally the California Evidence Code, division 8, chapter 4; all references are to California codes unless otherwise specified.)

Why are there laws regarding privilege? Certain relationships are considered to be socially useful, such as those between attorney and client, physician and patient, or clergy and confessor. In an effort to promote these relationships and maintain the free flowing of ideas, information exchanged in the course of these relationships is not permitted to be disclosed without the client's consent.

Who holds the privilege of confidentiality? In the context of sexual assault, the holder of the privilege is one of the following:

- The victim when such person has no guardian or conservator
- A guardian or conservator of the victim when the victim has a guardian or conservator
- The personal representative of the victim if the victim is dead

(See Evidence Code sec. 1035.6.)

The holder of the privilege in all cases represents the victim. The holder of the privilege is *not* the advocate, counselor, or other professional to whom the privilege applies. Although, for example, the sexual assault victim counselor who receives or makes a communication shall claim the privilege whenever disclosure of the communication is sought, it is the

sexual assault victim who in fact holds the privilege of preventing the counselor from disclosing confidential information. (See Evidence Code secs. 1035.8, 1036.)

Only holders of privilege may waive the confidentiality of a communication and only if, without coercion, they disclose a significant part of the communication or consent to such disclosure made by anyone. (See Evidence Code sec. 912.) If a professional discloses confidential and privileged communications, he or she not only violates the victim's rights (once punishable as a misdemeanor) but may also inadvertently compel disclosure of the entire content of communications the victim intended to keep confidential. (Note Evidence Code sec. 1035.4, courts may compel disclosure of information received by sexual assault victim counselors if the court determines that the probative value outweighs the effect on the victim, the treatment relationship, and the treatment services; also Evidence Code secs. 911 *et seq.,* additional limitations of privilege.)

What qualifies as a confidential communication? Confidential communications include information transmitted between the victim and the sexual assault victim counselor in the course of their relationship. Essential to the communication is that it is disclosed in confidence by a means that, so far as the victim is aware, is not disclosed to any third persons other than those who are present to further the interests of the victim in the consultation and those to whom disclosures are reasonably necessary for the transmission of the information, for example, translators. (See Evidence Code sec. 1035.4.) Note that it is only when the sexual assault victim advocate is also a sexual assault victim counselor that communications between the advocate and the victim are privileged. California provides no statutory privilege to sexual assault victim advocates who are not also sexual assault victim counselors.

Who qualifies as a sexual assault victim advocate? Sexual assault victim advocates not only include sexual assault victim counselors who have undertaken the task of proactively effecting justice for victims but also victim advocates working in a public or private nonprofit Local Assistance Center for Victims and Witnesses. (See Penal Code secs. 697.04, 13835 *et seq.*) Although in funding these centers the Office of Criminal Justice Planning considers favorably the capability of the agency to provide confidentiality of records, there is no automatic confidentiality or privilege connected with being an approved Assistance Center. It is important, then, that sexual assault victim advocates who are also sexual assault victim counselors do not act in such a way as to be seen as members of the prosecution team, as advocates from Assistance Centers can be. Privilege does not apply globally to all advocates. For instance, victim advocates employed by a district attorney's office may also advocate on behalf of victims, but unlike sexual assault victim advocates qualified as sexual assault victim counselors, their communications with victims are not confidential. The "Applicability of Privilege" table, page 313, clarifies some of the statutory differences.

Comparing the titles and definitions, it is clear that a sexual assault victim advocate is much more than a support person or sexual assault victim counselor. The sexual assault victim advocate may not only be a sexual assault victim counselor but additionally accompanies the victim through the medical and legal processes following a sexual assault and advocates on the victim's behalf. The sexual assault victim advocate, unlike the support person or sexual assault victim counselor, is proactive in the process of effecting justice for the sexual assault victim.

Because of this proactive representation of the victim's interests, confusion may arise for sexual assault victim advocates and victims around confidentiality and privilege. However, despite any initial confusion, it is important for sexual assault victim advocates to understand the line that separates privilege from breach of that right. It is important

Applicability of Privilege

TITLE	DEFINITION	PRIVILEGE	REFERENCES
Victim	1. A person who consults a sexual assault victim counselor for the purpose of securing advice or assistance concerning a mental, physical, or emotional condition caused by a sexual assault.	Yes	Evidence Code sec. 1035
	2. A person against whom a crime has been committed; *see* Penal Code secs. 1036, 11165.1 for conduct defining sexual assault.	No	Penal Code sec. 679.01 (b)
Sexual Assault Victim Counselor	1. A person who is involved in a rape crisis center and (a) whose primary purpose is to render advice or assistance to victims of sexual assault; (b) who has received a certificate evidencing completion of a training program in the counseling of sexual assault victims issued by Rape Victim Counseling Center (*see* Penal Code sec.13837); *and* (c) who meets one of the following requirements: (1) is a psychotherapist (*see* Evidence Code sec. 1010); has a master's degree in counseling or a related field; or has one year of counseling experience, at least six months of which is in rape crisis counseling. (2) has 40 hours of supervised training and is supervised by an individual who qualifies as a counselor under paragraph (1).	Yes Yes	Evidence Code sec. 1035.2 Evidence Code sec. 1035.2
	2. A person (a) who is employed by any organization providing the programs specified in section 13835.2 of the Penal Code, whether financially compensated or not, for the purpose of counseling and assisting sexual assault victims; and (b) who meets one of the following requirements: (1) is a psychotherapist (see Evidence Code sec. 1010); has a master's degree in counseling or a related field; or has one year of counseling experience, at least six months of which is in rape assault counseling. (2) has the minimum training for sexual assault counseling required by guidelines established by the employing agency pursuant to subdivision (c) of section 13835.10 of the Penal Code and is supervised by an individual who qualifies as a counselor under paragraph (1).		
Sexual Assault Victim Advocate	1. A sexual assault victim counselor (*see* Evidence Code sec. 1035.2 *or*	Yes	Penal Code sec. 679.04 (a)
	2. A victim advocate working in an established center (*see* Penal Code secs. 13835 *et seq.*) *and* who the victim chooses to be present at any interview by law enforcement authorities or during *contact by district attorneys.*	No, *unless* another statutory privilege applies	Penal Code sec. 679.04 (b)

Continued on next page

Applicability of Privilege (cont.)

TITLE	DEFINITION	PRIVILEGE	REFERENCES
Individual Advocate	Someone who speaks or acts on behalf of an individual to achieve change in the practice of another individual or institution. Such intervention is necessary to protect legal or social rights or to effect justice on behalf of the individual.	No, *unless* another statutory privilege applies	*Seeking Justice: Legal Advocacy Principals and Practices*
Compare			
Support Person	Someone of the victim's choosing to be present during any medical or legal process following the assault *in addition to* any victim advocates.	No, *unless* spouse or ex-spouse	Penal Code sec. 679.04 (b); *also* Evidence Code secs. 970 *et seq.*

to the healing process that victims trust that their innermost concerns and feelings will remain private, and sexual assault victim advocates must make that concern their priority.

Given the interest in promoting the free flow of ideas between victims and sexual assault victim counselors, one may wonder why the California legislature did not by statute protect the confidentiality of communications between all sexual assault victims and sexual assault victim advocates. The answer perhaps lies in the supremacy of federal laws that require any member of a prosecution team to disclose certain kinds of evidence to the criminal defendant. Because some sexual assault victim advocates are employed by prosecutors, they are by definition members of the prosecution team, and the State of California cannot designate otherwise.

What is a "prosecution team"? A prosecution team is the membership of agencies and persons "acting on the government's behalf." "Acting on the government's behalf" includes any activity that assists the government's case per employment by the prosecution. "Employment" does not require financial compensation.

Under California law, the prosecuting attorney is not required to disclose any materials that are privileged pursuant to an express statutory provision (Penal Code sec. 1054.6). However, prosecutors are required to disclose exculpatory evidence to the defendant if it is in the possession of the prosecuting attorney or if the prosecuting attorney knows it to be in the possession of the investigating agencies (Penal Code sec. 1054.1[e]). Exculpatory evidence is evidence that suggests a defendant's innocence.

If a sexual assault victim advocate acts in the government's behalf in a particular case, she becomes part of the prosecution team. As such, any exculpatory evidence she discovers must be disclosed to the defendant because it effectively comes into the prosecutor's possession. (See *Brady v. Maryland* [1963] 373 U.S. 83; *In re Brown* [1998] 17 Cal.4th 873.) The goal is to avoid falling under such requirements and to maintain the confidentiality of privileged communications between victims and sexual assault victim advocates. The chart "For the Sexual Assault Victim Advocate to Maintain Confidentiality in Privileged Communications," page 315, highlights what not to do—acts that create an employment relationship and membership in the prosecution team—and what to do—acts that maintain privileged confidentiality.

For the Sexual Assault Victim Advocate to Maintain Confidentiality in Privileged Communications

DO NOT	DO
volunteer or accept paid employment at the prosecutors's office, the investigating agency, or the hospital where forensic examinations occur	maintain alliances with prosecutors, sexual assault response teams (SARTs), investigating agencies, and hospitals
speak to a victim about trial preparation at the request of the prosecutor	speak to a victim about trial preparation pursuant to rape crisis center policy and procedures
provide additional information about the victim's trauma at the prosecutor's request	encourage the victim to provide detail in her collaborations with the prosecutor
translate a doctor's questions during examination	translate fellow rape crisis center staff's questions to the victim when there is a center policy on maintaining confidentiality among staff or within the agency
hold a tape measure to the victim's injuries to assist the hospital to document	observe the process of documenting a victim's injuries
relay a message from the forensic laboratory to the victim that technicians need another hair sample	explain why second biological samples may be required if and when the victim asks about the process
get the victim a blanket, juice, or other amenity at the nurse's request	ask the victim if she would like a blanket or juice and ask the nurse if it would be OK for you to get such items
explain a question or procedure to the victim at SART personnel's request	ask the victim if she understands the questions or procedures, and if she does not, ask staff to explain the question or procedure to her again
participate in gathering evidence for SART	tell SART personnel that under California law, you cannot participate in gathering evidence

How can I maintain confidentiality while still effectively advocating for survivors?
Sexual assault victim advocates should consistently prepare survivors for upcoming investigations, medical procedures, and trial, always empowering the survivor to ask questions of personnel if there is misunderstanding or confusion. Sexual assault victim advocates must clearly communicate to survivors that their purpose is to advocate for her and assist her in maintaining her autonomy. Sexual assault victim advocates must understand that their role does not include volunteering to assist anyone other than the survivor in processing information from or to the survivor. Sexual assault victim advocates must remember that their role is to promote the needs of the survivor, not to make anyone else's job easier.

How do I maintain alliances with SART and other prosecution team members?
Although it is legally and ethically required that sexual assault victim advocates maintain victim confidentiality and protect privilege, a secondary consideration involves maintaining positive relationships with SART personnel and other members of the prosecution team. Sexual assault victim advocates might best head off potential conflicts and misunderstandings by seeking the input of SART personnel as to how best to accomplish tasks before problems develop during an actual case. Sexual assault victim advocates might meet with police and hospital administrative staff regarding, for example, the availability of translators at the scene of the crime, during initial questioning, and at the hospital, prior to arriving upon a scene where the advocate is the only bilingual person available (see Government Code sec. 7292, Welfare and Institutions Code sec. 4341[d], and Health and Safety Code sec. 1259[a] regarding entitlement to interpreters). Collaborations with additional agencies may help resolve the issue and maintain alliances. Centers may, for example, contact local immigrant rights organizations and work together on projects to make sure translators are available at crime scenes.

In maintaining alliances, it is especially important that sexual assault victim advocates stress the importance of their role: preventing the debilitating consequences of rape and sexual assault. Studies indicate that rape trauma syndrome does not have to occur after the assault.

> *If the victim seeks professional help immediately after the rape, she will be less likely to suffer from symptoms of rape trauma syndrome. She may contact some center of service for sexual assault victims or other institution concerned with crisis intervention. These centers give the victims immediate support, information and they attempt to equip these women with coping skills needed to deal with the crisis. Early crisis intervention may decrease the probability of onset of rape trauma syndrome.*[1]

To effectively delay or prevent the onset of rape trauma syndrome, survivors must be assured that the support that centers provide includes the protection of confidential and privileged communications throughout the criminal justice process. Lack of trust that the information she shares is private limits the survivor's cooperation during the criminal justice process and, more important, her emotional healing.

The California legislature seeks to reduce the trauma and insensitive treatment that victims and witnesses may experience in the wake of a crime. (See Penal Code sec. 13835[a].) By proactively protecting victim privilege, sexual assault victim advocates can remind SART personnel, prosecution teams, and other victim advocates of the real focus: the sexual assault victim and the ultimate achievement of justice.

Notes

1. Cyberia Shrink, *Factors in Development and Course of Rape Trauma Syndrome;* available from http://www.queendom.com/articles/rapedev.html (internal citations omitted).

Medical Issues

SHERRY ARNDT

THIS CHAPTER COVERS THE MEDICAL-LEGAL EXAMINATION and the roles of the personnel involved. The medical-legal examination is a physical assessment that has two main purposes:

- To collect forensic evidence such as fibers, hairs, or stains in a specific manner so that it may be introduced into court if necessary. (The word *forensic* means "for use by the courts.")
- To look for and document injuries, provide appropriate health care, and provide information and referral about health care resources in the community.

The medical-legal exam consists of a skin surface examination. Usually a genital exam, similar to the pelvic exam most women have for their annual Pap smear, is also performed. The terms *evidential exam, rape kit exam, rape exam* and *forensic exam* also refer to the medical-legal examination. When a sexual assault is reported to law enforcement officers, one of the first decisions the survivor is asked to make is whether she wants a medical-legal examination for collection of forensic evidence. Few other criminal offenses require as extensive an examination and collection of evidence as a sexual assault.[1] Forensic evidence is important in the investigation because it can help link the survivor to the scene of the assault. For example, if the assault took place on the beach and sand is found on the survivor's skin, this can be collected as forensic evidence and will help support her statement. Forensic evidence can also help link the assailant to the survivor, for example, if fibers from the assailant's car upholstery are found.

If the incident occurred within seventy-two hours, the survivor should be examined without delay to minimize the loss or deterioration of evidence. Forensic evidence is collected concurrently with the physical examination. If more than seventy-two hours have passed since the last incident or incidents, a complete physical examination can still be conducted to examine for injuries to the body and genitalia. A modified collection of forensic evidence may be done. For example, based on sperm survival data, there may be value in collecting vaginal or cervical swabs.[2]

The medical-legal exam can be an important first step in the healing process. It contains both a legal and a health care component. The advocate familiar with the purpose of the examination as well as the steps of the exam may provide important information to the survivor that will help her make an informed decision about the medical-legal exam. Because forensic evidence such as fibers, hair, and stains can deteriorate and disappear rapidly, it is important to have this evidence collected as soon as possible.

Historically, this exam was conducted by emergency department or clinic staff who may or may not have had any special training in conducting the exam. Schools of nursing and schools of medicine do not routinely offer information about the medical-legal exam or forensic evidence collection, even with an obstetrics and gynecology or maternal-child health specialization. The result was a hodgepodge of services with little or no consistency in the manner in which care was provided. To increase the quality of the

exam, California's Office of Criminal Justice Planning (OCJP) developed specific procedures, the California Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims, for the medical-legal exam. Since 1987, all health care providers throughout the state are required to use this protocol when conducting a medical-legal exam.[3] A report form was also developed to record the exam and document findings. These forms are the OCJP Form 923 (for adults) and the OCJP Form 925 (for children) and are contained in the appendix.[4] A package of equipment known as an evidence collection kit is used to assist with the collection process and to package the evidence for safe delivery to the crime laboratory or the law enforcement agency investigating the report. The kit contains swabs, glass slides, envelopes, and other items to be used in collecting evidence. Each person handling the kit must sign his or her name to form a "chain" of signatures to show who has had custody of the evidence. This kit is distributed by the California Department of Justice (DOJ) or, in urban areas, by the local crime lab. The health care provider is responsible for keeping a supply of these collection kits on hand.

Remember that you don't need to have all the answers. The most important thing to give to someone in crisis is your centered presence.

CHRISTINE SAMAS, PROJECT SANCTUARY

In the late 1970s, a few communities in California began forming multidisciplinary investigative teams called Sexual Assault Response Teams (SART) consisting of physicians, sexual assault victim advocates, and law enforcement officers. In 1986, sexual assault nurse examiners (SANEs) began performing medical-legal examinations. Currently, the majority of exams are done by nonphysician examiners (nurses, nurse practitioners, physician assistants). The SART has three main goals:

- To increase the sensitivity and quality of care provided to the survivor
- To improve the quality of the forensic evidence collected
- To enhance collaboration and communication among all the team members who interact with the sexual assault survivor

Since 1986, many counties in California have adopted the SART approach to respond to reports of sexual assault. In areas where this specialized response is not used, the staff at hospital emergency departments provide the care and collect and document the evidence.

The basic role of the physical examiner is to

- Conduct an assessment for any signs of trauma requiring medical treatment
- Conduct a head-to-toe examination and document any injuries whether or not they require medical treatment
- Collect, package, and document the forensic evidence using the evidence collection kit
- Address specific health care concerns such as the risk of pregnancy and exposure to sexually transmitted diseases, arrange for any preventative medication, and arrange for any needed follow-up care
- Testify in court about the exam, if necessary

Rights of the Survivor

Patients have the right to have someone completely nonjudgmental with them during the exam and evidence collection. Because both the physical examiner and the law enforce-

ment officer write a report that becomes part of the police record, they must maintain their objectivity at the same time as they practice sensitivity and compassion.

Sexual assault survivors have the right to immediate, compassionate, and comprehensive medical-legal examination and treatment by a specially trained professional who has the experience to anticipate their needs during this time of crisis.[5] Every survivor of sexual assault should be treated with fairness, compassion, and respect by the health care system and the criminal justice system.[6] Penal Code section 264.2 requires that during any medical, evidentiary, or physical examination following a sexual assault, the victim has a right to have a sexual assault victim advocate and at least one other support person (friend or family member) of the victim's choosing present. Furthermore, the medical provider must inform the survivor of this right before the examination.[7] She also has the right to privacy during the exam and may ask anyone other than the necessary health care personnel to leave the room during the examination. Recent additions to Penal Code section 264.2 allow the medical staff or law enforcement officer to exclude the support person, but not the advocate, from the exam room if that person is being disruptive. Friends and/or family members may be very upset because someone they care about has been hurt, and they are not specifically prepared or trained to support the survivor during the medical-legal exam. Their initial reaction may be anger or blame even though they want to be helpful. For example, a teenager may be afraid to speak candidly in front of a parent or boyfriend because she was somewhere she was not supposed to be.

Penal Code sections 11160–11161 require physicians and hospitals to notify a law enforcement officer by telephone and in writing if treatment is sought for injuries inflicted in violation of any state penal law. The report must state the name of the injured person, his or her current whereabouts, and the type and extent of injuries. This report does not obligate the injured person to provide any information or even to speak to law enforcement authorities. The survivor may still receive any necessary medical treatment.

All sexual assault victims have a right to report the crime of rape. Although not every victim may choose to report to law enforcement, she has a right to know what her options are and what to expect if she does or does not decide to report. Everyone has the right to sensitive and knowledgeable support without bias during this often difficult process.[8]

After the initial report is made, the survivor must make the decision whether to consent to the medical-legal exam or to seek medical treatment only. If only treatment is sought, the police do not receive a report of the exam, and no forensic evidence is collected. It is important for the survivor to know that it may not be possible to collect this evidence at a later time. The longer a person waits to make this decision, the less forensic evidence can be collected, especially if the person bathes, eats, or changes clothes.

There are four important reasons for a medical exam following a sexual assault:

- To determine if the survivor has been injured in any way. Following an assault, the survivor may be in a state of shock and may not be totally aware of injuries.
- To be evaluated for the risk of unwanted pregnancy and/or exposure to sexually transmitted diseases (STDs) and to receive any appropriate medication to prevent pregnancy and/or infection from occurring.
- To ease any fears she may have about infections, pregnancy, or injuries and to take the first step toward regaining control of her life.
- To collect forensic evidence and prepare a report of the medical-legal exam for possible future prosecution if and when a suspect is caught. The suspect may be examined and forensic evidence collected, and this may be useful for comparison by the crime lab. This process can help corroborate the survivor's statements.[9]

Consent to Treatment, Medication, and Release of Evidence

Whenever a person seeks medical treatment for any reason, he or she is asked to sign a consent form giving permission for the examination and treatment. To protect the rights and interests of both the survivor and the health care provider, appropriate signed consents must be obtained before the examination begins. The sexual assault victim advocate, the examiner, or the hospital staff may discuss this with the patient. The physical examiner provides the OCJP Form 923/925, which contains a place for the survivor to sign indicating consent (see Appendix for forms).

Specifically, consent may be given for

- Medical examination for treatment only. This includes routine diagnostic and medical procedures and is obtained from all patients in accordance with hospital policy.
- Medical examination, collection, and preservation of evidence. This indicates that the survivor understands that evidence will be collected, preserved, and released to law enforcement authorities.
- Acknowledgment that collection of evidence may include photographing injuries and that these photographs may include the genital area. (More about photographs is covered in the "Focused Genital Exam" section, page 324.)

Some medical facilities also obtain written consent acknowledging that aggregate data may be collected from medical records. This type of data is for statistical purposes only and does not contain any identifying information. Information about the age of patients, ethnicity, type of crime, and suspect characteristics are examples of the type of data collected.

Informed consent should be a continuing process that involves more than obtaining a signature on a form. Once given, consent may be withdrawn at any time for any portion of the medical-legal exam. When under stress, many patients may not always understand or remember the reason for or significance of a procedure. Therefore, all procedures should be explained as thoroughly as possible, so that the patient can understand what is being done and why. Some rape crisis centers have developed brochures for this purpose. Written information is not a substitute for talking to the survivor about each step in the process, but it is good to have written information for the survivors to take home with her. Although much of the exam can be explained by the sexual assault victim advocate, the physical examiner can explain the exam procedures as they take place.[10] The sexual assault advocate should be familiar with the exam procedures in order to be able to explain what will happen and also talk to the survivor after the exam about what did happen. Some victims/survivors want to know all about the exam and ask questions in great detail. Others may want very little discussion about the details. Both reactions and any in between are normal.

According to Civil Code section 34.7, minors twelve years of age and older may give consent for hospital, medical, and surgical care related to

- The diagnosis or treatment of a sexual assault and the collection of evidence
- The prevention or treatment of pregnancy
- The diagnosis and treatment of sexually transmitted infections

In addition to signing statements, victims/survivors must be given information about cost, consent, and compensation claims. The cost of the evidence collection is the

responsibility of the local government only if the patient consents to the collection. If not, the patient, or by extension an insurer, is responsible for the costs of the medical exam and medical treatment. Realistically, the medical-legal exam will not be done without law enforcement authorization; authorization will not be given without signed victim consent.

Consent for evidence collection, once given, may be withdrawn at any point or for any specific procedure. For example, the survivor may decide, with the physical examiner's input, not to have reference samples taken at the time of the initial exam, such as saliva, hair, or blood, but may return for these at a later time if necessary. She should understand that if she does not permit collection of reference samples, at the time of exam or at a later time, the crime laboratory cannot conduct a comparative analysis of the evidence.

A victims of crime compensation claim can be filed with the State Board of Control for out-of-pocket medical expenses, counseling, loss of wages, and job retraining and rehabilitation if the survivor agrees to cooperate fully in the criminal justice process.[11] The county Victim/Witness Program can provide information about the procedure and help fill out the claim. The claim is then reviewed by the State Board of Control for approval. Claims are paid from federal Victims of Crime Act money and state money collected from fines offenders are ordered to pay.

Sexual Assault Evidentiary Examination

The medical-legal exam can take place in a hospital emergency department, a specialized exam room designed for this purpose, or any combination of these. The exam usually takes two to four hours, depending on the injuries present and the thoroughness of the exam. The emergency department is a busy place. Only 3–5 percent of sexual assault victims sustain injuries requiring urgent medical attention.[12] Priority for treatment of injuries is set based on the severity of the trauma, just as for any other emergency patient.

After a particularly distressing hospital call, I like to take a hot bath for stress relief.

JULIE WITTNER, FAMILY SERVICES OF TULARE COUNTY RAPE CRISIS CENTER

Information about what victims/survivors will encounter at the hospital and the treatment procedures often helps to lessen stress. Each rape crisis center usually develops specific procedures for providing hospital accompaniment, such as where to meet the survivor and where to wait. Usually the sexual assault advocate stays with the patient from admission to release and can give comfort and support in a variety of ways: listening, talking, providing important medical information, and calling friends or family. Advise the patient not to have anything to drink or eat or smoke until the staff or physical examiner approves. These activities can interfere with potential forensic evidence or with medication that might be given. If the survivor needs to go to the bathroom, the urine must be collected and the survivor should be instructed not to wipe. This may remove valuable evidence. If the survivor has already changed clothes, law enforcement will be responsible for properly collecting the "assault" clothing. If the clothes will be collected at the time of the exam, have a friend or relative bring extra clothes to wear home. Some hospitals and rape crisis centers also keep a supply of sweatshirts and pants to wear home.[13]

Medical Protocol for Adult Females

This section describes the steps taken in a medical-legal examination of an adult female. The procedures for adult males are similar, with the obvious anatomical differences. Child sexual abuse exams are discussed separately. Some physical examiners also collect evidence from suspects in sexual assault cases. If this is done at the same location, it is important to

prevent the survivor from encountering the suspect. Such an encounter could be very traumatizing for the survivor, and it may affect the validity of eyewitness identification at a later time, such as in a police line-up. The medical protocol involves the following steps, which have been or will be discussed.

1. Consent signatures
2. Interview
3. Initial health screening
4. Physical assessment and evidence collection
5. Focused genital examination
6. Documentation of findings and evidence collected
7. Assessment of risk of pregnancy and STDs, discussion of any medication available to prevent these
8. Discharge instructions
9. Follow-up exam (if indicated)

INTERVIEW

The interview forms the basis for the forensic evidence collection and physical assessment. The initial interview may be conducted by law enforcement or by the physical examiner or by both. The sexual assault advocate can provide important support during this interview process but should not participate directly in the interview process. If the survivor confides any information about the assault to the advocate while waiting or during the medical-legal exam, the survivor should be encouraged to provide this information to the physical examiner or officer; otherwise, this information will not be included in the report. If the sexual assault advocate has questions about the interview, it is best to discuss this with the physical examiner or law enforcement officer privately. It does not inspire confidence to see your caregivers disagree about your care. Because sexual assault advocates provide support to the patient and do not write a report, they have the luxury of forming a completely nonjudgmental relationship.

HEALTH SCREENING

After the initial interview, the survivor is taken to the examination room (if the initial interview did not take place in the exam room). Once the patient arrives at the exam room, some familiar medical procedures will take place, such as taking of blood pressure, temperature, and pulse. By their very familiarity, these procedures can be reassuring, helping the survivor focus outward and reducing her stress level. A range of emotional reactions is normal. Extreme fear and anxiety can be counterproductive to the patient's ability to complete the interview and exam procedure. The physical examiner and other hospital staff will be completing paperwork during the entire procedure. At times their attention will be on this documentation and other paperwork and on setting up their equipment prior to the physical assessment. The physical examiner will ask questions about general health and then focus on information about the assault itself. In order to plan the physical assessment and evidence collection procedures, the physical examiner will need to know as much as possible about the assault itself. Questions usually start with familiar information in order to help the survivor feel comfortable. Gradually more specific questions can be asked; these can evoke embarrassment or feelings of humiliation. It is difficult to discuss such personal information with a relative stranger. For example, some people do not know correct terms

for anatomy and/or sexual contact. The survivor may have been forced to do or say things she finds humiliating or shameful. These details can be very difficult to discuss.

Questions might include

Where do you normally get health care?

Have you seen a doctor for anything within the past few months? If so, please describe it to me.

Do you have any pain anywhere now? If so, where, how much?

When was your last menstrual period? (This information is needed to assess the risk of pregnancy and may affect medication choices.)

How old were you when you had your first period? (This would be important with an adolescent patient.)

Tell me what happened last night.

Can you tell me more about that?

Questions can then be more specific, such as

Was the assailant someone you knew? Tell me how you know the person.

What was his ethnicity? (It is important to record ethnicity for the crime lab genetic testing.)

Did you see where he kept the knife?

How did you feel when he said that to you?

Did anything go into your vagina? (For legal purposes, it is important to determine what was penetrated, how often, by what, etc.)

Were you asked to say or do anything? (If so, people can feel guilty for having complied, even if they had no choice.)

Did you wipe yourself off afterward? If so, with what, where is it now? (It may still be at the scene. If so, law enforcement officers will want to collect it as evidence.)

(California Counselors see OCJP Form 923 in the Appendix for more information about subjects that may be covered in the interview.)

For example, during a sexual assault, the assailant may have masturbated and ejaculated onto the victim's abdomen, and then made the victim wipe it off with her hand. This might be very embarrassing to tell about, but it would be very important to collect any dried secretions that might still be on the skin or navel.

Oral and/or anal sexual contact can also be difficult to discuss because the offender can have used it to humiliate the victim.

If it is possible that the sexual assault is drug-facilitated, urine and blood samples may be taken as soon as possible, up to ninety-six hours after an assault.[14]

PHYSICAL ASSESSMENT AND EVIDENCE COLLECTION

The physical examiner will instruct the patient to undress while standing on two paper sheets. A gown may be held up for privacy while articles of clothing are collected one at a time and placed in paper bags. As soon as the survivor is in an exam gown, she will sit on an exam table covered with paper.

The physical examiner will conduct a head-to-toe assessment of the skin surface. During this portion of the exam, it is helpful for the advocate to stand near the patient's head so as to easily talk to the patient, offer reassurance, and still allow the patient a sense of privacy. Oral swabs and an examination of the mouth, tongue, and soft palate

will be done. The patient's pubic hair will be combed to collect any foreign hairs. Samples of head hair, pubic hair, blood, and saliva may be obtained at this time according to agency procedure and the patient's consent. Any dried stains on the skin will be collected. At this time, a Wood's lamp or alternate light source may be used to help locate dried stains. Both these instruments are special lights that cause biological fluids and fibers to glow brightly, helping to locate them for collection. The physical examiner will use cotton swabs to wipe the stains from the patient and then wipe a small amount of the sample on glass slides. Evidence collection is a very deliberate and exacting procedure. Each piece must be identified with the name of the patient, the examiner, date, time, location, and type of substance. Any moist material must be dried, either with a swab dryer box or a special package that allows the swabs to air-dry.

FOCUSED GENITAL EXAM

The physical examiner will conduct a genital exam very much like the pelvic exam many women have experienced in their doctor's office. As with all procedures, it is important to provide information about the procedure at each step. The exam consists of careful examination of the external genitalia followed by an internal exam using a vaginal speculum. More swabs will be collected from the vagina and, if indicated, the cervix. The genital exam can help determine the level of force used to achieve penetration or other sexual contact. This is potentially the most uncomfortable part of the exam. The advocate can help the patient relax abdominal and back muscles and focus on breathing deeply through the mouth. It's also important to provide reassurance that almost all patients will be able to complete the exam if helped to relax and coached through the experience. The physical examiner may also be doing much of this by talking to the patient during the procedures. If the assault included anal contact, the examiner will also examine the anus and collect swabs.

In order to detect subtle injuries, some specialized programs use a colposcope. A colposcope is a binocular microscope on an adjustable stand and usually has photographic equipment attached to it. It is important to make a record of any injuries seen at the time of the initial exam. The colposcope does not touch or go inside the patient. It is an aid to the examiner to visualize injuries. Most people have never seen colposcopic photographs and therefore expect them to show the entire genital area in one photograph. Actually, photographs of genital injuries show very small areas of the body, about the size of a thumbnail, and are greatly magnified. The injuries seen with a colposcope may be too small to see with the naked eye. If the exam is provided by emergency department staff, a colposcope is less likely to be used.

Documentation of findings typically includes written description, diagrams and/or drawings, and forensic photography. Any evidence that is collected must be meticulously documented. The physical examiner should tell the patient about any injuries noted. Even though small genital injuries may be present, they will heal very rapidly and the patient should have no residual physical effects. If the physical examiner does not discuss the exam with the patient, be sure to assist the patient in asking any questions she may have.

ASSESSMENT OF RISK OF PREGNANCY AND STDS

All patients should be given information about the possibility of contracting sexually transmitted infections from the assault, but a sexual assault does not necessarily mean transmission of disease or pregnancy. Based on the date of the last menstrual period and any birth control methods used, the physical examiner will help assess the risk of conception. Preventive treatment for pregnancy should be discussed and offered. Preventive treatment for STDs should be offered routinely at the time of the initial exam. Be sure the

patient is given information about any treatment or medication received at the time of the exam and written instructions for taking any medication sent home with her. If the patient is at risk of exposure to HIV virus, which causes AIDS, it is best to refer the patient to testing facilities such as family planning clinics or county public health clinics where the HIV test can be obtained with appropriate and specialized counseling about the result. Testing can be confidential or anonymous. In confidential testing, the results are released only to the patient and any person the patient designates. Anonymous testing sites identify the patient with a number or code so that the patient's identity is never recorded. Although many sexual assault counselors may find this difficult to bring up, if the possibility of exposure exists (for example, the assailant is known to inject drugs, or injected the survivor), it is important for the survivor to have information about this risk. In some cases, the victim/survivor may seek to have the assailant tested for HIV. Either the county Victim/Witness program or the rape crisis center can assist with this decision and procedure.

DISCHARGE INSTRUCTIONS

Hospitals are required to send written instructions home with the patient. These may be specialized for the medical-legal exam, or they may be generic discharge instructions with any specific information pertinent to sexual assault added. Information should include any symptoms the patient should watch for related to injuries or any medication given as well as information about where to call with questions at a later time. Law enforcement officers and health care staff may both send written material home with the patient. Many patients find it helpful for the sexual assault advocate to keep track of all the paperwork accumulated during the interview and exam. All this paperwork can be placed in an envelope to keep it in one place for easy reference. If the patient does not feel she can take an envelope home with her for privacy reasons, help her plan how she will get access to the information, such as leaving it with a friend, who will call her to remind her to take her medication. Counseling follow-up care may also be discussed with the patient, and information about community resources should be provided. Patients should be asked whether they may be contacted about follow-up services. If so, they should be asked to provide an appropriate mailing address and/or telephone number where they can be reached.

No patient should be allowed to leave the hospital in an exam gown. Even if the patient's clothing has been collected for forensic evidence, most places do not collect the survivor's shoes unless they have a specific reason. Some other articles of clothing can be kept, such as her only warm coat, if this is discussed with law enforcement. Arrangements should be made for law enforcement officers or friends/family to bring additional clothing to the exam, or necessary items could be supplied by local volunteer agencies. Realistically, the patient probably will not get her clothing back.

FOLLOW-UP EXAM

Follow-up exams can serve two purposes:

- To check on any health care concerns related to the assault
- For forensic reasons, to assess injuries and add to the physical examiner's report

Patients should be encouraged to obtain follow-up tests, if indicated, for possible pregnancy and/or sexually transmitted diseases according to local protocol. Medical facilities report that most sexual assault survivors do not return to the facility for these follow-up tests. Denial of the assault or of the need for follow-up testing, especially if no unusual symptoms are experienced, and inadequate information provided by many medical facilities concerning the necessity for follow-up treatment are common reasons for a failure to

Be patient. Hospital calls can take hours. Pay careful attention to everything you see and hear. Give as much help as you can but never more than is needed.

JULIE WITTNER, FAMILY SERVICES OF TULARE COUNTY

return.[15] Patients may see their own private physician or go to a family planning clinic for medical follow-up. At the follow-up exam, the patient should be asked about her general well-being and if she has seen a advocate and/or followed any other treatment directions.

If the follow-up exam has a forensic purpose, the patient is asked to return to the same facility that provided the initial exam. Ideally, the same physical examiner will do both exams, although this is not always possible. Similar written consents will be obtained for the exam. The typical follow-up exam takes about thirty minutes. The sexual assault advocate may also accompany the patient to the follow-up exam if requested by the patient.

Child Sexual Abuse Examinations

When child sexual abuse is suspected, the medical-legal examination is almost always conducted by a clinician with specific skills to assess this population. Many communities have established centers, such as Child Advocacy Centers, to provide comprehensive services to child victims and their families. Child sexual abuse is likely to be reported because something, like prevention education at school, triggers the report. For this reason, the report may involve events that occurred at some time in the past. Adolescents and adults tend to report a recent event. For this reason, child sexual abuse exams are often scheduled by appointment. Because the acute reaction phase may have already passed, the role of the advocate may be different in these exams. Children often rely on their parents or other family members to provide support. Some programs provide advocates for acute, or recent, assaults but not for scheduled appointments. When an assault is reported longer than seventy-two hours after the event, California protocol does not require forensic evidence be collected. A physical exam may still be important to document physical injuries up to seven days after the event. This cutoff period should be viewed as a guideline only. When in doubt, consult the examination facility. In Clifornia a child sexual abuse exam is recorded using OCJP Form 925 (see Appendix).

Most of the considerations for persons over age twelve apply to these patients. Attempt to relate to the child on his or her developmental level and provide age-appropriate explanations for what will happen. Parents may also need advocacy services to help them focus on their child, not their own confusion or negative feelings. The younger the child, the more the advocacy should focus on the parents. They may need help to express their anger appropriately and not blame the child. Parents also need information about the initial exam, discharge instructions, and follow-up exam, the same as adult patients.

Legally a minor is a person under eighteen years of age, but for exam purposes other criteria may be used. For example, the local child sexual abuse treatment facility may see all patients through age thirteen and all older patients go to the SART program. Where there is no SART, the child sexual abuse treatment facility may see patients through age eighteen. The specifics of how these cases are handled varies by community.

Payment of Expenses

The medical-legal exam is requested by a law enforcement agency, paid for at public expense, and may not be billed to the patient. This covers the portion of the exam to collect forensic evidence and document findings. Because the evidence collection and documentation is part of the criminal investigation, the victim of the crime should not be asked to pay for the cost of that examination. If the patient requires medical evaluation and treatment, she is responsible for those expenses. If the patient consents to medical

treatment only, not forensic evidence collection, she is responsible for all expenses. Information about filing claims for reimbursement of medical expenses can be provided by the county Victim/Witness Program.

If a survivor does not want to report to law enforcement, but wants medical treatment only, she may obtain this from her own private physician, a clinic of her choice, or the hospital emergency department. It is important for her to discuss the possibility of pregnancy, exposure to STDs, and any other physical symptoms with the clinician.

SART Programs

A Sexual Assault Response Team (SART) provides a coordinated response to reports of sexual assault. These team efforts offer comprehensive strategies to enhance victim safety and offender accountability and prevent future violence.[16] SART programs are based on the belief that providing a higher standard of evidence collection and care can speed the survivor's recovery to a higher level of functioning, prevent secondary injury or illness, and ultimately increase the prosecution of sex offenders and reduce the incidence of rape.[17] From county to county and even within counties, many differences exist between programs.

Members of the SART and their roles are

- **Sexual assault victim advocates.** Provide support during the medical-legal exam and provide information about the criminal justice system. Working with a trained sexual assault advocate can be a great help to the survivor and other team members. Most frequently, these are rape crisis center representatives.
- **Physical examiners.** Whether physicians, nurses, nurse practitioners, or physician's assistants, they conduct the medical-legal exam, collect and document forensic evidence, provide information and referral about health care concerns related to the assault, and testify in court if necessary. A generic term for this person is *physical examiner*. Forensic medical examiners are clinicians with specialized training and experience in conducting sexual assault examinations and collecting and documenting evidence. They may be SANEs (sexual assault nurse examiners), nurse practitioners, physician's assistants, or physicians.
- **Criminal Justice Representatives.** These could include law enforcement officers, district attorney representatives, and victim/witness counselors. They assure the safety of the survivor, conduct the criminal investigation, and identify and arrest a suspect. In California, law enforcement officers are required to take specific courses on sexual assault and child sexual abuse. These courses are developed and provided by the California Commission on Peace Officers Standards and Training (POST). When officers work with a SART, they also receive specific instructions about requesting a medical-legal exam and the roles of team members.

Religious and Cultural Issues

Cultural issues may include age, gender, ethnicity, language, spiritual beliefs, sexual orientation, lifestyle, mental health, physical health, mobility, communication skills, chemical dependency, educational level, occupation, income level, daily independence, and/or level of disenfranchisement from society. Sexual assault cuts across all cultures. Even though sexual assault is a form of violence, everyone who is sexually assaulted experiences an imbalance of power and an intimate violation of their trust in other human beings. Sexual assault victim advocates should attempt to be neutral and nonjudgmental

in their approach to the survivor. It is impossible for anyone to be aware of all cultural issues that may affect the sexual assault survivor. What is possible is to provide honest, compassionate supportive care focused on restoring an individual's equilibrium and level of function before the assault.

For example, religious doctrines may prohibit a female from being disrobed in the presence of a male who is not her husband or forbid a genital examination by a male. Such practices are considered a further violation. In such instances, a female physical examiner should be made available for patients who request them. Another example might be a Christian Scientist or another person whose beliefs mean they might not be able to receive some forms of medication and/or treatment.

Age is also an important factor to consider when determining the proper method of administering a forensic interview, conducting a medical examination, and providing crisis intervention.[18] Maturational and physiological age is important to the physical examiner because injuries can appear different before and after puberty and/or menopause. Age may also affect level of independence and range of life experiences.

Educational level may mean a patient cannot read in any language, whether or not he or she can communicate orally. In this case, it is important to provide follow-up information that is accessible, such as providing information about medication and treatment to a trusted friend or family member.

The chemically dependent patient may exhibit signs of this dependency during the medical-legal exam, especially if he or she is at the facility for a number of hours. Mood swings might not indicate a patient's level of cooperation with authorities but his or her need to obtain the substance of addiction within a specific time.

Each individual deserves the best medical-legal exam and support the community can provide. A community's response to sexual assault can provide an important message to its citizens: that reports of sexual assault are taken seriously and that sexually aggressive behavior is not tolerated.[19]

Notes

1. Office of the Attorney General, Sexual Assault Prevention and Crisis Services Division (SAPCSD), *Texas Evidence Collection Protocol* (September 1998), 1.
2. Office of Criminal Justice Planning (OJCP), California *Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims* (July 1987), 17.
3. Health and Safety Code sec. 1281 requires that all public and private general acute care hospitals either shall comply with the standards for the examination and treatment of victims of sexual assault and attempted sexual assault, including child molestation, and the collection and preservation of evidence specified in sec. 13823.11 of the Penal Code, or they shall adopt a protocol for the immediate referral of these victims to a local hospital that so complies.
4. Penal Code sec. 13823.5 requires every physical examiner who conducts a medical examination for evidence of a sexual assault to use this form to record findings.
5. L. Ledray, *SANE Guide* (Minneapolis: Sexual Assault Resource Service, 1998).
6. New Jersey Department of Law and Public Safety, Division of Criminal Justice, *Standards for Providing Services to Survivors of Sexual Assault* (August 1998), 18.
7. Susan Powers, "Your Role in the Prosecution of Sexual Assault Cases," handout accompanying SANE Training, California Hospital Medical Center, Los Angeles, April 9, 1999.

8. Ledray, *SANE Guide*.
9. Los Angeles Commission on Assaults Against Women (LACAAW), *Emergency Room Procedure and Follow-up Care* (January 1994).
10. SAPCSD, *Texas Evidence Collection Protocol,* 17.
11. OCJP, *Medical Protocol for Examination,* 7.
12. S. Goldstein and S. Arndt, *Orientation Guide for Community SART/SANE Programs* (Santa Cruz, CA: Forensic Nursing Services, 1994).
13. LACAAW, *Emergency Room Procedure and Follow-up Care*.
14. M. LeBeau, C. Walls, and W. Hearn, *Evidence Collection Tip Sheet: Drug-Facilitated Rape* (U.S. Department of Justice, Criminal Division, Narcotic and Dangerous Drug Section, 1999).
15. SAPCSD, *Texas Evidence Collection Protocol,* 46.
16. Office of Justice Programs' Violence Against Women Grant Program, *Promising Practices: Improving the Criminal Justice System's Response to Violence Against Women* (U.S. Department of Justice, 1998).
17. Ledray, *SANE Guide*.
18. SAPCSD, *Texas Evidence Collection Protocol,* 5.
19. Goldstein and Arndt, *Orientation Guide for Community SART/SANE Programs*.

Law Enforcement

LINDA FELLERS

AUTHOR'S NOTE: *Sexual assault victim advocates do not have to be sexual assault counselors, however, only sexual assault counselors who have been through a certified training have confidentiality status.*

THIS CHAPTER DISCUSSES HOW THE SURVIVOR and the sexual assault counselor interact with law enforcement, including the rights of the survivor, the purpose of the criminal investigation, the manner in which investigations are carried out, the roles of significant participants in the process, and the factors affecting the law enforcement decision to arrest.

Although **rape**, **sexual battery**, and other forms of sexual assault have been investigated as criminal offenses since the establishment of a penal system in California, significant changes in handling sexual assault investigations have occurred over the past twenty years.

One significant change has been the advent in many areas of the sexual assault response team (SART), a cooperative multidisciplinary team that may include law enforcement officers, prosecutors, medical personnel, social services workers, and trained sexual assault victim advocates. The evolution of this approach to serving the survivor of sexual assault has resulted in more assaults being reported and prosecuted successfully. It also has resulted in support and services being provided to the survivor in a more complete and timely fashion.

A gradual shift in societal attitudes toward preventing sexual assaults and holding perpetrators accountable for their actions has been accomplished in large part by the work of survivor advocacy groups. More cases are being investigated thoroughly, and more cases are being prosecuted in court. In the past, an investigation may have languished because the survivor was under the influence, had a history of prostitution, or was married to the perpetrator. The availability of sexual assault victim advocates to assist the survivor and the many partnerships that have been formed among criminal justice, medical, and social services have resulted in difficult cases being dealt with more often.

Recent advances in the collection and processing of forensic evidence have significantly improved the quality of criminal investigations. Skilled evidence technicians are able to develop fingerprints and trace evidence that once were beyond the capabilities of the best forensic professionals. Developments in the ability to collect and analyze DNA and in computerized DNA and fingerprint databases have created entirely new resources for the criminal investigator. These advances are beginning to result in higher arrest and conviction rates for suspects who are strangers to the victim.

A most promising trend nationwide is the emphasis on violence prevention. The community policing philosophy that has been adopted by many law enforcement agencies emphasizes preventive strategies. Much community education and prevention work is being done by sexual assault counselors. These approaches can serve to equip individuals and communities to prevent some sexual assault before it happens.

Rights of the Survivor

The sexual assault survivor has the right to be treated with dignity, respect, courtesy, and sensitivity throughout the recovery period, including during the criminal justice process. Rights of the survivor include confidentiality, financial compensation, freedom from harassment by the suspect and the suspect's agents, and consideration during offender sentencing and parole decisions. The survivor must be informed of the availability of sexual assault crisis services and must be allowed to have the sexual assault victim advocate with her during evidentiary, medical, or physical examinations and during investigative interviews (Penal Code sec. 679.04). During the court process, the survivor has the right to be accompanied by up to two persons of her choosing (Penal Code sec. 868.5). She must be provided written notice of the rights available to her. The sexual assault victim advocate needs to be aware of the rights of the survivor and to be in a position to assert those rights when the survivor is unaware of them or unable to do so.

CONFIDENTIALITY

The most basic issue related to confidentiality is the survivor's right not to report the assault to law enforcement. Law enforcement authorities encourage survivors to report every assault or attempt so that the suspect can be brought to justice. However, the survivor may not wish to report the incident for any of a number of reasons. As an advocate for the survivor, the sexual assault victim advocate must support her in making an informed decision whether or not to make a police report. The advantages of reporting for her own safety and the safety of others must be considered. Information must be provided about what will be expected of her during the investigation and court process. It is also important for the survivor to know that law enforcement officers and prosecutors are obligated to protect society, to the best of their ability, from anyone who has broken the law and poses a threat to others. For this reason, they must follow through on investigation and prosecution of a sexual predator even if the survivor decides later that she does not wish to pursue investigation or prosecution.

One of the challenges is working with acquaintance rape survivors, especially when alcohol is involved. The attitudes about these assaults from the public, law enforcement, the criminal justice system can be frustrating.

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In order for the survivor to receive the benefit of the sexual assault victim advocate's support and assistance, the survivor must trust the sexual assault victim advocate and be able to talk openly about her experiences, whether or not she chooses to file a report with police. California Evidence Code secs. 1035–1036.2 provide that all communications between the sexual assault victim advocate and the survivor are confidential and may not be revealed to anyone else without the survivor's consent.

If a police report is filed, the survivor has the right to keep her name and address confidential. The survivor must make a request for confidentiality, however, or her name and address will be a matter of public record, as they will be part of a public document. The officer taking the police report is required to inform the survivor of her right to confidentiality. If confidentiality is requested, the only persons who may be given the survivor's name and address are the prosecutor, parole hearing officer(s), or other public agencies authorized or required by law to receive the information (Penal Code sec. 293).

FINANCIAL COMPENSATION

Under the State of California Victims of Crime Restitution Program, the survivor has a right to reimbursement for medical expenses and other costs incurred as a result of the

crime. The investigating officer must give written notification to the survivor that she is eligible to apply for this restitution (Penal Code sec. 13835). The survivor has the right to bring an action for actual damages (up to $1,000) if the investigating agency fails to comply with this requirement.

The survivor has the right to file a civil suit in order to recover civil damages regardless of any action that may be taken in criminal court.

FREEDOM FROM HARASSMENT

It is unlawful for any person to prevent or dissuade the survivor from filing a police report, seeking the arrest of the suspect, or attending or testifying in court (Penal Code sec. 136.1). It also is unlawful for a sex offender to reveal the name and address of a victim or witness to another prisoner for the purpose of having the prisoner initiate harassing correspondence (Penal Code sec. 136.7). These are chargeable offenses that should be brought to the attention of law enforcement immediately. Additionally, it shall not be required that the survivor submit to a polygraph examination in order to pursue a criminal complaint against the defendant (Penal Code sec. 637.4).

The defendant's attorney or the attorney's investigator may try to contact the survivor. The survivor is under no obligation to talk to these representatives of the defendant or to answer any questions from them outside court. It is easy for someone unfamiliar with the criminal justice system to be confused about a person's title (for example, public defender investigator) and believe she is talking to a representative of the district attorney's office or law enforcement. If she is unsure who has contacted her, she should verify the person's identity with a law enforcement representative known to her.

RIGHTS RELATED TO DEFENDANT SENTENCING AND PAROLE

The survivor has the right to be informed of the progress of the case against the person who assaulted her and of the outcome of the criminal proceeding (Penal Code sec. 679.02). This frequently is handled by a deputy district attorney, but the investigating officer may be the person who keeps in contact with the survivor and informs her of the progress of the case. In some instances, it is helpful for the sexual assault victim advocate to assist in providing this information to the survivor.

Following conviction, the survivor has the right to submit a victim impact statement to be considered by the court during the sentencing process (Penal Code sec. 1170[b]) or to appear personally to make a statement to the court (Penal Code sec. 1191.1). The survivor also has the right to request notification of the offender's parole hearings and to make a statement to be considered as a part of the parole decision (Penal Code 679.02). The survivor has the right to request notification of the offender's death, escape from custody, or release from custody (Penal Code 679.02). If the survivor is a minor, these post-conviction rights apply to the survivor's parents or guardian.

RIGHTS RELATED TO HIV/AIDS

Following a preliminary hearing in court, the survivor has the right to request that a search warrant be issued to obtain a blood sample from the defendant for the purpose of determining whether the defendant is a carrier of the HIV virus.

Counseling by medical personnel shall be provided to the survivor to give her information about the extent to which she is at risk of contracting HIV and the benefits and limitations of the current tests for HIV and to give referrals to appropriate health care and support services.

Criminal Investigation

The phases of the criminal investigation include initial response, evidence collection, follow-up investigation, handling of the suspect, and court testimony. A thorough, skillful, and legally conducted investigation is necessary for a successful outcome in court.

Although the sexual assault victim advocate's purpose is to provide aid and support to the survivor, successful work by the sexual assault victim advocate also can provide invaluable aid to the law enforcement officer by helping the survivor to understand the reasons for specific law enforcement procedures and assisting the survivor with those procedures she may find difficult.

INITIAL RESPONSE

The initial response by law enforcement to a sexual assault that has just occurred is handled very much like the response to any other crime in progress. The first responsibilities of the officers center around safety: making sure the survivor and others are safe by apprehending the suspect and providing first aid or other medical treatment required by the survivor.

If the suspect is not arrested immediately and still poses a threat to the survivor or others, the officers focus on obtaining as much information as possible from the survivor and any other witnesses to assist in the quick location and apprehension of the suspect. This may mean questioning the survivor about weapons used by the suspect, his physical appearance, any vehicle he may be using, and the location where he was last seen.

When a crime has just occurred, or if the suspect still poses a danger to the survivor, the request for a sexual assault victim advocate may be less urgent than other responsibilities for the first responding officers. In such cases, the sexual assault victim advocate is not likely to arrive before much of the initial questioning described above has been completed.

After immediate safety issues have been addressed, the investigating officer assesses the next steps to be taken and the resources needed to further the investigation. This assessment will determine the following:

- Does the survivor require special assistance because of physical or mental disability, age, language spoken, or any other special need?
- Specifically, what crime or crimes occurred?
- Is the location where the crime occurred clearly established, and does the officer have jurisdiction?
- What type of physical evidence needs to be collected?
- Are there witnesses who can provide additional information?

This information is most often gained by further questioning of the survivor. Depending on the answers to these questions, the officer may request additional assistance or may even turn the investigation over to another law enforcement agency. In some cases, a request is made for someone with special skills or experience to assist a survivor with special needs.

In some cases, the survivor may begin to form a bond with the investigating officer. Officers are trained to provide comfort and compassion to the survivor. The officer can also be seen as a source of safety and protection. It is important to a successful investigation that the survivor feel safe and comfortable with the officer. Sometimes, this bond is well established before the sexual assault victim advocate first meets the survivor. In other cases, the survivor may fear or distrust the law enforcement officer. If the sexual assault victim advocate finds this to be the case, she may be able to determine the reason and assist in resolving the problem.

It is worth noting here a little information about jurisdiction. Every geographical location has a law enforcement agency that is responsible for enforcing criminal laws: the agency having jurisdiction. In most cities, it is the city police department. In unincorporated county areas, it is usually the county sheriff's department. On property belonging to the state, federal government, or a special district, there is a designated law enforcement agency. If the survivor was moved from one place to another during commission of the crime, it is sometimes difficult to establish the jurisdiction where criminal activity first occurred. Obviously, it is much preferable for the survivor not to be handed from one law enforcement agency to another in the middle of an investigation. Invariably, this results in duplication of interviews and additional trauma to the survivor. If a sexual assault victim advocate becomes aware early in the investigation that there may be a jurisdiction problem, bringing this to the attention of investigators so that they may correctly establish jurisdiction can prevent the survivor from having to repeat interviews or establish a relationship with a new investigator.

Every person who may have information about the investigation is referred to by investigators and prosecutors as a witness. This does not necessarily mean that the witness actually saw the crime take place. Information from witnesses is most useful during court proceedings if it is clear that witnesses made their statements independently and did not have the opportunity to confer with one another; therefore, it is usual procedure that witnesses are separated before they are interviewed and that each witness is interviewed alone. This may mean that the survivor will be separated for a time from someone who could provide support to her. The sexual assault victim advocate fills a crucial role as an independent, uninvolved party who can remain with the survivor through the entire process to provide advocacy, information, and support.

The survivor will be questioned at length in order to establish the specific crimes that occurred and the existence of witnesses and physical evidence. This extensive interview may be conducted by an officer who responded to the original call, or, in some cases, a specially trained investigator may interview the survivor. The survivor usually is asked to describe in detail the following:

- Any past knowledge of or relationship with the suspect
- Her most recent consensual sexual intercourse
- Her actions before, during, and after the assault
- How initial contact with the suspect occurred
- The suspect's specific actions and statements
- When the crime took place
- Location where the crime occurred
- The appearance of the suspect
- Any vehicle the suspect used or has access to
- Any weapon used during the crime
- Any knowledge about the suspect's residence, employer, or other habits
- Any items taken or left behind by the suspect
- Who she told about the assault
- Any person who may be able to provide supporting information

This detailed questioning may take several hours. The length of the interview is dependent upon the skill of the investigator, the ability of the survivor to answer questions, and the complexity of the crime being investigated.

Though the purpose of this detailed questioning is to establish specifically what crime or crimes occurred, to determine what evidence should be sought in follow-up investigation, and to aid in the location of the suspect if he is not in custody, this lengthy and detailed discussion also gives the investigator an opportunity to evaluate the survivor's ability to provide testimony in court. A survivor with good verbal skills is likely to be depended upon more heavily to provide evidence in court than one who has difficulty expressing herself. Although the time immediately following the assault is very traumatic, it is important to have the survivor give all the information she can recall, as the events will never be more fresh in her mind.

The sexual assault victim advocate can be of assistance to the survivor by helping her to understand the importance of the information she is providing, by attempting to make the survivor as comfortable as possible, by clarifying the process, by watching for cues in the survivor's statements or body language that indicate she is uncomfortable, by suggesting the survivor take a break if she needs to, and by processing feelings and reactions after an interview. It is important, however, that sexual assault victim advocates not participate in the investigation in any way (for example, translating questions), so as to maintain her confidentiality status.

In many cases, law enforcement will be contacted some time after the crime took place. Police may be called by hospital personnel if the survivor seeks medical treatment, by a sexual assault victim advocate if the survivor seeks counseling, by a friend or family member, or by the survivor herself. Delayed notification may take place hours, days, or much longer after the assault occurred. In all cases, the officers' initial priorities are still the same: assure safety of the survivor and others, assess the steps to be taken and resources needed, and conduct a detailed interview to determine the facts of the case.

COLLECTION OF EVIDENCE

Anything that may be presented in court to prove that a crime was committed and that the defendant was responsible for the crime is considered evidence. A large portion of evidence presented in most criminal cases consists of the statements of survivors, witnesses, and investigating officers. Most sexual assault cases also involve the collection of a significant amount of physical evidence.

Sources of physical evidence may include

- The survivor's person and personal effects
- The suspect
- The place where the crime occurred
- The suspect's vehicle
- The suspect's home
- Any other place the survivor went after the assault occurred

Types of physical evidence may include

- Items such as a weapon or an article left behind by the suspect
- Photographs to record the location where the crime took place, the survivor's injuries, or other items important to the investigation
- Videotapes of locations or interviews

- Documents, such as diagrams, medical records, or reports
- Biological evidence, such as blood, tissue, saliva, or semen
- Trace evidence, such as hair or fibers
- Unique prints, such as fingerprints, shoe prints, tire prints, or bite marks

Many types of evidence must be collected as quickly as possible after the occurrence of the crime. Because biological evidence deteriorates quickly, it is most useful if collected in a timely manner. It is seldom possible to locate sperm more than seventy-two hours after an assault occurs. Alcohol and some drugs leave the system even sooner. Physical injuries heal with time and so are best captured as soon as possible after the assault. The passage of time makes it more likely that items or prints may be damaged or destroyed. In cases when the sexual assault victim advocate is the first point of contact for the survivor, the sexual assault victim advocate should share this information with the survivor so that she understands the importance of timely evidence collection. Even if the report to law enforcement is delayed, however, every attempt will be made to locate and preserve any physical evidence that would support the survivor's description of the incident. Some biological evidence, such as dried blood, semen, and other trace evidence still may be of value in supporting the survivor's account of events.

The survivor's body and clothing provide the most important physical evidence. DNA, which can be positively matched to a suspect, can be obtained from blood, semen, saliva, and, in some cases, fragments of hair or skin. Even in cases where the suspect's identity is known, it is important to collect this evidence. The survivor or the suspect may change their statements, but they cannot alter physical evidence. The survivor will be asked to provide all clothing she was wearing at the time of the assault and any other items (that is, bedding, towels) that may have come in contact with the suspect. The sexual assault victim advocate can be of assistance to the survivor by helping her obtain other clothing to replace the clothing taken as evidence. Usually, the survivor is most comfortable if she is allowed to change into clothing of her own instead of having to wear a change of clothes provided to her by law enforcement or medical personnel.

> *I think the larger societal attitude towards sexual assault, as reflected in the criminal justice system, can be frustrating. Therefore, I think it's necessary to have some involvement in education and activism too.*
>
> LISA MORRIS, CENTER FOR COMMUNITY SOLUTIONS

In most cases, physical evidence from the survivor is collected in conjunction with a medical exam. Many counties in California have designated sexual assault examination facilities with specialized equipment and specially trained medical staff who are skilled and experienced in sexual assault examination and evidence collection procedures. For the benefit of both the survivor and the investigation, it is highly preferable for the survivor to be examined at such a facility, which will provide the best medical-legal exam possible.

During the medical-legal exam, the survivor is asked to sign a medical release form so that the law enforcement agency can obtain the medical record of the exam. Medical personnel examine the survivor for injuries, provide prophylaxis for medical problems such as sexually transmitted diseases or pregnancy, and assist law enforcement by collecting evidence.

Samples of the survivor's blood, hair, and saliva are taken to match against evidence found on the suspect or at the location where the assault occurred. Oral, anal, and vaginal samples are taken to locate sperm or seminal fluid from the suspect. Trace evidence such as hair or fibers is collected by having the survivor remove clothing worn during the assault while standing on a clean sheet or large piece of paper. A comb is used to gather any foreign hair or fibers from the pubic area. In some cases, dried secretions or

matted hair may be removed by cutting a section of head or pubic hair. Any tissue or other evidentiary material from the suspect that may be under the survivor's fingernails is removed by scraping or clipping the nails.

Photographs of injuries also are important pieces of evidence. In some cases, injuries may be to private parts of the body. The importance of these photos should be explained to the survivor. In many cases, a female photographer can be assigned to take the photos to make the survivor more comfortable with this procedure.

When a suspect is arrested, similar evidence-gathering procedures are followed. The suspect does not have the right to refuse any evidence gathering. The suspect's clothing, hair, blood, and saliva samples and fingernail scrapings are taken by medical or law enforcement personnel. The suspect is photographed for identification purposes, and, if applicable, injury photos may be taken as well.

If the survivor has had recent consensual intercourse (within seventy-two hours) with someone other than the suspect, that person may be asked to provide blood and saliva samples so that evidence collected from the survivor can be correctly identified.

The survivor's statements are key in determining what other physical evidence may be available. The officer taking the detailed statement from the survivor asks questions to establish items that were used as weapons, locations where the survivor or suspect may have left behind body fluids or other evidence, and unique items that could serve to corroborate the information provided by the survivor. In some cases, the survivor may be asked to accompany the investigator to the location where the assault occurred so she can point out where specific actions took place. Of course, it is always the survivor's choice whether to do so.

The location where the crime occurred is an important source of potential evidence. Investigators will search the area for body fluids, evidence items, and trace evidence. When a suspect is arrested, his residence and vehicle are usually searched as well for items of evidentiary value.

FOLLOW-UP INVESTIGATION

In a case where the survivor and suspect are not known to each other, identity of the suspect becomes a key element in the investigation. Investigators may request assistance from the survivor to identify the suspect through helping to develop a forensic artist's sketch, viewing a photographic line-up, or viewing an in-person line-up.

Follow-up interviews with the survivor are conducted for a variety of reasons. In many cases, the survivor is more lucid a few days after her initial fear has subsided. In some cases, the survivor may have been under the influence of drugs or alcohol and unable to provide a complete and useful statement. Often, review of the crime report will reveal unanswered questions or inconsistencies in the survivor's original statement. In many cases, it is necessary to seek additional information as the investigation progresses.

In most cases where there are physical injuries, the officer or detective conducting follow-up investigation arranges for additional photographs one to three days after the injuries occurred. Bruising or other marks are often more visible a few days later.

Depending on the type and complexity of the investigation, multiple contacts from law enforcement may be necessary. If the survivor seems disturbed by law enforcement contacts, the sexual assault victim advocate can assist in minimizing those contacts by letting the investigator know it is a problem. Some techniques the investigator may use to minimize the number of contacts include

- Consultation with a specialized sexual assault investigative unit
- Coordinating with other agencies, if multiple jurisdictions are involved
- Consulting with the prosecuting attorney prior to the interview

- Thorough preparation and documentation of the interview
- Use of audio and/or video recordings

Specialized follow-up contacts may be requested, depending on the nature of the investigation, including development of computerized composites or a forensic artist's sketch, viewing of a photographic line-up, viewing of an in-person line-up, or making of a pretext phone call.

Computerized composites or a forensic artist's sketch. The survivor is asked to work with a technician or artist to develop a hand-drawn or computerized sketch that resembles the suspect. The procedure usually takes one to three hours. It is typically conducted at the law enforcement office, but an artist may be able to work with the survivor at another location of her preference. The sexual assault victim advocate may be present during the procedure to provide support to the survivor. The survivor should be encouraged to recall everything she can, but not to feel compelled to complete a finished product if she is unsure of its resemblance to the suspect.

Photographic line-up. The survivor is asked to view a group of photographs to determine whether the suspect's photo is among them. The procedure usually takes place at a time and location convenient to the survivor and is usually conducted by an investigator with whom she is already familiar. The sexual assault victim advocate may be present to provide support to the survivor. The survivor should be encouraged to be certain of her identification and not to make an identification if she is unsure whether any of the photos is the suspect. She should remember that the suspect's appearance may be different that it was when she saw him.

In-person line-up. The survivor views a group of people who match the description of the suspect to determine if the suspect is among them. This method usually makes identification easier for the survivor, but it may be more traumatic for her than viewing photos. The survivor is hidden from view of the persons in the line-up, usually by the use of one-way glass. The survivor also may request that the persons in the line-up say words or phrases so that she can hear the sound of their voices. Most in-person line-ups are conducted at a jail facility that is set up to provide security and confidentiality. In some cases, a law enforcement agency may have line-up facilities at its administrative office. Usually the survivor is accompanied by the investigator and a representative of the district attorney's office during the process. The sexual assault victim advocate may be present to provide support to the survivor. The suspect also has the right to have his attorney present to view the line-up procedure.

Pretext phone call. In a case where the survivor and suspect are acquainted, significant evidence may be obtained by having the survivor place a phone call to the suspect under controlled conditions. The purpose of such a phone call is to elicit an admission or confession from the suspect. The phone call is usually conducted from the offices of the law enforcement agency and is recorded by the investigator. The investigator remains with the survivor during the process to coach her and to provide support. The sexual assault victim advocate also may be present.

Although they are rare, false allegations of sexual assault are made to law enforcement agencies. One of the investigator's tasks is to assure that reports are legitimate by recognizing and exposing false allegations. Common reasons for false allegations are attempts to gain an advantage in a child custody dispute or revenge following a failed relationship. The investigator must be able to use skillful, unbiased questioning to establish the basis for belief that the allegation may be false. Thorough investigation almost always confirms

a false allegation without the need to make accusatory statements to the person making the report. Those who make false allegations make it more difficult for legitimate survivors to deal with the criminal justice system.

It is important to remember that there is a wide range of "normal" behavior exhibited by survivors. Avoidance behavior and amnesia are two common reactions that can interfere significantly with the investigator's ability to gain information needed to identify or arrest a suspect. Although coping mechanisms such as these can provide temporary relief to the survivor, it is ultimately to her benefit as well as to the benefit of the investigation for her to receive the treatment and support she needs to properly deal with these reactions and become able to discuss the incident with the investigator. The sexual assault victim advocate is in a position to assist the survivor with this process through her own counseling skills and/or referral to a mental health professional.

Rights of the Suspect

Federal and state constitutions and a large body of case law provide certain rights to any suspect accused of a crime. These rights are based on the premise that a person accused of a crime is innocent until proven guilty. It is critically important that law enforcement officers and prosecutors provide for the protection of the rights of the suspect. Failure to do so can result in being unable to convict the suspect in court even if he is guilty of the crime.

When a suspect is accused of a crime, he must be told about his rights before he is questioned. He has the right to be released on reasonable bail or on his promise to appear in court until the time of trial. The suspect's bail amount is set by a judge. In determining a reasonable bail amount, the judge is allowed to consider the danger to the survivor and to others as well as the danger that the suspect may flee and fail to show up in court.

The suspect has a right to be represented by an attorney and to have an attorney appointed by the court without charge if he cannot afford to hire his own attorney.

The suspect has the right to know what evidence is being offered to prove he is guilty of the offense. This means that he has a right to read the investigative report prepared by the law enforcement agency. This is one reason it is important for the survivor to request confidentiality of her personal information.

The suspect also has the right to "confront and cross-examine" witnesses against him in court. This does not give the suspect or his attorney the right to harass the survivor in any way, but it does mean that the defendant or his attorney will be allowed to ask the survivor questions during certain court proceedings if the survivor chooses to testify.

The suspect has the right to communicate from the jail, which means he normally has the privilege of sending letters and using the telephone. This does not give him the right to harass or communicate with the survivor or any other witness in the investigation.

Significant Participants in the Investigation

There are a number of people who participate in the investigation. It's important for the sexual assault victim advocate to understand the significant role each fills.

Survivor. The survivor is the most important source of information and physical evidence. She provides the basis for the criminal investigation and is a key witness during court proceedings.

Sexual Assault Victim Advocate. The sexual assault victim advocate must assert the rights of the survivor when the survivor is unaware of those rights or unable to exercise

them. The advocate provides support to the survivor by being present with the survivor throughout the medical, investigative, and court process.

Law enforcement officer. Law enforcement responsibilities include assuring the safety of the survivor; conducting and documenting the criminal investigation; collecting, analyzing, and preserving evidence; arresting the suspect and keeping him in custody; giving testimony in court; and maintaining records of registered sex offenders.

Medical professional. In addition to other responsibilities, the professional conducting the medical exam is responsible in the criminal investigation for collecting biological evidence and documenting the medical examination. He or she should provide the answers to these questions:

- Is there evidence of sexual contact?
- Are the injuries and/or evidence consistent with the survivor's description of the assault?
- Are the findings consistent with the time frame described by the survivor?

Prosecutor. The prosecutor's role in the criminal investigation is to act as legal adviser to investigating officers. The prosecutor usually assists with in-person line-ups, search and arrest warrants, and preparation for court testimony. The prosecutor reviews the crime report prepared by the investigator and determines what crime or crimes are charged in court.

Parent. Whether the survivor is an adult or a child, the survivor's parent can be a significant support person. The parent or guardian of a child survivor has the responsibility of exercising many of the survivor rights granted to an adult survivor. The survivor is allowed to be accompanied in court by up to two persons of her choosing. This would allow both a parent and a sexual assault victim advocate to be present during court proceedings. Although parental support is most often helpful to the survivor, in some cases (such as incest), the sexual assault victim advocate may be needed to provide support that the parent cannot.

Spouse or significant other. The spouse or significant other who has a relationship with the survivor can be a most effective member of the survivor's support system. It is important for the spouse to understand that the trauma of the assault can trigger post-traumatic reactions long after the crime occurred.

Decision to Arrest

The arrest of a criminal suspect is a complex process. Many factors affect whether and when a physical arrest is made. Factors affecting the decision to arrest include

- Potential danger to the survivor or others
- Flight by the suspect to avoid prosecution
- Destruction or degradation of evidence
- Amount of time needed to complete a thorough investigation
- Ability to gain confession or admission from the suspect
- Strength of case evidence
- Legal considerations

The most important factor for the law enforcement officer to consider is the danger to the survivor and to others who could be victimized by the suspect. A crime in which the suspect is known to the survivor usually poses less danger to other potential victims. Danger of additional harm to the survivor, however, may be greater because the suspect has information about her. Another important element in assessing danger is the level of violence employed. A much greater danger of future violence exists if force was used than if the act was committed as a result of the survivor's **consent** or inability to give consent (for example, under the influence). The seriousness of the offense (**felony** vs. **misdemeanor**) is another indicator of the relative danger of the suspect to others.

In all cases, an arrest can occur only after each element of a criminal act has been established. If the elements of a criminal offense can be clearly established, the identity of the suspect also must be clear. When the suspect is known to the survivor, there is usually little doubt as to identity. In the case of an unknown suspect, identification must be established. Positive identification can be obtained by comparing fingerprints or DNA collected as evidence to samples taken from a specific suspect. Both of these procedures take time to conduct, however, and they prove conclusively only that a specific person deposited the evidence, not that all of the elements of a crime occurred. Visual identification by the survivor, through viewing photos or viewing an in-person line-up are other methods of establishing identity, though not as reliable as physical evidence. A confession or admission from the suspect also can aid in establishing identity. In most cases, a combination of methods is used in order to establish identity. If danger to the survivor or others is great, every effort is made to establish identity quickly, through whatever means necessary. In some cases, those believed to be strong suspects may be arrested on unrelated charges, such as an outstanding warrant or a parole violation, in order to assure the survivor's safety while additional investigation is done to establish positive identity and connection to the crime.

If time has passed since the crime occurred, investigators must obtain a warrant (an order from a judge) allowing them to arrest the suspect or search his home or vehicle. Although it takes additional time for officers to prepare a written request for a warrant and obtain the warrant from a judge, this process is critical to a legal arrest or seizure of evidence. Failure to properly request or execute a warrant is one of the most common reasons that defendants are not convicted of the crimes they commit.

Implications for Sexual Assault Victim Advocates

The sexual assault victim counselor has five important responsibilities:

- The sexual assault victim advocate needs to be aware of the rights of the survivor and to be in a position to assert those rights when the survivor is unaware or unable to do so.
- The sexual assault victim advocate must be able to recognize survivors with special needs and understand how those needs will affect the criminal justice process.
- The sexual assault victim advocate can help the survivor to understand the reasons for specific law enforcement procedures and assist the survivor with those procedures she may find difficult.
- The sexual assault victim advocate can assist the survivor by helping her build a support network.
- The sexual assault victim advocate's goal must be to help the survivor become whole again, whether it is because of, or in spite of, the results of the criminal justice process.

Whether or not they operate as a coordinated team, the cooperation of all the participants in the investigative process is important to a successful outcome. The sexual assault

Checklist for Sexual Assault Victim Advocates Dealing with Law Enforcement

- Has the survivor been told about her rights under the Victim of Violent Crime statutes?
- Has the survivor been afforded the opportunity to provide both the verbal and physical evidence that might assist in conviction of the offender?
- Has the survivor been given information about how to obtain reimbursement for medical expenses?
- Has the survivor been informed about her right to keep her name and address confidential?
- Is it clear whom the survivor should call if she has further information for law enforcement authorities? Does she have a twenty-four-hour phone number for that person?
- Has the survivor been given information about how to contact law enforcement in an emergency?

victim advocate can play a key role in facilitating this cooperation. She is likely to be the only person other than the survivor herself who is present through each phase of the criminal justice process. This affords her the unique opportunity to view the entirety of the survivor's experience and to make sound decisions about how best to provide assistance and support.

A positive relationship between the sexual assault victim advocate and law enforcement representatives is important. It can make the experience of cooperating with law enforcement less traumatic for the survivor and can result in a better quality investigation. Most law enforcement agencies encourage community members to ride along with officers on patrol. Sexual assault victim advocates should take advantage of this opportunity if it is available in the community they serve. It can initiate a positive relationship with law enforcement officers before the sexual assault victim advocate is called upon to work with an officer as the result of a violent or traumatic event.

Definitions

Assault with intent to commit a felony (Penal Code sec. 220). Assaulting another with intent to commit mayhem, rape, **sodomy**, **oral copulation**, felony child molestation, or **penetration by a foreign object**.

Consent (Penal Code secs. 261.6 and 261.7). Positive cooperation in act or attitude pursuant to an exercise of free will, having knowledge of the nature of the act. A current or previous dating or marital relationship is not sufficient to constitute consent. A request by the victim that the perpetrator use a condom or other birth control device is not sufficient to constitute consent.

Felony. A crime punishable by imprisonment in the state prison for a period of more than one year.

Kidnapping (Penal Code sec. 207). The act of stealing, taking, holding, or detaining another person by force or fear.

Lewd or lascivious acts (Penal Code sec. 288). Willful acts, including the acts described in Penal Code secs. 261–269, committed upon a child under the age of fourteen or upon a dependent adult, if the perpetrator is the dependent adult's caretaker.

Misdemeanor. A crime punishable by imprisonment in the county jail for a period of one year or less. Some crimes can be charged as either a felony or a misdemeanor, depending on the facts of the case.

Oral copulation (Penal Code sec. 288a). The act of copulating the mouth of one person with the sexual organ or anus of another person.

Penetration (Penal Code sec. 263). Sexual penetration; any sexual penetration, however slight, is sufficient to complete the crime.

Penetration by a foreign object (Penal Code sec. 289). Penetration of the genital or anal opening of the victim by any object except the sexual organ, accomplished against the victim's will by means of force, fear, or threat.

Rape (Penal Code sec. 261). The act of sexual intercourse with a person not the spouse of the perpetrator, accomplished under any of the following circumstances:

- The person is incapable of giving consent.
- The act is accomplished against the person's will by force or fear of immediate bodily injury to the person or to another person.
- The person is prevented from resisting because of intoxicant or anesthetic.
- The person is unconscious of the nature of the act.
- The act is accomplished against the victim's will by threat of retaliation.

Rape of spouse (Penal Code sec. 262). The act of sexual intercourse with a person who is the spouse of the perpetrator, accomplished under any of the circumstances listed under the definition of rape.

Sexual battery (Penal Code sec. 243.4). Touching the sexual organ, anus, groin, buttocks, or breast of the victim while the victim is restrained against the will of the victim and for the purpose of sexual gratification or abuse.

Sodomy (Penal Code sec. 286). Contact between the anus of one person and the penis of another person.

Unlawful sexual intercourse (Penal Code sec. 261.5). Sexual intercourse accomplished with a person not the spouse of the perpetrator, if the person is under the age of eighteen.

Notes

1. Ann W. Burgess, D.N.S.C., and Lynda Lytle Holmstrom, Ph.D., "Rape Trauma Syndrome," *American Journal of Psychiatry* 131 (1974): 9.
2. *California Peace Officers' Legal Sourcebook* (Sacramento: California Attorney General's Office, 1998).
3. *Guidelines for Physical Evidence in Sexual Assault Investigations* (Sacramento: California Department of Justice, 1980).
4. *Sexual Assault Investigations Telecourse Reference Guide* (Sacramento: Commission on Peace Officer Standards and Training, 1995).
5. *West's California Penal Code* (St. Paul, MN: West Publishing Company, 1997).

Megan's Law

FROM *WOMEN'S RIGHTS HANDBOOK*, OFFICE OF THE ATTORNEY GENERAL OF CALIFORNIA

Pursuant to the federal "Megan's Law," local police departments may disclose to the community the criminal background of a registered sex offender considered to be a continuing danger. (42 U.S.C. sec. 14071(d).) The New Jersey version of Megan's Law has been upheld against a constitutional challenge arguing that it is an ex post facto law, that it constitutes double jeopardy, that it is an unlawful bill of attainder, that it constitutes cruel and unusual punishment, and that it violates the registrant's constitutional privacy rights, although the court indicated that a hearing must be held before the public is notified, in order to protect the registrant's due process rights. (Doe v. Poritz (Sup.Ct. N.J. 1995) 662 A.2d 367.)

The Second Circuit Court of Appeals upheld New York's and Connecticut's versions of Megan's Law against ex post facto constitutional challenges. (Doe v. Pataki (2nd Cir. 1997) 120 F.3d 1263, and Roe v. Office of Adult Probation (2nd Cir. 1997) 125 F.3d 47.) The First Circuit Court of Appeals upheld New Jersey's version of Megan's Law against an ex post facto challenge and a double jeopardy clause challenge. However, the court held that requirements that schools, community organizations and persons likely to come into contact with an offender be notified violate the due process clause unless the offender is given an opportunity to challenge the notification and prosecutors during a hearing can prove by clear and convincing evidence that such notification is required. (E.B. v. Verniero (3rd Cir. 1997) 119 F.3d 1077.) The Ninth Circuit recently upheld Washington state's version of Megan's Law, finding that paroled sex offenders suffered no additional punishment when the public was told of their whereabouts. (Russell, et al. v. Gregoire, et al. (9th Cir. 1997) 124 F.3d 1079.)

In 1947, California implemented the nation's first sex offender registration program to help track the whereabouts of persons convicted of specific sex crimes. The registration requirement is for life, unless the offender is relieved of this responsibility through legal processes. In 1996, California enacted its own version of "Megan's Law to implement the federal law," which provides the public with photographs and descriptive information on serious sex offenders residing in California, who have been convicted of committing sex crimes and are required to register their whereabouts with local law enforcement. The cost for calling 1-900-463-0400 is a flat rate fee of $10 for information on up to two individuals. (Pen. Code, secs. 290 *et seq*.)

To use the 900 line, you must be at least 18 years of age, and you must provide the following information about the person you are checking: the name of the person and one of the following: an exact address or exact date of birth or California driver's license number, identification number or social security number. If you only know the person's name, you will need to provide a complete description of the person.

The Megan's Law CD-ROM provides another means to obtain information on California's more than 64,000 serious sex offenders. A CD-ROM, now available for public viewing, provides the following information about serious sex offenders: registrant's name, aliases, photograph (if available), sex, physical description, including scars, marks and tattoos, registered sex offenses, county of residence, and ZIP code, based on last registration. To

view the CD-ROM, you must be 18 years of age or older, provide a California's driver's license or identification card, sign a statement that you are not a registered sex offender, that you understand that the purpose of the release of information is for the public to protect themselves and their children from sex offenders, and that it is illegal to use the information to harass, discriminate against or commit a crime against any registrant, and state a distinct purpose for viewing the CD-ROM, if required by local law enforcement. Contact your local law enforcement agency to obtain information on where and when you can view the CD-ROM.

You may also receive information about serious sex offenders through your local law enforcement agency or your neighborhood school, or view the Attorney General's Home Page: http://www.caag.state.ca.us.

The Courts

LESLIE F. LEVY

THIS CHAPTER IS INTENDED to provide a general overview of how the court system works in California to help the advocate orient herself to the nature of the proceedings in which a survivor may be involved. The information here applies to both civil and criminal proceedings.

There are two main sets of courts: federal and state. They are located in different places with different judges and operate with different procedures. For the most part, federal courts hear cases in which federal law was violated or in which the acts complained of took place on federal property. State courts, for the most part, hear cases involving violations of state law. Cases containing violations of both state and federal law may end up in either court. Because most survivors' cases, either civil or criminal, take place within the state court system, this overview focuses on the state courts.

The state court system has three levels. The first level is referred to as the *trial court* (also known as superior or municipal court). It is here that cases begin and may ultimately go to trial. At the trial court level, evidence is heard and the trier of fact (that is, a judge or a jury) renders a verdict. The decisions at this level do not set legal precedent; the effect of the verdict is usually limited to the specific case heard by the court. The decision of the trial court can be appealed to the next level, which is the court of appeals. The court of appeals does not hear testimony but examines what happened in the trial court to determine if there were any errors. The court of appeals can affirm (that is, approve), in whole or in part, the decision at the trial court level or overturn the decision, in whole or in part. If the court of appeals determines that there was any substantial mistake by the trial court, the court of appeals is most likely to return the case to the trial court for a new trial.

The decision of the court of appeals may be appealed to the Supreme Court of California. The decisions of the Supreme Court become the law of the state. The Supreme Court can take a variety of actions, including either upholding or agreeing with the trial court or appellate court or returning the matter to the trial court for a retrial. Legal precedent that is binding on the trial courts is set at the appellate level or by the Supreme Court. Decisions by the California Supreme Court on certain subjects may be appealed to the federal courts, including the United States Supreme Court.

There are two basic kinds of cases that go to court: civil and criminal. These are heard within the same court system, although some courts reserve certain courtrooms for civil cases and others for criminal matters.

A civil case is one in which the person bringing the suit, that is, the plaintiff, is seeking damages from a person or entity, that is, the defendant. The plaintiff is usually seeking monetary damages for the wrong that was done to him or her. In some instances, the plaintiff may also be able to seek changes in policies or procedures that resulted in the harm. A civil case occurs only when the plaintiff seeks out an attorney and chooses to file suit. The plaintiff is represented by an attorney of his or her own choosing.

A criminal case is one in which the State of California is seeking to punish a person, that is, the defendant, for breaking the law. The punishment sought usually takes the form of time in jail, probation, and/or fines. In a criminal case, the plaintiff is the "People of the

State of California." The "People" are represented by the district attorney. In sexual assault cases the survivor is only a witness in the case brought by the district attorney.

There are some additional distinctions that one should be aware of in how each kind of case travels through the court system. The trier of fact in each kind of case may be a judge or a jury, although more often than not it is a jury. A jury consists of twelve people. It is supposed to be a jury of one's peers and is drawn from citizens of the community over which the court has jurisdiction. Each side has limited input into who is on the jury.

For a conviction in a criminal case, all twelve jurors must be convinced, "beyond a reasonable doubt," that the defendant committed the crime. In a civil case, only nine out of twelve jurors must be convinced, "by a preponderance of the evidence," that is, it is more likely than not that the defendant committed the acts. This is what is referred to as the *burden of proof*. The burden of proof in a criminal case is much greater because, if convicted, the defendant may lose his or her freedom. In a civil matter, the burden of proof is less because a verdict against the defendant results in a loss of property, usually in the form of money, not liberty.

The rights of the sexual assault survivor, the procedures followed, and the outcome of the case are different in civil and criminal cases. It is important for an advocate to know in which kind of proceeding a survivor is involved in order to offer the appropriate support and guidance. A survivor can be involved in a civil suit or a criminal suit or both. They may both be going on at the same time.

Criminal Justice System

NANCY E. O'MALLEY

THE PENAL SYSTEM is the system within society dictating crime and punishment. The Penal Code is the body of laws that articulates conduct considered a crime and the punishment for committing crimes. It used to be that the Penal Code of California was minimal and fairly simple; however, as society has become more complicated, so too has the Penal Code.

Criminal laws begin as legislative bills. The bill is proposed and passed by the state legislature. The governor then either signs the bill into law or vetoes it. The legislative session begins each January, and a bill that makes it to the governor's desk must have action taken on it within a designated time or it dies.

The Penal Code is broken into sections. It is not uncommon for those in the criminal justice system—law enforcement, prosecutors, defense attorneys, the courts, and probation officers—to speak in terms of code sections. The legislature can create, delete, modify, and expand the laws and, particularly, the specific elements that constitute the crime. For example, in the early 1980s, an element of the crime of rape was resistance to the rape by the victim. The case that led to a change in the law involved an attack on a student by a bus driver. He had stopped the bus short of the school, secured the doors, and gone to where the student was seated. She was frozen with fear; she could not resist, she could not even move. The element of the crime requiring the victim to resist could not be proved, and as a result, the rapist was not prosecuted for the crime of rape. The crime of rape is contained in Penal Code section 261. The first law was enacted in 1872; the most recent legislative change occurred in 1993. There are now seven subsections describing different elements that constitute the crime of rape.

Legal review of the Penal Code sections is done by the courts, who can interpret the law, strike it down, or simply uphold it. This process is important to understand, particularly if a case is not prosecuted, a jury does not convict, or the reviewing courts of appeal overturn a conviction. The criminal justice system operates within very specific guidelines and parameters.

The police enforce the laws and investigate crimes. The prosecution files criminal charges in court and presents the evidence to prove the crime was committed. Once a person is arrested and charged with a crime, he or she is referred to as the *defendant*. The United States and California constitutions guarantee a defendant's right to have a jury, twelve adults from the community, decide the facts of the case. However, that right can be given up or "waived," allowing the judge to decide the facts of the case. The judge always decides issues of law, such as what evidence is admissible and how the proceedings are conducted. The judge also decides the punishment. Before the sentence can be imposed, the Probation Department must prepare a report containing a description of the crime, background information about the defendant, and statements of the victim, including information about such issues as restitution.

Crimes involving sexual assault are crimes that take away a victim's ability to have control over her own body. Sexual assault is a crime of violence, motivated by the perpetrator's desire for power and control over the victim and designed to degrade, humiliate,

It is the further intent that victims and witnesses of crime are honored and protected by law enforcement agencies, prosecutors and judges in a manner no less vigorous than the protections afforded criminal defendants.

and hurt the victim. In response to the dynamic of sexual assault, the California legislature enacted the Victim's Bill of Rights. One of the roles of the advocate is to inform the survivor of his or her rights under the law and to assist in ensuring compliance with rights afforded victims of crime.

Penal Code section 679 reads,

> *In recognition of the civil and moral duty of victims and witnesses of crime to fully and voluntarily cooperate with law enforcement and prosecutorial agencies, and in further recognition of the continuing importance of this citizen cooperation to state and local law enforcement efforts and the general effectiveness and well-being of the criminal justice system of this state, the Legislature declares its intent, in the enactment of this title, to ensure that all victims and witnesses of crime are treated with dignity, respect, courtesy, and sensitivity. It is the further intent that the rights enumerated in section 679.02 relating to victims and witnesses of crime are honored and protected by law enforcement agencies, prosecutors and judges in a manner no less vigorous than the protections afforded criminal defendants.*

The Code of Civil Procedure section 1219 states, in pertinent part,

> *(b)…Notwithstanding any other law, no court may imprison or otherwise confine or place in custody the victim of a sexual assault for contempt when the contempt consists of refusing to testify concerning that sexual assault.*

Criminal Justice

A crime is an act committed in violation of a law that is punishable by death, imprisonment (either in the state prison or county jail), or fine. Because crimes are considered to be committed against the State, they are often termed *public offenses*. Sexual assault crimes are classified as either felonies or misdemeanors. A sexual assault crime committed against a person's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury is a felony and mandates state prison upon conviction. Very few sexual assault felony crimes allow probation upon conviction. Upon conviction of spousal rape or sexual battery, the court can place the defendant on felony probation in lieu of state prison. The Penal Code sets forth what conduct precludes the grant of probation for convicted felons. A crime that can be either a felony or a misdemeanor is commonly referred to as a "wobbler." The prosecutor can charge a "wobbler" as either a felony or a misdemeanor. The court can reduce a felony to a misdemeanor pursuant to Penal Code section 17. At the request of the defendant, a jury can decide whether the charged crime is a felony or misdemeanor. The determination is based on the facts of the specific case, and the punishment for a misdemeanor crime is county jail or a fine.

Law enforcement jurisdiction can be complicated. The Sheriff's Department has jurisdiction throughout the county. However, a city that has its own police department has the investigative authority over crimes occurring within the city limits. The University of California and California State University systems employ their own police forces and are responsible for the investigation of sexual assaults on their respective campuses. Jurisdiction over the crime depends on where the crime is committed. For example, a sexual assault occurs on a University of California campus in Southern California. The survivor goes home to Northern California and calls her city's police department. The University of California Police Department on the campus where the crime occurred still would be responsible for the investigation. In some instances, law enforcement agencies join together and create a joint powers task force to investigate multijurisdictional sexual assault crimes such as serial rapes or repeated sexual assaults against the same victim by the same offender. This is rare, however.

The police respond to reports of crimes and have the primary authority to investigate crimes. The police gather and develop the evidence, generally in the form of statements by the victim and witnesses, physical and forensic evidence, and any other evidence that is relevant to the investigation. The police have the power to arrest the person or persons suspected of a crime. There are two legal ways for the police to arrest a suspect: pursuant to a warrant, or based on probable cause. If there is sufficient time, the police obtain a warrant issued by a magistrate (another term for *judge*) by submitting an affidavit under penalty of perjury. The affidavit lays out the facts of the crime and the factual basis for identifying one or more particular individuals. The magistrate reviews the affidavit and, in issuing the arrest warrant, directs the police to arrest the individuals. The magistrate also could allow the police to search the location. The police cannot arrest a suspect in a residence without an arrest warrant unless a recognized "exigent circumstance" is present. One example is the "fleeing felon" exigent circumstance. The warrantless entry into a residence is allowed because the fleeing felon could get away in the amount of time it would take for the police to get an arrest warrant. Once legally inside the residence, the police can seize any evidence of the crime pursuant to a warrant or that is in "plain view."

The other legal means by which the police can arrest a suspect is "probable cause." *Probable cause* is defined as "entertaining a reasonable suspicion that a crime was committed and the person suspected is probably guilty of the crime." There is no magic to the words defining *probable cause*. *Reasonable* is based on what "a reasonable person under like circumstances with equivalent experience" would suspect. The probable cause arrest can be based on the word of the survivor. To confirm the probable cause arrest, the police may ask the survivor or other witnesses to identify the suspect in photographs or in person.

Once the investigation is completed, the case is taken to the prosecutor. In California, there is an elected district attorney in each of the fifty-eight counties. The District Attorney's Office has the constitutional authority to bring charges against an individual accused of a crime committed in the county. The charges are brought in the name of the People of the State of California. Even though most cities have a city attorney, only the cities of Los Angeles, Long Beach, and San Diego have an elected city attorney who has jurisdiction to prosecute misdemeanor crimes that occur within the city limits. The district attorney has countywide jurisdiction; the elected city attorney has citywide jurisdiction.

California courts used to be divided into municipal and superior courts. All felony crimes started in the municipal courts, and once the prosecution presented sufficient evidence, the case progressed to the superior court for handling. However, in June 1998, the voters elected to consolidate the courts. There is no distinction between the courts or the judges who preside over the proceedings. Depending on the individual county court system, the case may originate in one court and ultimately be transferred to another court.

The first pleading on the part of the people in the superior court in a felony case is the indictment, information, or complaint. The complaint/information/indictment (hereafter *accusatory document*) is a public record once it is filed with the court. Pursuant to Penal Code sections 950–954, the accusatory document must state all the crimes alleged against the defendant as well as any special allegations. The accusatory document must set forth the dates or time period in which the crimes are alleged to have occurred pursuant to Penal Code section 955. The "charges" identify the substantive crimes articulated in the Penal Code of which the defendant is accused. Over the years, the Penal Code has articulated special allegations that may exist in addition to the substantive crime. For instance, if the defendant uses a gun in the commission of the rape, the substantive crime alleged is rape as set forth in Penal Code section 261. The special allegation is that the defendant used a gun as set forth in Penal Code section 12022.3. The defendant is found "guilty" or "not guilty" of the substantive crimes, and the special allegation is found to be "true" or "not true." Defendants can be punished only for those charges or special allegations that

are "pleaded and proved." It is, therefore, incumbent on the prosecution filing charges to conduct a careful and thorough review of the facts contained in the reports and allege all legally sustainable charges and special allegations. Under the current state of the law, it is the special allegations that provide the extreme punishments, such as life in prison, under which the defendant must stay in prison for at least twenty-five years.

Survivors of sexual assault crimes are entitled to confidentiality of identity pursuant to Penal Code section 293. In other words, the sexual assault survivor has the right to be identified as "Jane Doe" in all public documents, including the police reports and the accusatory documents, and in court.

In general criminal law, the accusatory document must identify the victim of the crime as set forth in Penal Code section 956. However, survivors of sexual assault crimes are entitled to confidentiality of identity pursuant to Penal Code section 293. In other words, the sexual assault survivor has the right to be identified as "Jane Doe" in all public documents, including the police reports and the accusatory documents, and in court. The survivor must be informed that his or her name will become a matter of public record unless he or she requests that it not become a matter of public record. Once the survivor has so chosen, the law prohibits the law enforcement agency from disclosing the name and address of the survivor except to the prosecutor or other public officials that are identified in the law. Further, even if the survivor does not choose anonymity, the court can order that the identity of the survivor be either Jane or John Doe to protect the privacy of the survivor pursuant to Penal Code section 293.5. In the event of a trial, the "Jane Doe" or "John Doe" status is explained to the jury. Neither the anonymity of the survivor nor the reference to the survivor as "Jane Doe" or "John Doe" should ever be held against the survivor or carry a negative connotation.

There is a statute of limitations on the filing of all criminal charges in California except in the case of a murder, which has no statute of limitations. In other words, the accusatory document must be filed with the courts within a certain period of time after the crime has been committed. Failure to do so precludes prosecution of the crime or crimes. The determination of how much time the prosecution has to file the charges is based on the punishment for that crime. Virtually all sexual assault crimes against the will of the person by means of force, violence, duress, menace, or fear of immediate or unlawful bodily injury on the person or another carry the punishment of three or six or eight years in state prison. Penal Code section 800 states that the prosecution for an offense punishable in state prison for eight years or more must be commenced within six years after the commission of the crime. Under very limited circumstances, however, sexual assault crimes committed against a child under the age of fourteen at the time of the crime can be filed even after the statute of limitations has expired. The reason for the deviation in the law is that most children are molested either in the home or by someone known to them and their families. Because of that, children are reluctant to report the crime—they may be reporting a crime being committed by a family member or a caregiver. Furthermore, when a child grows up in a home where the sexual molestation occurs on a regular basis, the child may not understand or appreciate the "abnormality" of the situation. That is why child assault prevention workers talk to children in school about "good touch" and "bad touch." Until a child is taught about the impropriety, he or she cannot distinguish good from bad. For some children, the only coping mechanism has been to block or suppress the experience. Once away from the environment or threat of sexual molestation, adult survivors of child molestation can have recovered memory, oftentimes through therapy or an experience bringing up a flashback. These realities are supported and identified in the child sexual assault accommodation syndrome (CSAAS).

Recognizing the dynamic of child sexual assault and the CSAAS, Penal Code section 803(g) allows a complaint to be filed within one year of the date of a report to a California law enforcement agency by a person of any age alleging that he or she, while under the age of eighteen years, was the victim of a sexual assault crime. In order for the section to apply, the statute of limitations must have expired and there must be independent evidence that clearly and convincingly corroborates the victim's allegations. The Supreme

Court of California has not upheld the constitutionality of the statute. As a result, many prosecutors are reluctant to prosecute these cases in the absence of a positive ruling by the reviewing courts. However, all victims of child sexual assault crimes are encouraged to make police reports regardless of the passage of time. Those reports are documentation of previous sexual assault behavior by the defendant and can be used as an "uncharged act" against the defendant in a sexual assault trial involving a separate sexual assault survivor.

Progress of a Criminal Case

Once a sexual assault crime has been committed and has come to the attention of the police, the case begins to progress through the criminal justice system. Whenever a victim of a sexual assault crime is transported to the hospital for a medical evidentiary or physical examination, the law enforcement officer, or his or her agency, must immediately notify the rape victim counseling center. As of 1999, every county in California has at least one funded rape crisis center. Recognizing the integral role of the victim advocate in a sexual assault crime, Penal Code section 264.2 declares that all survivors of sexual assault crimes have the right to have a sexual assault victim counselor (and a support person) present during the medical or physical examination. The support person, but not the sexual assault victim counselor, may be excluded by law enforcement or the medical provider if the presence of the individual would be detrimental to the purpose of the contact or examination.

Sexual assault victim counselor is defined in Evidence Code section 1035.2. All communications between the survivor and the sexual assault victim counselor are protected as confidential. The identified sexual assault victim counselor cannot be compelled to repeat or reveal those confidential communications to anyone except by order of the court. If the court so orders, the disclosure of the communication is done privately to the judge and in chambers. Any further disclosure of the confidential communication is done within the parameters of Evidence Code section 1035.4.

Filing of Charges

All defendants in a criminal action are presumed to be innocent until the contrary is proved, and in case of a reasonable doubt whether their guilt is satisfactorily shown, they are entitled to an acquittal on the charges. However, the effect of the presumption of innocence is only to place upon the state (the prosecution) the burden of proving the defendant guilty beyond a reasonable doubt. Reasonable doubt is defined as follows:

> *[i]t is not a mere possible doubt; because everything relating to human affairs is open to some possible or imaginary doubt. It is that state of the case, which, after the entire comparison and consideration of all the evidence, leaves the minds of the jurors in that condition that they cannot say they feel an abiding conviction of the truth of the charges.*

This rule is set forth in Penal Code section 1096.

Once the police have completed the investigation, the case is brought to the prosecutor, generally the district attorney's office. If the suspect is under arrest and in custody on the sexual assault charge or charges, he must be brought before the judge within forty-eight hours of the arrest, with some exceptions as articulated in Penal Code section 825. When the forty-eight hours expires at a time when the court is not in session, such as a weekend or holiday, the time is extended to the next regular court session. For that reason, the police bring the case to the district attorney's office well within the prescribed forty-eight-hour time period. Generally speaking, the police agent sits with an experienced prosecutor,

familiar with the different Penal Code sections and the requisite elements to support the charge, and reviews the police reports and any other evidence presented.

The legal obligation of prosecutors, as set forth in the Canon of Ethics, requires that only charges and enhancements (or special allegations) that are supported by the evidence can be alleged and filed in an accusatory document. The prosecutor must believe the charges and enhancements can be proved beyond a reasonable doubt.

As stated previously, the Penal Code sets forth sections that identify the substantive conduct that constitutes a crime in California. An enhancement is not a substantive crime; rather, it is a circumstance or factor that occurs in addition to the substantive crime, and it is used to enhance the punishment for the substantive crime. In the area of sexual assault, commonly alleged enhancements, such as use of a weapon or inflicting great bodily injury, carry a greater enhancement to the punishment because the substantive crime is a sexual assault crime. There are several other enhancements (special allegations) that apply only if the substantive crime is a sexual assault crime and that greatly enhance the punishment. For instance, the substantive crime of sodomy is sexual conduct consisting of contact between the penis of one person and the anus of another person against the will of the person by means of force, violence, duress, menace, or fear of the immediate and unlawful bodily injury of the victim or another, as articulated in Penal Code section 286(d). The crime carries a punishment of three or six or eight years in state prison. However, if the perpetrator breaks into the survivor's house and commits the sodomy, the enhancement of committing the crime in the course of a burglary is alleged pursuant to Penal Code section 667.61(d)(4). The enhancement is not a substantive crime; it is a factor or circumstance in addition to the crime. If the enhancement is alleged in the accusatory document and proved by the prosecution, the punishment for that crime is life in prison, and the defendant must serve at least twenty-five years before being eligible for release on parole.

Any prior felony convictions known to the prosecution must be alleged in the accusatory document and must also be proved beyond a reasonable doubt. If the defendant has been previously convicted of a serious or violent felony, as defined in Penal Code sections 667.5 or 1192.7, the punishment is greatly enhanced under the "three strikes" law. "Three strikes" is the law that puts serious or violent offenders in prison for life upon conviction of a new crime after two or more prior serious or violent felony convictions. If the defendant in a sexual assault case has been previously convicted of a sexual assault crime, he is sentenced to not less than thirty-five years to life in prison for the substantive sexual assault crime and the prior sexual assault felony conviction.

Rights and Privileges of the Survivor

Once a police report is made and the survivor is "cooperative" with the investigation, she is entitled to services through the Victims of Violent Crime Compensation Fund, administered through the California Board of Control. Every convicted defendant must pay a fine into the fund upon conviction; the state general fund authorizes the remainder of the board's budget. The sexual assault survivor (as well as other victims of crime) are entitled to services up to $46,000. The law allocates up to $10,000 per survivor for psychological counseling. In most counties, the District Attorney's Office, Victim-Witness Division, files claims on behalf of the sexual assault survivor. Further, once the case charges are filed, a victim-witness consultant is assigned to the case. However, the survivor can also file a claim independently.

The law states that the sexual assault survivor is entitled to have a victim advocate, and a support person, present during law enforcement interviews, district attorney contacts, or defense attorney/defense investigator interviews. Penal Code section 679.04 requires

law enforcement or the district attorney to inform the survivor of her rights pursuant to that section. While *victim advocate* is defined to include a sexual assault victim counselor as well as a victim-witness consultant, only victim advocates who are also sexual assault counselors have confidentiality status. Because victim-witness consultants are employed by the District Attorney's office, they do not have confidentiality status.

Arraignment and Rights of the Defendant

Once the District Attorney's Office (or city attorney in some limited jurisdictions) has filed the accusatory document in court, all matters become public and the defendant must be arraigned on the charges. As stated above, the defendant must be brought to court within forty-eight hours of his arrest if he is in custody. Generally, if the defendant is arrested between Friday and Sunday, the accusatory document is filed no later than Tuesday and the defendant is brought into court by the close of the court's day on Tuesday. If the defendant has posted bail and is not in custody, a date is selected and he is given a notice to appear for arraignment.

At the arraignment, the defendant is brought before the judge and advised of the charges against him. A copy of the accusatory document is provided to him. The defendant must be advised of his constitutional rights, though he can waive reading of the accusatory document in open court and advisement of all of his constitutional rights. Most sexual assault defendants do not want the accusatory document, alleging the sexual assault crimes and enhancements against him, read out loud in open court. For that reason, if the survivor is in court at the time of arraignment, she may not hear the charges read against the defendant. However, the defendant must enter a plea, or one will be entered for him by the court. The choices of plea are "not guilty," "not guilty by reason of insanity," "guilty," or "no contest" (nolo contendere). At arraignment, practically all defendants enter a not guilty plea. That does not mean the defendant is claiming his innocence; rather, a plea of not guilty puts into motion the criminal justice system within the courts.

The Bill of Rights contained in the United States Constitution, as well as the California Constitution, sets forth certain basic human rights. The Fourth Amendment protects citizens against unreasonable search and seizure by the government. The Fifth Amendment provides that an accused has the right to remain silent and protects a individual from being compelled to be a witness against him- or herself. The Sixth Amendment provides for the right to a speedy and public trial as well as the right to have an attorney at all stages of the proceeding. If the defendant cannot afford a lawyer, one is appointed by the court. Many counties have a Public Defender's Office, which represents indigent defendants. All counties have court-appointed resource lists from which private attorneys are appointed by the court to represent indigent defendants.

Each defendant is entitled to his or her own attorney, and in cases where there are multiple defendants, each defendant is represented separately. Defense attorneys are required by the legal Canon of Ethics to defend their clients to the best of their ability. Some defense attorneys define their role as doing everything within the Canon of Ethics to get the client acquitted. Some defense attorneys define their role as protecting the rights of the client and holding the prosecution to the burden of proof. Where there are multiple defendants, referred to as codefendants, often they have different interests or the codefendants assert different defenses. For instance, in a gang rape case, one defendant may claim that his codefendant was the one who committed the sexual assault crimes and that he, the asserting defendant, was unaware of the nature of the acts, in which case he could be entitled to a not guilty verdict. In asserting his legal and factual innocence, he has to implicate his codefendant. In another common scenario in conflicting defenses, one defendant makes a plea negotiation or plea bargain with the prosecution. In exchange for a lesser sentence

or dismissal of the charges, the dealing defendant may agree to testify against his codefendant. If one defense attorney were representing both defendants in that scenario, it would be impossible for the defense attorney to make the best deal for one client while zealously protecting the rights of the other defendant.

The communications and strategies of each defendant with his lawyer are confidential. They are protected through the attorney-client privilege, articulated in Evidence Code section 952. However, there is no confidential communication if the services of a lawyer were sought or obtained to enable or aid anyone to commit or plan to commit a crime or fraud, according to Evidence Code section 956.

Furthermore, Evidence Code section 956.5 emphatically states that there is no protected communication if the defense attorney believes that disclosure of the communication is necessary to prevent the client from committing a crime that could result in death or substantial bodily harm. If a defendant hires a defense attorney who solicits the sexual assault survivor to refuse to testify either under threat of harm or by offering remuneration, the communication between the attorney and client is not protected and the attorney can be compelled to testify against the defendant. If the defense attorney communicates a threat from the defendant to the survivor, not only can that fact be used against the sexual assault defendant, tending to show a consciousness of guilt of the crime, but the attorney may be guilty of a crime and may be prosecuted. The law protects survivors of sexual assault from this type of behavior, but only if the prosecutor is told about the behavior.

Custody of the Defendant

Once the defendant has been arraigned on the charges, he is entitled to have the court review the issue of bail. The survivor is entitled to be present at the bail hearing. It is crucial for the prosecution, through the charging deputy, the assigned victim-witness consultant, or the victim advocate, to notify the survivor of the possibility of the defendant's pre-trial release on bail. The survivor, believing the sexual assault defendant to be incarcerated, may have a false sense of security and safety, particularly if the offender is known to the survivor.

It is less likely for sexual assault defendants to be released on bail than defendants charged with other types of crimes. First, the bail schedule that each county is required to adopt sets the bail for sexual assault crimes higher than for other felony crimes. Each sexual assault enhancement (special allegation) carries an increased bail amount as well. Secondly, Penal Code section 1275 mandates the court to consider several factors in order of priority when determining the bail status of the defendant. In reviewing the bail, the judge is required by law to consider protection of the public as the primary consideration. The court must then consider the seriousness of the offenses charged, which includes, but is not limited to, the injuries to the survivor, threats made against the survivor, and whether a weapon was used. The court must also consider the previous record of the defendant and, lastly, the probability of the defendant's appearance.

The scheduled bail is set based on the charges, enhancements (special allegations), and prior felony convictions filed in the accusatory document. Before the court can set bail below the amount established in the bail schedule and set according to the accusatory document, as described above, the prosecution is entitled to two court days' written notice of the defense's intention to litigate the issue of bail. The prosecution has the opportunity to present evidence on the issues the court is mandated to consider. The survivor or other competent witnesses are entitled to give testimony at the bail hearing. Upon motion of the prosecution or after the bail hearing, the court can increase the bail amount. Pursuant to Penal Code section 1270.1, the court must assume all the charges to be true in determining the issue of

bail. Further, at the bail hearing, if the defendant is attempting to make contact with the survivor or is sending messages to her through a third party, the prosecutor can request that the court make restrictive orders designed to ensure the protection of the survivor. For instance, the court can issue a protective order prohibiting the defendant from attempting to telephone the survivor from jail. If the defendant violates the order, not only is he in violation of the court's order, but he may be guilty of another crime, which can enhance his sentence, and all telephone privileges can be taken away while he is incarcerated.

The prosecutor must vigorously oppose any reduction in the bail amount set in a sexual assault case. The survivor must be kept fully informed of the proceedings. Knowledge is power, and keeping the survivor informed of the court proceedings is a factor that can assist in her healing process. Generally, a bail hearing is the first significant proceeding in the court. If the court decides to reduce the bail amount, the survivor may be in a position to take precautions to ensure her own safety and security.

Victim Notification and Victim-Witness

The law states that no survivor or witness is required to talk to either the prosecutor or the defense attorney, or their representatives, in connection with the prosecution of the sexual assault crime.

The law states that no survivor or witness is required to talk to either the prosecutor or the defense attorney, or their representatives, in connection with the prosecution of the sexual assault crime. If the survivor is prepared to testify in court against the defendant or defendants who sexually assaulted her, it is prudent for her to speak with the prosecutor, who has the burden of proving the case in which she is the victim. However, rarely is there a benefit for the survivor to speak to the defense attorney, who has the legal task to keep the defendant from getting convicted. And, in trial, any prior statement by the survivor can be used in an effort to discredit or impeach her. Often, survivors end up talking to the defense attorney or defense investigator believing that person to be with the police or prosecution. The reason for that false belief is that some members of the defense bar are not always honest or forthcoming in their self-identification to the survivor.

The Penal Code section that recognizes the right of a sexual assault survivor to have a victim advocate present with her during all law enforcement interviews and attorney contact has been amended. As of January 1, 1999, prosecutors and defense attorneys as well as their representatives must honestly identify themselves and show a business card or other identification to the survivor. As described above, it is important for any survivor to be informed if the defendant posts bail.

Many counties have adopted a Victim Notification System (VNE, pronounced "vine"). Most VNEs have an 800 number the victim of the crime can call to find out if the perpetrator of the crime has posted bail or has been released.

As discussed above, each sexual assault survivor is entitled to services through the Victims of Violent Crime Fund. One criteria for eligibility is that the victim of the crime be cooperative with law enforcement or the prosecution; however, it is *not* a requirement that the perpetrator be apprehended or convicted.

Each county is funded through the Office of Criminal Justice Planning (OCJP) to provide victim-witness services. In a few counties, the services are provided by Community Volunteer Centers, but generally speaking, a Victim-Witness Division (VWD) is attached to the District Attorney's Office or the Probation Department. The VWD will provide services to victims of crime regardless of the apprehension of the perpetrator. The VWD will handle claims and advocate on behalf of the victim with the state. Services include counseling, and a survivor can receive up to $10,000 in counseling services paid for by the state.

Once a case is charged, the case is assigned to a victim-witness consultant. In a sexual assault case, the VWD consultant can provide referrals to counselors, accompany the survivor to court, provide psychosocial support to the survivor as she participates in the criminal justice system, and furnish many other services.

The sexual assault counselor is independent of the criminal justice system. The counselor is not employed by the police or district attorney, and as such, can strongly advocate for the survivor under circumstances where the counselor is not worried about employment or funding. At times, the independence is a plus and at times, a minus. The minus factor can be that the counselor does not have the same access to database systems, such as an automated criminal history of the defendant or automated court calendars to keep aware of future court dates. For that reason, the relationship between the Victim-Witness Division of the District Attorney's Office and the sexual assault victim counselor can be very important for continuity of care of the survivor and consistency in the delivery of services to the survivor.

The most significant legal difference between the VWD consultant and the sexual assault victim counselor is that communications between the sexual assault victim counselor and the survivor are protected. Under very limited circumstances, the court can compel disclosure of a protected communication between the survivor and the sexual assault victim counselor; however, any communication between the VWD consultant and the survivor is *not* protected communication. VWD consultants are required to have continuing education, including ongoing training in the areas of sexual assault and domestic violence. However, they lack the independence of rape crisis centers and sexual assault victim counselors. VWD consultants are not therapists and do not provide psychological counseling. The VWD consultant is an employee of the District Attorney's Office or Probation Department, for the most part. The rules of discovery, discussed below, apply to information received by the VWD consultant from the survivor. In other words, if the survivor tells the VWD consultant something about the sexual assault, the prosecutor is deemed to have "constructive" knowledge of the communication because another district attorney employee has "actual" knowledge of the statement. It is imperative that the VWD consultant explain the communication process to the survivor so that she is aware that what she says to the VWD consultant is like telling not only the prosecutor, but perhaps the defense attorney (and defendant) as well. It is also imperative that the VWD consultant disclose those communications to the prosecutor.

A reason to foster a working relationship between the sexual assault victim counselor and the VWD consultant is that the VWD consultant, for the most part, has ready access to the schedules of events and court dates. Most prosecutors rely on the VWD consultant to inform the survivor of all court dates, including arraignment, bail hearing, pre-trial hearings, preliminary hearings (PX), post-PX arraignment, trials, and sentencing. The Victims' Bill of Rights directs that the survivor of the sexual assault be notified as soon as possible that she is no longer needed at an appearance to which she was subpoenaed. The survivor is entitled to be notified of a pending pre-trial disposition before the defendant enters a change of plea. Though not mandated by law, it is strongly recommended that prosecutors discuss disposition options with the survivor before offers are extended. (Prosecutors are trained to do this.) Though plea negotiations are between the prosecutor and the defense attorney and are based on the professional assessment of the case by the prosecutor, there can be no doubt that the spirit of the law is to empower the survivor of sexual assault crimes by keeping her informed of discussions regarding the disposition of the case, if she so chooses. To achieve that end, many counties have achieved strong working relationships, based on respect and the bond of best serving the survivor, among the various victim advocates. That is not to say the various victim advocates agree on all issues, but the mutual commitment to the health and well-being of the survivor allows for the delivery of strong services.

The survivor can request in writing, on a form provided by the District Attorney's Office, to be notified by the district attorney if the defendant is convicted of a sexual assault crime. The survivor can also request that the Sheriff's Department, which has

jurisdiction over the county jails, notify her if the defendant is placed on probation and give her the proposed release date.

Generally speaking, the district attorney or the VWD consultant is responsible for advising the survivor of the rights to which she is entitled as a victim of a violent crime. One issue that can come up for sexual assault survivors, particularly survivors of stranger rape, is the fear of infection by the HIV virus. The court has authority to order the defendant's blood drawn and tested for the presence of HIV while the case is pending in the superior court, and up to 120 days after the sentence is imposed, which is the amount of time the superior court retains jurisdiction over a convicted sexual assault defendant who has been sentenced to state prison. The survivor is entitled to the results of the test.

Health and Safety Code section 121050 directs the prosecution, upon written request of the survivor, to bring a petition to the court for an order to draw blood from the defendant and test it for the presence of HIV. The VWD consultant will discuss these rights under Health and Safety Code section 121050 and can provide the form for the survivor to sign requesting the prosecutor to file the petition. The requirements for the court's consideration are that the case be charged and that the prosecution show that the possibility exists that bodily fluid was transferred between the survivor and the defendant. Once the showing has been made, the court issues the order. The defendant's blood is then drawn, with or without his consent, and tested for the presence of HIV. Generally, the VWD consultant contacts the survivor with the results, which are sealed. The VWD consultant either delivers the results to the survivor or ensures that she is in a safe environment when the sealed envelope is opened. Even though it is a misdemeanor for the survivor to disclose the results to anyone other than for medical or psychological treatment, often the results are shared out of jubilance and spontaneity rather than as a way to violate the defendant's privacy rights.

The rights of the survivor articulated above begin as soon as charges are filed. Knowing the HIV status of the sexual assault defendant sooner rather than later allows survivors to take precautions for themselves and their partners. Regarding HIV and the crime of sexual assault, there is significant research indicating that the possibility of an HIV transference based on one sexual assault incident is extremely low. Further, at the time of this writing, there is not one reported positive HIV transmission after a sexual assault, according to the Centers for Disease Control.

Discovery

In every case, evidence is gathered and developed to prove the defendant is guilty of the crime. Once the case has been charged, the prosecution is required by law to give to the defense all relevant and material evidence that tends to show the defendant's guilt. Those materials include, but are not limited to, statements of the survivor and witnesses, statements made by the defendant, other police reports, the sexual assault examination report (OCJP Form 923), and any forensic reports. Many jurisdictions have adopted a "Standing Discovery Order," which directs the prosecution to turn over evidence that is also "exculpatory" or that is favorable to the defendant.

The discovery compliance includes copies of the police report, which, under most circumstances, refers to the survivor as "Jane Doe." Irrespective of the request of the survivor, Penal Code section 293 prohibits the law enforcement agency from disclosing the survivor's address, except to the prosecutor. Because the police report can become part of the public record of the case, the survivor's name and address cannot be articulated in it. Although the defense attorney is entitled to the survivor's name and address in order to prepare a defense to the case, it is a violation of Penal Code section 1054.2 for the defense attorney to give the name, address, and telephone number of the victim of the crime to the defendant.

Before the preliminary hearing (discussed later) and before the trial, the prosecution must notify the defense of all witnesses it intends to call at the proceeding, including statements of those witnesses. In 1990, the law changed; Penal Code section 1054.3 created reciprocal discovery in the criminal justice system. The defense is required to give discovery of witnesses they intend to call at the preliminary hearing or trial to the prosecution. This is a big break from the traditional rules of discovery that historically required only the prosecution to share information and evidence. As one court stated, "Now discovery is a two-way street," which makes sense, because the moral and legal goal of a trial is to seek the truth and serve justice.

Preliminary Hearing

The purpose of a preliminary hearing is to require the prosecution to present sufficient evidence of guilt to an impartial magistrate to maintain the charges against a defendant. This is part of the system of checks and balances involved when an individual's freedom is at stake.

A defendant and the prosecution, in the name of the People of the State of California, are entitled to a preliminary hearing (PX) within ten court days and not more than sixty days following the entry of the "not guilty" plea before the court. The defendant and the prosecution can "waive" the right to a speedy preliminary hearing. However, if the defendant is in custody solely on this complaint, the court can dismiss the action if the preliminary hearing has not occurred within the ten court days and the defendant has not waived the right.

> *Continuously remind yourself that you can't protect people from the pain, but you can help them deal with the pain.*
>
> M. CECILIA CUEVAS, COALITION TO END DOMESTIC AND SEXUAL VIOLENCE

At the preliminary hearing, the defendant is present and is represented by an attorney, unless he has qualified to represent himself, known as acting "in pro per." Most of the constitutional rights set forth in the California Constitution and the Bill of Rights contained in the United States Constitution as articulated in the Fifth and Sixth Amendments exist at the preliminary hearing. The defendant has the right to be represented by an attorney and, through his attorney, is entitled to confront and cross-examine his accusers, if they testify (see below). Further, the defendant cannot be compelled to testify against himself.

The prosecution has the burden of presenting sufficient evidence to the magistrate (judge) so that the magistrate believes that a crime has been committed and that the defendant is "probably" guilty of the crime or crimes. A court reporter, who prepares a transcript of the proceedings and files the transcripts in higher court, records all proceedings. At the conclusion of the hearing, the magistrate makes a "holding order," commonly referred to as "holding the defendant to answer" to the charges.

With the passage of Proposition 115 in 1990, the prosecution can now present the testimony of the victim/survivor through a police officer who is duly qualified to give such testimony. If that is done, the survivor does not have to testify at the preliminary hearing.

Few laypeople have experience testifying in a court of law. The preliminary hearing can be seen as "practice" for trial. At the preliminary hearing, the defendant is present, along with his attorney, and the hearing is open to the public. However, the testimony is given *only* to the judge; there is no jury present. The burden of proof is significantly lower than at the trial. For many survivors, the preliminary hearing is the opportunity to confront her attacker in a safe and less threatening environment. It gives her the opportunity to be questioned by both the prosecution and the defense attorney. Her testimony is recorded, and if something happens between the preliminary hearing and the trial, her

preliminary hearing testimony can be substituted for her actual testimony at trial should she become unavailable. For many survivors, it is an overwhelming experience to recount her horrendous ordeal in front of the defendant in open court with a jury of twelve strangers staring at her.

At the preliminary hearing, the survivor is entitled to have at least two support people of her choosing in the court while she testifies. The general rule is that a prospective witness cannot be in the courtroom while another witness is testifying. The fictional fear is that one witness's testimony will be tainted by listening to another witness. However, in a sexual assault case, the support people are allowed in court if one of them is also a witness. By way of example, if the survivor gets free of the sexual assault defendant, runs to a friend's house and spontaneously tells the friend what happened, the friend can testify to exactly what the survivor told her. That friend could also be in court as a support person for the survivor while the survivor is testifying. Further, the survivor is entitled to have one person accompany her to the witness stand. Often, that person is the victim-witness consultant or the sexual assault victim counselor.

Checklist for Sexual Assault Victim Advocates Dealing with Law Enforcement

- Has the survivor been told about her rights under the Victim of Violent Crime statutes?
- Has the survivor been afforded the opportunity to provide both the verbal and physical evidence that might assist in conviction of the offender?
- Has the survivor been given information about how to obtain reimbursement for medical expenses?
- Has the survivor been informed about her right to keep her name and address confidential?
- Is it clear whom the survivor should call if she has further information for law enforcement authorities? Does she have a twenty-four-hour phone number for that person?
- Has the survivor been given information about how to contact law enforcement in an emergency?

Grand Jury

The prosecution can choose to present evidence to the grand jury to obtain an indictment filed directly in the higher superior court. The grand jury is a group of eighteen members of the community who are appointed to serve for one year. They meet on a regular basis. All matters before the grand jury are confidential. Neither the defendant nor the defense attorney are present at the grand jury proceeding. The prosecutor presents evidence of the crime to the grand jurors. Either the survivor and other witnesses can testify, though as of January 1, 1999, the evidence can be presented by the prosecution through a police officer witness, much in the same way as is allowed at the preliminary hearing. The grand jury is used in some counties and not in others. Generally, it is the elected district attorney who decides whether to use the grand jury for criminal matters.

Trial

Upon presentation of sufficient evidence to the magistrate in the lower court, the defendant is "held to answer" to the charges in the higher court. Once the case is in the higher court, another accusatory document, called an *information*, is filed. The charges and enhancements (special allegations) alleged are based on what was proved at the preliminary hearing. The accusatory document must be filed within fourteen days of the holding order. The process repeats what occurred in the lower court. The defendant is once again arraigned, the court again considers bail, and the pre-trial hearings occur. Penal Code section 1192.7 prohibits the "plea bargaining of serious felony crimes," which all sexual assault offenses are considered to be. However, discussions occur regularly between the defense and the prosecution. A plea bargain generally involves the dismissal of certain charges and the defendant's pleading guilty to other charges knowing what his sentence will be. As in the lower court, the survivor is entitled to notice of the discussions and to be present if and when the defendant enters a guilty plea.

The case can be resolved by change of plea from not guilty to guilty or to nolo contendere, which translates to "no contest." A guilty plea means the defendant admits his guilt in the action. A nolo contendere plea simply means that the defendant stands mute on the charge; he does not admit guilt, he does not contest the charge. By entering a nolo contendere plea, he is allowing the court to find him guilty of the crime.

If the case is not resolved, then the trial must commence within sixty days of the filing of the information, unless the defendant gives up his right to a speedy trial. One reason a defendant would waive his right to a speedy trial is to delay the trial. Delays never help the prosecution's case; often with delays the survivor gets frustrated and wants to move on or witnesses disappear or forget the details of the event. The defense will also take delaying steps to put off the inevitable: going to state prison as a convicted rapist. The state prisons are often far away from where the defendant resides, making visits by family and friends difficult. Local incarceration allows the defendant to continue his local life from inside the jail. Penal Code section 1048 gives sexual assault cases priority for trial; however, few courts observe the directive of 1048.

There are a number of pre-trial motions that can be brought. The defense can file a motion pursuant to Penal Code section 995 challenging the sufficiency of the evidence presented at the preliminary hearing or to the grand jury. If the court finds the evidence to be insufficient, the charges can be dismissed. The prosecution can refile the accusatory document but has to start all over again. The maximum number of times a matter can be refiled is two, with a limited option of three.

Other pre-trial motions can include an order by the court suppressing a previous identification of the defendant by the survivor or an order by the court precluding disclosure by the prosecution that the defendant has been previously convicted of other felony crimes or precluding evidence in the form of uncharged acts involving other survivors.

The trial begins with jury selection: the court and possibly the attorneys question prospective jurors in a process called voir dire. The attorneys are not allowed to discuss the specific facts of the case with prospective jurors. The purpose of questioning jurors is to uncover any biases or attitudes that would make the prospective juror unsuitable or predisposed to vote a particular way. Jurors are required to keep an open mind, listen to all of the evidence, and decide the case based on the evidence presented in court. Ultimately, twelve members of the community and a few alternative jurors are selected. Alternatives are selected in the event a seated juror cannot complete his or her service. It takes a unanimous jury of twelve to return a verdict of guilty. Failure to return a unanimous verdict, either guilty or not guilty, results in a "hung" jury; a mistrial is declared, and the case has to be retried.

After the jury is selected, some courts pre-instruct the jurors on the basics of the law. Although the court ultimately controls the order of the evidence, the prosecution always goes first because it is the prosecution that has the burden of proving the case beyond a reasonable doubt. The opening statement is where the prosecutor gives a preview of the evidence to be presented at trial. The defense is entitled to give an opening statement after the prosecution has done so and before any evidence is actually presented. However, more commonly the defense reserves the opening statement until after the prosecution has completed its case. The reason for delaying the opening statement is that the defense has the right to rely on the state of the evidence presented by the prosecution—if the prosecution fails to prove its case, the defense will argue that the jury must acquit the defendant.

After the opening statement, the prosecution presents evidence by calling witnesses and introducing evidence in the form of 911 tapes, documents, exhibits, and other admissible evidence. The prosecution decides the order of the witnesses. The general rule is that the prosecutor should start or end with his or her strongest witnesses. Often the survivor is not the first witness called by the prosecution; instead, the first person to whom the survivor reported will testify to prepare the jury for the testimony of the survivor. It is incumbent on the prosecution to figure out how to present the evidence in an effective and interesting way so as to convince the jurors of the truth of the charges and hold their attention through the oftentimes difficult testimony about a violent sexual assault. Once the presentation of evidence by the prosecution is complete, the prosecution "rests."

The defense is entitled to cross-examine each witness and challenge the evidence. The defense can rely on the state of the evidence after the prosecution rests, particularly if it believes the prosecution has failed to prove the case. The defense can give an opening statement, or not. The defense can present witnesses, or not. The defendant has the right to testify or remain silent; that decision lies solely with the defendant.

After the defense in turn "rests," the prosecution can offer evidence to rebut evidence presented by the defense. If the defense has offered no evidence, there is nothing to rebut, so that portion of the trial is concluded.

The case concludes with arguments. The prosecution goes first by making an opening argument. The opening argument is different from the opening statement in that the opening statement is not argument but a preview of the evidence. The opening argument is just that—the prosecution arguing the facts proven at trial, the law as given by the judge, and the conclusions the prosecution wants the jury to reach. The defense follows the prosecution by giving its argument. Because the prosecution has the burden of proving the case, it has the final word by arguing after the defense concludes its argument.

The court instructs the jury on the law. The jurors go to a private room and select a foreperson, whose role is to lead the deliberations. Once verdicts are reached, the jury returns to the courtroom. The verdicts are read in open court and filed by the clerk, and the jury is discharged.

All witnesses' attendance at trial is compelled by subpoena. Once it is established that the witness has been personally served with the subpoena, failure to appear can result in a finding of contempt. The court can sentence a person to five days in jail for being in contempt of court; however, no victim of a sexual assault crime can be held in contempt for refusing to testify at trial. Although the decision to testify at trial is always ultimately the survivor's decision, that decision should be made with full information about the protections built into the process. Survivors should also clearly understand how their decision to testify or not might affect the final verdict in the trial. Only with full information can the victim make an informed decision.

Evidence at Trial

It is the task of the experienced prosecutor to develop the evidence and present a full case against the defendant. The Evidence Code controls the type of evidence that can be admitted. The judge decides issues of law; the jury decides issues of fact. Every element of the crime must be proved, and the jury must be convinced beyond a reasonable doubt that the defendant is guilty. Many survivors fear having their entire sexual history discussed in a sexual assault trial; however, the law starts with the premise that the sexual conduct of the survivor with anyone other than the defendant is inadmissible pursuant to Evidence Code section 1103. This protection is often referred to as the "rape shield" law. If the survivor has had previous sexual conduct with the defendant, the court will allow evidence about it if the defense in the case is "consent." There is an exception to the rape shield rule if the survivor has made a false allegation of sexual assault in the past; that prior contact and false allegation may be admissible on the issue of the credibility of the survivor. However, before such evidence is heard by the jury, the defense must present competent evidence that the prior contact involved a false allegation of sexual assault, after which the survivor is given the opportunity to address and explain the evidence to the court. The judge then decides whether the jury will hear such evidence.

The law was recently changed to provide further protections to the survivor. As of January 1, 1999, the manner of dress of the survivor at the time of the commission of the crime is *not* admissible on the issue of consent. Likewise, the fact that the survivor asked the rapist to use a condom during the commission of the sexual assault is *not* evidence of consent.

Normally, statements made outside the courtroom are not admissible at trial. Those statements are considered "hearsay." Hearsay is any out-of-court statement offered for the truth of the matter contained in the statement. There are exceptions to the hearsay rule, and in sexual assault trials, the survivor's out-of-court statements are more likely to come into play. Statements previously made by the survivor can be used to refresh her memory and to fill in details she cannot now recall or remembers differently from when the statement was given. The prior inconsistent statements, offered pursuant to Evidence Code section 1235, can be offered by the prosecution or the defense. Generally, when offered by the defense, these statements are meant to impeach her testimony or attack her credibility. However, if the defense impeaches the survivor's credibility or testimony with prior statements inconsistent with her trial testimony, the prosecution can then bring out all statements made previously by her that are consistent with her testimony pursuant to Evidence Code section 1236.

The more times the jury hears what happened to her, the more likely they will believe and retain the essential facts. Spontaneous statements made by the survivor about the assault while under the stress of excitement can be admissible under Evidence Code section 1240. Statements made to medical personnel are admissible under Evidence Code section 1250 to corroborate the survivor's testimony.

Most significantly, the law now allows different victims of uncharged sexual assault acts committed by the same defendant to testify in the trial at hand. Historically, and in every other type of criminal prosecution except domestic violence, the defendant is to be judged on the evidence of the current crime. Evidence of any other unlawful act or acts not officially charged against him is admissible only if there is a stated purpose *other than* to assert the defendant's disposition to commit crimes. However, sexual assault prosecutions allow this deviation from traditional criminal law. The legislative testimony in support of the passage of the law stated that sex offenders are a unique population within our society and that the recidivism rate among sex offenders can be as high as 80 per-

cent. For that reason, there is a presumption of admissibility of evidence of other sexual misconduct, though uncharged in the current case, against other victims. The prosecution must give thirty days' notice, or as much as reasonably possible, to the defense of the uncharged acts and any supporting documentation. This has proven to be one of the strongest tools for the prosecution. It not only presents to the jury a fuller picture of the defendant before them, but it brings incredibly strong corroboration to support the testimony of the survivor of the charged crime. In many cases, it is no longer just "he said/she said," which are tough cases to prove.

Defenses

There are two common defenses in a sexual assault case: "consent" and "wrong guy." The defense of consent is a two-tiered process. To assert consent to the sexual assault crime, the defense must establish that, objectively speaking, *any reasonable person* would have believed that the survivor was consenting to the sexual contact. Consent is defined as positive cooperation in the act and purpose with full knowledge of the act and purpose. If the defense can establish that a reasonable person would have believed the survivor was "consenting" to the sexual contact, then it must prove that the defendant actually and subjectively believed that the survivor was consenting to the sexual contact. If the defense can get the jury to believe that not only did the defendant actually and truly believe the survivor was consenting to the sexual contact, but that any reasonable person in that position would have believed she was consenting, he is entitled to a not guilty verdict. The defense of consent is in question in cases where the survivor is intoxicated to the point of blacking out. The prosecution argument is that if the crime is rape of a person who is so intoxicated she cannot give legal consent, where that intoxicated state is known or should have been known to the defendant, then consent is not an issue. If she cannot consent to sexual intercourse under the law, he cannot benefit from believing she was consenting. Consent is evaluated in light of the totality of the circumstances, and it is for the jury to decide. Consent is never a defense to the crime of sexual contact with a minor under the age of fourteen. Mistake of age is a defense to the charge of statutory rape, but consent is not.

When identification of the defendant is at issue, the prosecution may use forensic or biological evidence in a sexual assault trial, such as blood or semen. DNA profiling is admissible. The scientific statistical analysis regarding the random frequency of occurrence of that particular profile within the population is admissible. In other words, the expert witness can opine, based on genetic research, that the particular combination of DNA markers or DNA loci (or locations) would occur in only one out of 8 billion randomly selected individuals, for instance. The frequency of occurrence changes with the markers and loci identified.

The defense will attack the DNA evidence to dispel the proof of identity. They may use experts to attack the manner in which the evidence was gathered or handled by law enforcement, such as in the case of *People v. O. J. Simpson.* The defense may use an expert to dispel the scientific forensic testing or the interpretation of the results, such as the frequency of occurrence within a random population. In doing so, the defense is either attempting to poke holes in the prosecution's case, creating "reasonable doubt," or asserting the "wrong guy" defense.

Physical identification, voice identification, and identification of the defendant through the use of other senses is admissible. Identification is for the jury to decide. Again, the defense takes all measures to attack the witnesses making the identification.

Sentencing

The victim is entitled to speak at the sentencing hearing. The sentence in a sexual assault case can be tremendous. Recently, a twenty-one-year-old serial rapist who kidnapped and sexually assaulted seven teenaged girls was sentenced to 187 years to life after conviction by jury verdict. Another forty-nine-year-old previously convicted sex offender was convicted of the kidnap and sexual assault of a young college coed. He was sentenced to six terms of life in prison *without* the possibility of parole, plus forty-six years. These are but two examples of the tremendous sentences being imposed on convicted sexual assault defendants. The law says that the judge must impose one of three terms of imprisonment for the crime of which the defendant was convicted. In sexual assault crimes, the punishment is three, six, or eight years in state prison for the substantive crime. Enhancements, pleaded and proven, add time to the base term of imprisonment. The sentencing schemes are complicated in sexual assault cases, and few criminal justice participants are proficient in the calculations. Simply put, if there are separate acts or separate victims, the court must impose full-term sentences that must be served one right after the other. In 1996, the "one strike" sexual assault law was enacted. Penal Code section 667.61 articulates several factors that, if found true, result in either fifteen years to life or twenty-five years to life in prison. The defendant convicted of a sexual assault crime is entitled to only 15 percent credit off his sentence for good time or work time.

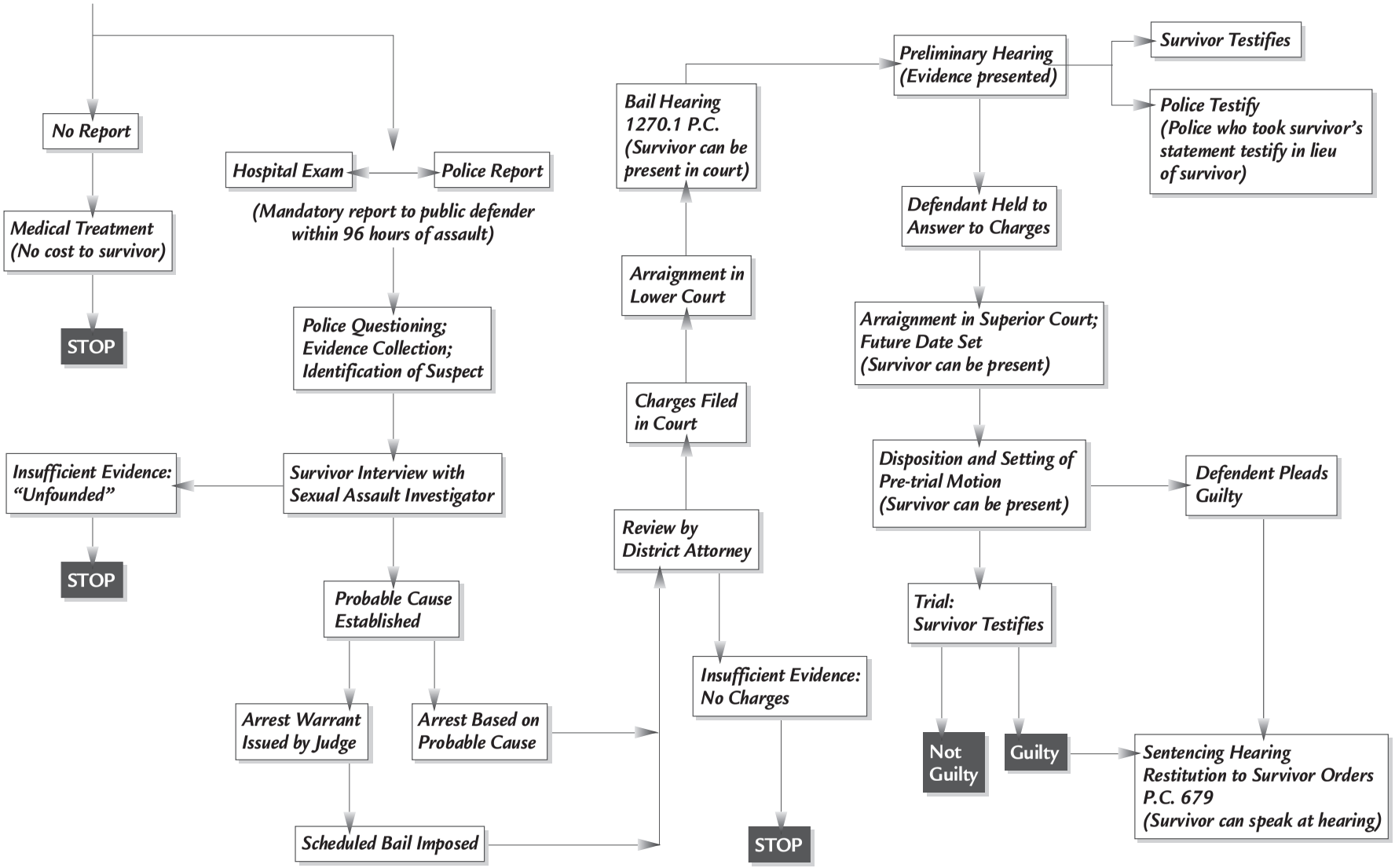
The court must order an HIV test of the defendant's blood pursuant to Penal Code section 1202.1. The defendant must be ordered to register as a sex offender pursuant to Penal Code section 290. He must give blood to be profiled and entered into the DNA database and compared to DNA profiles of unsolved sexual assault and murder cases.

Also, the survivor is entitled to restitution. The law allows the Department of Corrections to collect money from the defendant's prison wages and to pay it to the survivor if restitution is ordered. For that reason, the survivor should keep track of monies lost or paid out by her and, at sentencing, submit an amount to the court so restitution can be ordered and paid.

Post-conviction

The survivor is entitled to notice from the Department of Corrections if and when the defendant is to be released from state prison. The Victim-Witness Division consultant prepares the forms for the survivor to sign requesting notification. The VWD consultant will forward the signed request to the correctional facility once the defendant has been sent there. As discussed earlier, the survivor is entitled to restitution. While the defendant is in state prison, he is working and being paid. The State of California will seize a percentage of his prison wages as well as a percentage of money he has on the books and apply it to the restitution amount ordered by the court to be paid to the survivor.

Criminal Justice System
Sexual Assault Flowchart



Civil Remedies

LESLIE F. LEVY

THIS CHAPTER IS NOT INTENDED to be used as a substitute for legal advice from an attorney. The topics covered are complicated, and each particular survivor's circumstances are different. A competent attorney should be the one to evaluate the possibility of pursuing a civil suit. The following discussion can provide only an overview of the civil process and the issues that may arise. It must also be noted that the law around many of these issues is frequently changing.

This chapter has been written with a focus on California law and on those concerns most likely to be encountered by a survivor in deciding whether to pursue a civil case and in pursuing a civil case.

Reasons for Bringing a Civil Suit

The decision to pursue a civil case is not one to be made lightly. There are many reasons that a survivor may decide to bring a civil suit. The primary result of a successful civil suit is the recovery of money. This may be important to a survivor as it may help pay for medical or counseling expenses, compensate for wage loss, cause financial harm to the perpetrator, and be seen as a symbolic statement to the perpetrator and her community or the society at large about the wrong done to her. A civil suit may also help a survivor find some sort of closure, make visible the acts of the perpetrator, or force changes in the policies and procedures of private or public entities.

Several practical issues must be examined while deciding whether to pursue a civil suit. Civil suits are expensive to bring, even without an attorney's fees. They can be invasive and may take several years to resolve. It is important to look at what bringing a suit will achieve. If the perpetrator or other persons who may be held legally liable for his acts are without money or property, then a civil suit is probably not an appropriate tool. The survivor will go through all the difficulties of a suit only to find that, even if successful, there is no money from which to collect an award by the court.

It is also necessary to find an attorney with whom the survivor can work. A civil suit takes an average of one to three years, so a survivor must be willing to be involved in the court process for at least that length of time. The case will have an effect on her process of healing, as the civil suit may require her attention and recollection at times that she might not otherwise be ready or willing to give them. Although there may be empowering aspects to a civil suit, including the power of a verdict in her favor, there is a certain lack of control. The suit must go through certain stages despite her individual wishes, and that may add to a feeling of being out of control of her life. The survivor must also look at what effect the case may have on various relationships, for example, with family and friends. Will any of these people be witnesses? If the perpetrator is in the survivor's family or friendship circle, how will others react to her suing him?

The survivor must also consider the effects on her of losing the case. Juries are unpredictable. A good attorney should help a survivor evaluate the likelihood of success, but

there is never a guarantee. Therefore, the survivor must determine whether the risk is something she is willing to take.

Relationship of the Civil and Criminal Cases

A civil case can be brought even if no police report was made or no criminal charges were filed. In some circumstances, *both* criminal charges and a civil suit can be filed against the perpetrator. If the cases overlap in time, it is helpful if the district attorney and the civil attorney are in contact with each other. The outcome of the civil case does not affect the outcome of the criminal case; however, the outcome of the criminal case may have some effect on the outcome of the civil case. If the perpetrator is found guilty at trial in the criminal court, it will be presumed in the civil case that he committed the crime; the only issue left to be tried in a civil court will be that of the harm caused by his acts. If he is not found guilty in the criminal case, this information will not be allowed in the civil case. Regardless of the results in a civil case, they are not admissible in criminal court. This difference is due to the different standards of proof in each kind of case. It is harder to find someone guilty in a criminal case than to find him or her civilly liable. A jury may find that a defendant is not guilty because they cannot say "beyond a reasonable doubt" that he committed the crime. This does not mean a jury would not find that it is "more likely than not" (preponderance of the evidence) that he committed the acts, thus finding him civilly liable.

Starting a Lawsuit

In theory, anyone can bring a civil suit without an attorney, a process referred to as acting "in pro per" or "in pro se." A survivor has the right to represent herself, but though it may be possible to do this if the person has time, money, and access to a law library, it is not a choice to be made lightly.

It is important that the survivor find an attorney with whom she can work well and trust (as much as is possible for the survivor). She should not be afraid to ask the attorney questions about his or her experience with similar kinds of cases. Although only a handful of attorneys specialize in civil suits for sexual assault survivors, there are a fair number of attorneys who have handled one or two lawsuits in this area. If the attorney has not handled many of these cases, the survivor should not assume that the attorney has any understanding of the various stages a survivor goes through, or that he or she has a complete picture of the harm caused to the survivor. An advocate may be able to help an attorney understand what is going on for the survivor.

It may not be easy to find an attorney to take a case. Each attorney will have to do his or her own evaluation of the case, which will include a review of availability, the costs of the case, the likelihood of success, and the ability to recover money from the defendant.

Certain kinds of cases can be filed with government agencies who are responsible for investigating and trying to resolve the matter. These agencies work primarily in the areas of employment and housing. If the assault took place at work, the survivor is required to file with either the state agency, the Department of Fair Employment and Housing (DFEH), or the federal Equal Employment Opportunity Commission (EEOC) before pursuing the matter in the courts. If the perpetrator was an owner or manager of an apartment, the survivor may, but is not required to, file a complaint with either DFEH or the federal Department of Housing and Urban Development (HUD). It is not necessary to have an attorney to file a complaint with either agency, although it may be helpful for the survivor to take an advocate to the interview with the investigator. Once a complaint is filed, the agency will investigate the complaint. If they find that there is a basis for the

complaint, they will issue a finding in favor of the survivor/complainant. At that time the survivor can try to find private counsel, or the agency will provide an attorney to represent the woman in pursuing the matter in court.

Finding an Attorney

A local rape crisis agency should try to develop a list of local attorneys who have handled civil suits on behalf of sexual assault survivors. A survivor may also try to get referrals from local bar associations or the local or statewide women's bar associations. Each county has a bar association, which has a referral service. There are numerous women's bar associations that operate locally and statewide. Information about bar associations, including women's bar associations, can be obtained from the State Bar of California or at any law library.

An attorney should be chosen carefully. Although a client may fire an attorney at any time, it may be difficult to find another attorney to take the case once it has begun. A client should know that she is entitled to a copy of her entire file (other than the attorney's personal notes) at any time she requests it.

Paying the Attorney

Most civil suits for sexual assault are taken on what is called a "contingency" basis, meaning that the attorney is paid a percentage of the money received at the end of the case. This obviously provides an incentive for attorneys to maximize the monetary recovery. It also means that attorneys are willing to share in the risk of losing, as they will not get paid their fees if they lose. Average contingency percentages range from one-third to 45 percent of the recovery. The amount varies with the attorney and with the stage at which the case is resolved. For example, an early settlement may result in a lesser percentage for the attorney as less work has been done. All agreements about how an attorney is to get paid should be in writing. The survivor should read the agreement carefully and understand it before signing.

Other financial arrangements are also possible. An attorney may be paid by the hour or some combination of contingency and hourly.

In addition to the attorney's fees, there are also costs involved in bringing a suit. These are monies that an attorney has to pay other people for the work they do on the case. The costs (separate from an attorney's fees) of a sexual abuse suit may be between $30,000 and $50,000 if it goes to trial. These monies go to expenses such as expert witnesses, court reporters, court fees, and investigators. These costs must be paid back to the attorney at the end of suit. Many attorneys ask a client to contribute some amount of money up-front toward costs.

Civil Laws Covering Sexual Assault

There are many laws under which a survivor can sue for sexual abuse. Usually more than one law has been violated in cases of sexual abuse, and the civil suit will set forth numerous violations of law. There are general laws covering, for example, sexual battery (Civil Code sec. 1708.5) and specific laws covering sexual abuse in particular circumstances or locations, for example, harassment in employment (Government Code sec. 12940), housing (Government Code sec. 12955), and education (Education Code secs. 200 and 212.6) and sexual misconduct by therapists and doctors (Business and Professions Code sec. 728 and Civil Code sec. 43.93). Some of the laws are civil rights laws; some are laws regarding prohibitions on injuring another person. It should be noted that many civil rights

laws make no direct reference to sexual assault but rather prohibit "sex discrimination." The courts have interpreted the prohibition on sex discrimination to include a prohibition on sexual harassment or abuse.

When a Suit Must be Filed

In all circumstances, the time in which to file a civil suit is limited by the law. This is called the *statute of limitations*. If a survivor files a suit after the time has expired, it will be thrown out of court, that is, dismissed. If all applicable statutes of limitations have expired, the survivor cannot bring a suit. The statute of limitations is a critical issue to pay attention to in speaking with a survivor. Although you cannot and should not give her legal advice as to the applicable statute of limitations, it is important to tell her that there is a limited period of time in which she may pursue this matter civilly and that she should seek legal advice as soon as possible regarding the time in which she must file. The following is a general review of the statutes of limitations. Even if it appears that a client is beyond her statue of limitations, if she is interested in filing a civil suit, she should still seek the advice of a lawyer. There are some exceptions to the limitations described here, and an interested client should always speak with an attorney to determine if any of the exceptions apply to her circumstances.

For a survivor of a sexual assault that occurred while she was an adult, most civil suits must be filed within one year of the assault (Code of Civil Procedure sec. 340). If the perpetrator was the owner or manager of her apartment, then she may have two years in which to file a civil action (42 U.S.C. secs. 3601, *et seq*.). If she can pursue the matter under the federal Violence Against Women Act, she may have up to four years in which to file (42 U.S.C. sec. 13701, 28 U.S.C. sec. 1658).

For a survivor of childhood sexual assault, the statute of limitations is different. A survivor has eight years from the date of majority (which is either age eighteen or when she became an emancipated minor, whichever is earlier) or three years from the date she remembers the assault or three years from when she knew or should have known that the harm she is now suffering was caused by the sexual assault (Code of Civil Procedure sec. 340.1). For example, if a child was sexually assaulted between the ages of five and eight, in most cases, she would have until her twenty-sixth birthday to file a civil suit for the molestation. If a woman first recalls childhood sexual abuse at age thirty-five, she may still be able to file suit in the three-year period following her recall.

If a suit is to be brought against a public entity, such as a city, police department, or public school, an additional statute of limitations is relevant. In these cases, a claim form must be filed with the entity within six months of the assault (Government Code secs. 910 *et seq*.). Failure to file this claim form may forfeit a woman's right to sue. There are a few instances in which a minor may have additional time to file a government claim, but it is still quite limited.

Again, many survivors lose their right to sue because they wait too long. In the spirit of helping a woman evaluate her options, it is important to help her get the information on the statute of limitations that is appropriate in her case.

Who Can Be Sued

A civil suit may be brought against the perpetrator of the sexual assault. In some circumstances, it may also be brought against persons or entities who may be legally responsible for the acts of the perpetrator. For example, an employer may be held responsible for a sexual assault by an employee, an owner may be held responsible for the acts of the apart-

ment manager, a hospital may be held liable for the acts of a doctor, and spouses or mothers may be held responsible for the acts of their husbands. Who, other than the perpetrator, may be held liable is a complicated issue and is frequently changing. The importance of considering whether to proceed against an entity or third person is that it may provide another source for monetary recovery or create some larger institutional change, such as a change in policy and procedures.

Damages Recoverable in a Civil Action

A civil action is most often an action for monetary damages. If successful, a plaintiff is entitled to receive compensation for any medical costs, wage loss, and other out-of-pocket expenditures that she has incurred as a result of the sexual assault. In addition, she has the right to receive compensation for her pain and suffering or emotional distress, lost opportunities (such as missed job or educational possibilities that she could not pursue because of the assault), and disruption of her life. These damages are all called *compensatory damages*; to the extent that money can, these damages are attempting to compensate her for what has happened.

It is important that a survivor keep track of any money she has expended related to the assault, whether it be a visit to the doctor, the cost of transportation to the doctor, or wage loss for days she took off work.

There are several other kinds of damages. The kind most likely to be discussed in these cases is *punitive damages*. Punitive damages, when awarded, are intended to be an amount, separate from the compensatory damages, that will act as a deterrent against the defendant's doing similar acts in the future. Punitive damages vary greatly because the amount relates to the economic circumstances of the defendant. Certain standards must be met before punitive damages can be awarded (Civil Code sec. 3294).

Overview of the Process

A civil suit goes through many stages. The matter may begin with a letter from the survivor's attorney to either the defendant or the defendant's attorney, if he has one, attempting to resolve the matter before filing a civil suit. It may also begin with the filing of a lawsuit, or *complaint*. Lawsuits are usually filed in the county in which the assault occurred or in the county in which the perpetrator lives.

Complaints are a matter of public record. Anyone can enter the courthouse and look at them. Therefore, it may be important to the survivor to have the attorney try to file the complaint under a pseudonym or initials if the survivor wishes her identity to remain private. The court has the power to decide whether or not to permit filing under a pseudonym.

After the complaint is filed, it is then served on all defendants. They usually have thirty days in which to respond to the complaint. The response is most often in the form of an *answer,* which usually follows a certain form and may or may not be tailored to the complaint that was made. The essence of an answer is the defendant's denial of the violations of law that were stated in the complaint. Before answering, the defendant may also file a number of different motions, most of which deal with technical issues about the way the lawsuit was drafted or the application of the law to the facts stated in the lawsuit.

The stage following the answer to the complaint is known as *discovery*. It is during this stage that each side has an opportunity to learn the other side's position and uncover or establish facts to support its own position. Each side may send the other side written questions, called *interrogatories,* that must be answered under penalty of perjury. Each side can ask the other side to produce relevant documents, for example, medical records,

photographs, or letters. It is also during this stage that each side can take the deposition of the other side. In a deposition, each party, accompanied and prepared by his or her attorney, goes to the office of the opposing party's attorney and answers questions under oath. A court reporter takes down everything that is said at a deposition and creates a booklet for the use of all parties. The questions will concern the background of the person being deposed, what happened, the effects of the assault, and other matters. The questions may also probe past psychological treatment for matters unrelated to the case at hand. The survivor's attorney is there during her deposition to make sure that the questions are proper. A deposition of a major party may take from a few hours to several days. Depositions may also be taken of other persons relevant to the case, such as a therapist, friends, doctors, and other witnesses, including family members. If the parties disagree about what can and cannot be a subject of discovery, the matter is taken to the court for a decision.

Conversations between a sexual assault counselor and the plaintiff are *privileged* (Evidence Code secs. 1035.4, 1035.6, 1035.8). This means that the defendant cannot discover the content of those conversations unless the plaintiff agrees to permit the defendant to find out what was discussed. The defendant can discover the contents of conversations between the plaintiff and a counselor outside the rape crisis center context, for example a private therpist.

At some point in the discovery phase, the survivor's attorney will probably send her to a psychological expert to provide a "professional" evaluation of her damages to be presented in court. She will also be required to see a psychological expert hired by the other side. Generally these examinations include a few hours of interviews as well as some psychological testing. Usually, no one else may be present in the room during the evaluation; however, the client may tape-record the sessions. The psychological expert is looking for ways in which the trauma has affected the life of the survivor and what kind of counseling treatment, if any, is needed or will be needed in the future. The psychological expert will testify at trial about the diagnosis and prognosis of the survivor.

Following the discovery phase, the case is ready to go to trial. The court usually gives the parties a trial date several months in advance. Even if the parties are ready to go to trial on that date, the court must also have a courtroom available for the trial. Sometimes cases are placed on standby for a week to see if a courtroom will become available; at other times the case is given a new trial date several months later.

ALTERNATIVE DISPUTE RESOLUTION

Currently, many courts require the parties to try to find a way to settle the case before it goes to trial. The process of attempting to settle the case through means other than trial is called *alternative dispute resolution,* or ADR. There are several kinds of ADR. They can occur at any stage prior to trial. For instance, the parties, through the negotiation process between their attorneys, can enter into an agreed-upon resolution of the case (settlement). Another common option is that the parties agree to use a neutral lawyer or retired judge to help the parties negotiate a settlement. This is called *mediation*. In a mediation, a settlement is reached only if everyone is in agreement. The court may also order the parties into mediation.

Another option is for the parties to take the case to arbitration, either voluntarily or under court order. In an arbitration, a neutral lawyer is brought in as an arbitrator and a miniversion of the case is presented to the arbitrator. The arbitrator makes a decision based on what is before him or her. In most cases, the parties can accept the decision of the arbitrator or either party can reject the arbitrator's decision and request to go to trial.

The parties may also be ordered into a settlement conference by a judge. It is often conducted in the courthouse with the involvement of a judge or an attorney appointed by the judge.

If the matter is not settled through one of these means, it will then go to trial.

TRIAL

A trial has several phases. The "trier of fact" can either be a judge or a jury. If either the plaintiff or the defendant requests a jury, then it will be a jury trial. The matter will be heard solely by a judge only upon the agreement of the parties.

In the first phase, the attorneys request that the judge exclude certain information from the jury. These are usually technical legal issues. Next, a jury is chosen. After a jury is chosen, the plaintiff's attorney makes an opening statement giving the jury an overview of the case. The defendant's attorney is then permitted to do the same. Following opening statements, the plaintiff's attorney calls witnesses and presents evidence. Each witness may be cross-examined by the defendant's attorney after he or she has answered the plaintiff's attorney's questions. After the plaintiff has finished presenting all of her witnesses and evidence, then the defendant can present his evidence and witnesses. Once all testimony and evidence has been heard, each side makes closing arguments. The judge then instructs the jury on the law, and the jury begins deliberations. When the jury reaches a decision, they inform the judge, who calls everyone back, and the decision is read in court.

Unless the advocate is a witness in the case, she should be able to be in the courtroom during the entire trial. Witnesses are normally excluded from the courtroom until after they have testified.

Privacy Issues

The process of suing can be invasive of a woman's privacy. In the course of a suit, the defendants have the right to inquire into many areas of a woman's life. However, there are some protections, and it is important for a survivor to understand what will remain private and what will not. It must be kept in mind that one of the things requested in a civil suit are damages for emotional distress. This means that a survivor has put her emotions and mental state "at issue." Therefore, the defense has the right to explore past psychological treatment of the plaintiff, if any. The defense will also explore any treatment that she has received as a result of the assault. This includes a review of any therapist's records as well as the deposition of the treating therapist. There are areas that a defendant cannot delve into absent a court order, which is rarely granted. A defendant is not allowed to question a survivor about sexual contact with persons other than the perpetrator in the case at hand (Code of Civil Procedure sec. 2017(d) and Evidence Code sec. 1106). This includes earlier sexual abuse. If a plaintiff decides to raise the issue of having been sexually abused in the past as it relates to the harm that this assault caused her, then defendants will be permitted to inquire about the prior assault.

Restraining Orders

The plaintiff can seek a restraining order as part of a civil suit or independent of whether she ever files a civil suit. In order to get a restraining order, she must show that she remains at imminent risk of injury or harassment from the perpetrator. The fact that a survivor was raped or assaulted in and of itself may not get her a restraining order unless she can show an ongoing risk.

There are many concerns about the extent to which the police are responsive to restraining orders. There are many stories about the police failing to respond, being slow to respond, or failing to enforce the order once they arrive. Before deciding to pursue a restraining order, it would be helpful to know how well they are enforced in the area in which the survivor lives, works, or travels.

Suits Brought by a Perpetrator Against a Survivor

A survivor can, in theory, be sued for defamation for telling people about or publicizing the assault. Defamation is the publication of a *false* statement to a third party that is damaging to the party about whom it is told. *Slander* is the name given to defamation that is verbal; *libel* is the name given to defamation that is in written form. Truth is a defense to a defamation lawsuit. There are practical reasons why a survivor is not likely to be sued. First, it generally requires that the perpetrator has money to pay a lawyer, as such cases are rarely taken on a contingency. Second, it would only make sense to sue a victim who has money. Third, as most perpetrators do not want the matter in the public eye, they do not want a court to hear the matter. A defamation trial is essentially a trial of whether the statements made by the survivor were true; thus most perpetrators will avoid bringing such a suit as it potentially exposes their actions.

A survivor cannot be sued for defamation for the act of filing a suit. Communications with the court are protected. If a survivor loses the suit, the defendant can turn around and sue the survivor for malicious prosecution, but the defendant must show that there was no foundation whatsoever for her suit. This is quite difficult and is rarely successful.

Conclusion

The decision to undertake a civil suit is one to be made carefully. If successful, the survivor may feel empowered at the end of the process. It will be a long and difficult process, however. Providing support and information that helps the survivor understand the process she is considering, or has embarked upon, can be invaluable. However, it is important to remember that an advocate cannot and should not provide legal advice.

PROTECTIVE ORDERS

FROM *WOMEN'S RIGHTS HANDBOOK*, OFFICE OF THE ATTORNEY GENERAL OF CALIFORNIA

There are several different types of orders that can be obtained to protect you and your family members in domestic violence situations. If necessary, through the police, you can get an emergency protective order (EPO) by telephone when courts are not in session, such as on nights and weekends, to protect you from abuse by a family member until the close of judicial business on the fifth court day following the day of its issuance or the seventh day following the day of its issuance, whichever is earlier. (Fam. Code, secs. 6250–6257.)

Before a court will issue an EPO, there must be reasonable grounds to believe that an adult is in immediate and present danger of domestic violence or that a child is in immediate and present danger of abuse by a family or household member. The judicial officer must also be satisfied that an EPO is necessary to prevent the occurrence or recurrence of domestic violence or child abuse. This order must be served on the restrained person, if that person can reasonably be located. A copy must be given to the protected person, and a copy must be filed with the court as soon as practically possible. (Fam. Code, secs. 6240–6273.) Law enforcement may make a warrantless arrest for violation of an EPO. (Pen. Code, sec. 836(c)(1).) The law enforcement officer who requested the protective order shall use every reasonable means to enforce it (Fam. Code, sec. 6272) and shall carry copies of the order while on duty. (Fam. Code, sec. 6273.)

Such orders are now registered with the Department of Justice, pursuant to Family Code sections 6380, et seq. A willful and knowing violation of a protective order is a crime punishable by a fine of not more than $1,000 or by imprisonment in a county jail for not more than a year, or by both a fine and imprisonment. (Fam. Code, sec. 6388; Pen. Code, sec. 273.6.) Law enforcement personnel can arrest a defendant for violation of a Domestic Violence Protective Order (DVPO) without a warrant. (Pen. Code, sec. 836(c)(1).) Law enforcement must maintain databases available to any officer responding to a scene of domestic violence. (Fam. Code, sec. 6383.) The district attorney has the primary responsibility to enforce these orders. . . . A court is now required to consider the issuance of a stay-away order in all domestic violence cases. (Pen. Code, sec. 136.2(g).)

You can get an ex parte DVPO if you fear an attack against you or your children, or you fear a person has the intent to abduct your child and flee the court's jurisdiction. (These are temporary restraining orders, or TROs, given without notice to the person being restrained.) A showing by the applicant of a reasonable proof of past acts of abuse is sufficient to get this type of DVPO. You can get such an order by filling out forms available at the county court. If you have an attorney, he/she can help you get such an order, or call a battered women's shelter for help. The court can issue a DVPO to your husband, or the man you are living with or dating, ordering him not to molest, attack, strike, stalk, threaten, sexually assault, batter, harass, telephone, destroy personal property, contact (either directly or indirectly, by mail or otherwise), come within a specified distance of or disturb your peace, and on good cause shown, other named family or household members. (See Fam. Code, secs. 240–246, 2045, 4620, and 6300–6327.) You can also ask for an order excluding a party from the family dwelling, your dwelling, the common dwelling of both parties, or the dwelling of the person who has care, custody, and control of a child to be protected from domestic violence for the period of time and on the conditions the court

determines, regardless of which party holds equitable or legal title or is the lessee of the dwelling. (Fam. Code, secs. 6321 and 6340.) Finally, you can get an order enjoining other behaviors necessary to carry out any of the previously-mentioned orders. (Fam. Code, sec. 6322.) (See also Welf. and Inst. Code, sec. 213.5, that provides for an order enjoining a parent, guardian, or former household member from molesting, attacking, striking, sexually assaulting or battering a child, or excluding them from the dwelling, or prohibiting them from engaging in other behavior likely to disturb the child.)

The court may restrain any person from transferring, encumbering, concealing, or in any way disposing of any property, except in the usual course of business, or for the necessities of life. When any of these ex parte orders are issued, the matter is returned to court within 20–25 days with an order to show cause why a permanent order should not be granted.

Orders that can be issued ex parte can also be issued after notice and hearing, pursuant to Family Code sections 6340–6345. An order issued after a hearing can last for three years, and can be renewed without a showing of any further abuse since its issuance. (Fam. Code, sec. 6345.) Other relief available after a noticed hearing includes restitution to a victim of domestic violence, an order that either or both parties participate in counseling (Fam. Code, sec. 6343; each party shall bear the cost of his/her own counseling separately, unless good cause appears for a different apportionment) or a batterer's treatment program, and attorneys' fees in domestic violence cases. When protective orders are issued in domestic violence cases, the respondent is prohibited from purchasing or receiving a firearm. (Fam. Code, secs. 6218 and 6389.) The court must advise the person so restrained of this when he appears at a hearing. (Fam. Code, sec. 6304.) A violation of this order is punished pursuant to Penal Code section 12021(g). An acquisition or attempt to acquire such a firearm within ten years of certain misdemeanor convictions (such as for spousal battery) is punishable by a one-year jail or prison sentence or a $1,000 fine, or both. (Pen. Code, sec. 12021(c).)

A judge can also issue an order against interfering with a witness, including a victim witness, who is testifying in a domestic violence case. (Pen. Code, sec. 136.2(g) and (h).) A violation of this order is a misdemeanor, and is charged pursuant to Penal Code section 136.1. Recently enacted Penal Code sections 14020 et seq. sets forth the Hertzberg-Leslie Witness Protection Act, a program intended to provide relocation and other protective services to witnesses in criminal proceedings who are in danger of retaliatory violence because of their testimony.

You are entitled to have a support person accompany you to any proceeding to obtain a protective order to enjoin specific acts of abuse, such as stalking, harassing, and destroying property, to exclude a person from a dwelling, and to enjoin other specified behavior. (See Code Civ. Proc., sec. 527.6(f), and Fam. Code, sec. 6303.)

The court also may determine who will have temporary possession of property that you own together, and who will have temporary custody of and visitation rights with your children. (Fam. Code, secs. 6323–6325.) The fact that a husband has beaten his wife may be relied upon by a court to deny him custody of his children, lest they develop a pattern of learned helplessness that could make them susceptible to abusive relationships later in life. (In re Heather A. (1996) 52 Cal. App. 4th 183.)

Whenever custody or visitation is ordered in cases involving domestic violence, the order should specify the manner of transferring the child between parents in order to limit the child's exposure to potential domestic conflict or violence. The court should consider whether visitation or custody should be limited to third-party arrangements, or whether it should be suspended or denied. A minor may be removed from his home, or the court may order that the offending parent or guardian be removed from the home, or the court can consider allowing the nonoffending parent or guardian to retain custody, as long as

she can demonstrate to the court that she can protect the child from future harm. (Welf. and Inst. Code, sec. 361.) If one party is in a shelter or other confidential location, the court's order for time, day, place and manner of transferring the child should not disclose that location. (Fam. Code, secs. 3031, 3100, and 6323.) A party is entitled to have a support person attend any mediation session concerning child custody held pursuant to Family Code section 3021, if a protective order has been issued. (Fam. Code, sec. 6303.)

Whenever a summons is issued in a dissolution action, the summons contains another order available under the Family Code, the automatic temporary restraining order (ATRO). (See Fam. Code, secs. 231–235.) . . .

Finally, you can also obtain civil anti-harassment orders, even if you do not have a domestic relationship, pursuant to Code of Civil Procedure sections 527 and 527.6. These orders are enforceable under Penal Code sections 166 or 273.6. On the request of the petitioner, these orders are to be served on respondent by any law enforcement officer on the scene. The officer is required to verify the existence of the order if the protected person cannot produce a copy of it, notify the respondent of its terms, and enforce it. The violation of all protective orders can be prosecuted under Penal Code section 166 or Code of Civil Procedure section 1209.

VICTIMS OF CRIME COMPENSATION

FROM VICTIMS OF VIOLENT CRIME DIVISION, CALIFORNIA BOARD OF CONTROL

Under California law (Government Code sections 13959–13969.4), certain victims of crime may receive financial assistance for unreimbursed losses resulting from a crime. This program is administered by the state Board of Control (board), Victims of Crime Program (program).

Losses that may be covered:

- Medical/dental
- Mental health counseling
- Wage/income
- Financial support
- Job retraining

Losses that are not covered. Personal property losses, including cash, are not eligible for reimbursement under the program. In addition, the program cannot reimburse applicants for expenses related to the prosecution of an alleged perpetrator or compensate applicants for their crime-related "pain and suffering."

However, losses not covered by the program may be recoverable through either court-ordered restitution as part of a convicted perpetrator's criminal sentence or enforcement of a judgment obtained in a civil lawsuit against the alleged perpetrator. For more information about these two methods of loss recovery, applicants should contact the victim/witness assistance center in their area (see the government listings in the local telephone directory).

Who is eligible?

- A "victim" who was injured as a result of a crime.
- A "derivative victim," who was not directly injured or killed as a result of a crime but who, at the time of the crime,

  Was the parent, sibling, spouse, or child of the victim; or

  Was living in the household of the victim; or

  Had lived with the victim for at least two years in a relationship similar to parent, sibling, spouse, or child of the victim; or

  Was another family member of the victim, including the victim's fiancé(e), and witnessed the crime; or

  Is the new primary caretaker of the minor victim but was not the primary caretaker at the time of the crime.

Who is not eligible?

- Persons who commit or participate in the crime
- Persons who were involved in the events leading to the crime
- Persons who do not reasonably cooperate with law enforcement in the investigation and/or prosecution of known suspects
- Persons who do not cooperate with the staff of the board and/or the victim/witness assistance center in the verification of the claim

These requirements must be met:

- The crime must have occurred in California, or if the crime occurred outside California, the victim must have been a California resident at the time of the crime.
- The crime must be reported to the police, sheriff, highway patrol, or other appropriate law enforcement agency.
- The victim and the derivative victim must cooperate with law enforcement in the investigation and prosecution of any known suspects.
- The victim/applicant must cooperate with staff of the board and/or the victim/witness assistance center in the verification of the claim.
- All other sources of reimbursement must be used first.

Felony convictions. The law limits eligibility for persons who are convicted of felonies committed on or after January 1, 1989.

Filing deadlines. Applications resulting from crimes against adult victims must be filed within one year of the date of the crime. The board may, for "good cause," grant an extension for such applications filed up to three years after the date of the crime.

Applications resulting from crimes against a minor must be filed before the minor's nineteenth birthday. The board may, for "good cause," grant an extension for such applications up to the minor's twenty-first birthday.

Generally, applications filed more than three years after the date of the crime against an adult or after a minor victim's twenty-first birthday cannot be accepted. However, some exceptions to the late filing provisions may apply if certain criteria are met.

Filing assistance. Victim/witness assistance centers are located throughout the state. These centers have staff who are trained to assist victims in applying for compensation under the program.

Applicants may also be assisted by a private attorney. Government Code section 13965(d) provides that the board shall pay attorney fees of 10 percent of the approved award up to a maximum of $500. The attorney fees are not deducted from the applicant's award and are paid separately from the approved award. The law also prohibits attorneys from charging, demanding, receiving, or collecting any amount for their services except as may be awarded by the board.

Program pays last. The Victims of Crime Program is the "payer of last resort." If the applicant has any other sources of reimbursement for crime-related losses, these other sources must be used before an applicant can become eligible for payments from the program.

If the applicant or the service provider receives other reimbursements after obtaining benefits from the program, the applicant or the provider must repay the program. Other

reimbursement sources that may be available include, but are not limited to, medical and life insurance, public program benefits, workers' compensation benefits, court-ordered restitution, or civil lawsuit recovery.

General payment limitations. The total of all reimbursements to a victim cannot exceed the maximum program benefit of $46,000. Payment for outpatient mental health counseling is limited to $10,000 and in some cases to $3,000.

State law requires a service provider who accepts the program's payment to consider it as payment in full and prohibits the provider from seeking further payment from the person who received the services.

An applicant's eligibility for program benefits does not guarantee payment for services rendered.

Mental health counseling must be necessary as a direct result of the crime. The program pays only for those mental health counseling expenses that are medically necessary as a direct result of the crime. Mental health counseling expenses that are not necessary as a direct result of the crime or that were incurred by an ineligible applicant are the responsibility of the person who received the services.

The program's reimbursement of mental health counseling expenses is subject to conditions involving covered services, provider qualifications, outpatient benefit "caps," session limitations, and maximum hourly rates, which are explained in a later section.

Covered and noncovered services. The program reimburses mental health counseling services provided by a treating therapist to a qualified applicant that are medically necessary as a direct result of the crime. These services may include individual, family, or group therapy. In extreme situations, the program may reimburse expenses related to inpatient psychiatric services for a qualified victim.

The program will generally reimburse expenses related to each of the following:

- A limited number of "collateral contacts" (such as a therapist meeting with a school counselor or a social worker for client-evaluation purposes), provided that the primary therapist verifies in writing that the costs incurred for the collateral contacts are necessary for the client's therapeutic progress and are necessary as a direct result of the crime.
- Diagnostic testing, if the primary therapist provides a written statement prior to testing explaining the need for the testing and its relation to the qualifying crime.

The program will *not* reimburse expenses related to any of the following:

- Preexisting conditions or conditions that are not a direct result of the crime. Costs arising from the criminal investigation of the crime (such as for court costs, witness fees, or court-ordered psychological evaluation reports, or for the time spent by the therapist accompanying the client to court).
- Missed or canceled appointments.
- Telephone therapy, except in rare and unusual circumstances that are very time limited.
- Time spent by the therapist related to telephone calls or written correspondence to the board, the victim/witness assistance center, the probation department, or any other public or private organization.
- Accrued interest on a client's overdue account.

Provider qualifications. The program can reimburse only psychotherapy services provided by individuals licensed by or registered with a California state licensing agency (with

the exception of "peer counselors" providing rape crisis counseling as defined by California Government Code section 13960[g]).

Qualified psychotherapy providers under the program are limited to

- Licensed psychiatrists
- Licensed psychologists
- Licensed clinical social workers
- Licensed marriage and family therapists
- Psychological assistants who are registered candidates for licensure by the California Board of Psychology and who are supervised by a licensed therapist
- Psychological interns who are supervised by a licensed psychiatrist, psychologist, or social worker in a university hospital or university medical school clinic or are pursuing a postdoctoral license and training in a university or university medical school clinic under the supervision of a licensed psychiatrist, psychologist, or social worker
- Associate clinical social workers who are registered candidates for licensure by the California Board of Behavioral Science Examiners and who are supervised by a licensed therapist
- MFCC interns who are registered candidates for licensure by the California Board of Behavioral Science Examiners and who are supervised by a licensed therapist
- Out-of-state providers whose credentials are comparable to the qualifying California providers listed above

Outpatient mental health counseling "caps." The program's outpatient mental health counseling benefits are limited as follows:

- Up to $ 10,000 for a victim
- Up to $3,000 for a victim of statutory rape (Penal Code section 261.5[d])
- Up to $10,000 each for a surviving parent, sibling, spouse, child or fiancé(e) of a victim who dies as a direct result of a crime
- Up to a combined total of $10,000 for up to two adults who are the primary caretakers of a child victim of physical or sexual abuse
- Up to $3,000 each for all other eligible derivative victims

Different limits may apply to claims for crimes committed before October 4, 1993.

Mental health counseling rate limitations. The program reimburses qualifying mental health counseling expenses at the provider's customary charge not to exceed the program's maximum rates. These maximum rates, which vary by the mental health provider's license, are as follows:

- Marriage and family therapists, $70
- Licensed clinical social workers, $70
- Psychologists/psychiatrists, $90

Family therapy is normally paid on the victim's claim at the individual therapy rates noted above. Group therapy is reimbursed at a maximum of 40 percent of the provider's individual session rate.

Please note that providers will not be paid for the portion of their charges that exceed the maximum rates described above. Providers who accept payment from the program must accept that payment as payment in full.

Session limits. Fifty (50) sessions of mental health counseling, typically one session per week, may be reimbursed by the program.

Verification procedures. All requests for payment of mental health counseling expenses by the program require the completion and verification of the program's mental health verification form (preliminary assessment, initial request for treatment, and periodic progress reports) and, if applicable, the program's extended session verification form. The mental health verification forms are sent to the provider following the board's receipt of the first treatment bill.

Providers may release client information to the board without reservation. At the time of initially claiming program benefits, the board requires all applicants to sign an "authorization to obtain information" for all medical and other records that are deemed necessary for verification of the claimed losses. State law requires that all information requested by the board must be provided within ten business days from the date of the board's request.

Providers who complete the forms described above, or who gather any other information deemed necessary by the program to verify a claim for mental health counseling expenses, may not directly recover any costs related to these activities from the client, the board, or the victim/witness assistance center.

All requests for reimbursement of inpatient psychiatric services, extended outpatient mental health counseling services, or any other unusual mental health services are subject to review by the program's quality assurance mental health review unit. The program also employs a consulting psychologist who advises the review unit, evaluates particularly difficult cases individually, and coordinates the case-review efforts of a peer review committee consisting of professionals from the private therapeutic community.

Payment of a bill or bills does not obligate the program to make further payments.

Billing information. The program reimburses only that amount for which the client is legally liable, subject to the conditions and limitations described above. To be considered for reimbursement, all bills submitted to the program must be submitted on the program's billing/verification (B/V) form with the following information included:

- Full name of client
- Full name of the legally liable party
- Full name of the treating therapist, the treating therapist's license number, and the treating therapist's social security or federal employer identification number (FEIN)
- Treatment date(s) and session time-length(s)
- Type of service provided for each amount billed, including the appropriate"DSM IV" diagnostic code(s) and California procedure nomenclature
- The source and amount of all payments received and the service dates covered by those payments
- Indication of missed or canceled treatment sessions
- Copies of any applicable agreements for "sliding scale fees"

Other information. Information in this brochure is based on current law. Program eligibility and reimbursement of expenses depend upon the law in effect at the time of the crime or current law, whichever is applicable.

Inquiries. If you have questions or need more information, please contact the program toll-free at 1-800-777-9229, the victim/witness assistance center in your area (see the government listings in your local telephone directory), or the victims of crime resource center at 1-800-Victims (842-8467).

Emergency awards. If you have an urgent unreimbursed loss of wages or income and/or emergency medical treatment expenses as a direct result of a crime, you may be eligible for an emergency award of up to $2,000. If you have unreimbursed funeral/burial expenses, you may be eligible for an emergency award of up to $5,000.

If you receive an emergency award and intend to claim additional losses or expenses in the future, you must file a regular application within one year of the date of the crime; an emergency award is only an "advance" on a fully verified regular award.

However, if you expect no losses or expenses other than those paid by your emergency award, you do not need to file a regular application form stating that you will submit no further losses. Your emergency application will then be verified based on the information you provide on that form. Applications for emergency awards are processed within thirty business days after the application is complete.

If you receive an emergency award but are later found ineligible to receive any part of it, you must repay the amount received in error.

Verification and hearing on the application. Applications filed with the program are reviewed to determine eligibility. After completion of this review, you will be advised by mail of the staff recommendation to the board on your application. Appeal rights will also be provided should you disagree with the staff recommendation.

For more information, contact:

Victims of Violent Crimes Division
California Board of Control
630 K Street
Sacramento, California 95814-3301
P.O. Box 3036
Sacramento, California 95812-3036
(916) 322-4426

Glossary of Legal Terms

Alternative dispute resolution (ADR). Term used to refer to a variety of means to negotiate or resolve a case without taking the matter to trial. It includes mediation, arbitration, negotiated settlements, settlement conferences.

Answer. The paper filed with the court by the defendant responding to the plaintiff's complaint. The answer contains both factual denials and legal objections.

Arbitration. A process in which a third party, usually a retired judge or lawyer, hears a short version of the case and renders a decision. The decision of the arbitrator can be the final decision in the matter ("binding" arbitration), or it can be rejected by either side and the matter then proceed to trial ("nonbinding" arbitration).

Beyond a reasonable doubt. The standard used in a criminal trial to determine whether the person will be convicted. A jury must believe, beyond a reasonable doubt, that the defendant committed the crime in order to convict.

Burden of proof. The obligation to prove what is in dispute. For example, it is the plaintiff's burden of proof to show that she was assaulted.

Civil case. A lawsuit seeking recovery in the form of monetary or nonmonetary damages for injuries sustained by the plaintiff. Defendants are not incarcerated as a result of a civil case.

Compensatory damages. The recovery to which a plaintiff is entitled if successful in a civil suit. It includes out-of-pocket losses such as medical expenses and wage loss and also compensation for emotional distress and pain and suffering.

Complaint. The paper filed with the court by the plaintiff stating what happened, what laws were violated, and what recovery is sought. Also known as a "lawsuit" in the civil arena.

Contingency agreement. A kind of retainer agreement in which the attorney agrees to be paid at the end of a case by receiving a percentage of the settlement or judgment in the case. It is the most common kind of retainer in civil suits for sexual assault.

Court of appeals. The court that is above the trial court. It reviews the outcome and decisions of the trial court. Decisions by this court may establish legal precedent.

Criminal case. A case brought against a defendant by the "People of the State of California" as the plaintiff. In a criminal case, a defendant who is found guilty may be incarcerated.

Defendant. The person accused in either a civil or a criminal case.

Deposition. A part of the discovery portion of a civil case in which the person being deposed (the deponent) is asked questions by the other side's lawyer. There is a court reporter present who takes down everything said in the room and makes it into a booklet (deposition transcript). Deponents have their own lawyers with them during the questioning.

Discovery. The stage of civil proceedings in which each side attempts to find out the facts and evidence that allegedly support the other side's position. This is done through the use of depositions, interrogatories, and other tools.

In pro per, in pro se. Latin terms used to refer to persons representing themselves without a lawyer.

Interrogatories. Written questions asked by each side of the other side in the discovery stage of a civil case.

Judgment. The final outcome of a civil trial. It is a statement of the decision of the judge or jury.

Mediation. A form of alternative dispute resolution in which the parties agree to hire a third person, often a retired judge or a lawyer specializing in mediation, to help them resolve the case. It usually consists of a day of discussions facilitated by the mediator to determine whether the parties can agree on a settlement. Mediators do not have any power to force the parties to agree or accept their recommendations.

Plaintiff. The person or entity initiating the case and the person or entity claiming the harm.

Preponderance of the evidence. The standard used to determine liability in a civil case. A jury must find that it is "more likely than not" that the plaintiff's claims are true in order to decide in favor of the plaintiff.

Privileged communications. Those communications that the law recognizes as off-limits from discovery. Conversations between attorney (not the district attorney) and client are almost always privileged. In certain circumstances the court recognizes other privileges, such as physician–patient privilege, sexual assault counselor–sexual assault survivor privilege, spousal privilege.

Punitive damages. An award of damages intended to punish a defendant who has engaged in "malice, fraud, or oppression." The amount of punitive damages is determined by a jury and is supposed to bear some relationship to the wealth of the defendant.

Retainer agreement. The written agreement between a lawyer and client.

Statute of limitations. The period of time established by law in which a lawsuit must be filed.

Supreme Court. The highest court of the state. It reviews some of the decisions of the court of appeals. Its rulings determine the appropriate interpretations of California law.

Trial court. The court in which the hearing prior to trial and the trial occur.

Trier of fact. The person or persons who weigh the evidence and determine who will prevail. It may be either the jury or the judge.

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Continued Healing

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Referrals

What can I give you
That's worth what I got?
When I asked for your time,
You gave it.
You sat quietly and listened.
Gave me undivided attention and support.
When you did speak
It was echoes
Of what I had already said myself
But did not hear.
You helped give me to me.
For that I am more grateful
Than words could ever say.
It is a gift I will never lose . . .
myself

ANONYMOUS,
DAWN HOUSE RESIDENT
TUKWILA, WASHINGTON

Referral Techniques

SUSAN MOONEY

THE CHALLENGES FACED BY SURVIVORS coping with the aftermath of sexual assault are as diverse as survivors themselves are. Your work with survivors will almost always include helping them to connect with additional services outside the rape crisis center. Referrals to other agencies and individuals are integral to ensuring that the needs of survivors are being addressed in a holistic manner. This chapter discusses how to assist survivors in identifying their needs and appropriate resources to meet those needs, and provides tips for empowering survivors to access these additional resources.

An individual survivor's reaction to the experience of sexual assault is complex because it is based on her total life experiences, the dynamics of the sexual assault itself, and her current life circumstances. For example, if a woman who contacts the crisis line because of a recent experience of date rape has a past experience of child sexual assault, she will probably need support related to the full range of her experiences. Her presenting issues may be related to the most recent experience of date rape, yet issues related to being sexually assaulted as a child may also be triggered. Therefore, providing high-quality support and services to a survivor requires exploring the full range of issues she is facing, whether barriers to justice such as unresponsive law enforcement or inability to focus on her own emotional needs because of the overwhelming demands of being a single mother. The issues that arise when working with survivors run the full gamut and include both emotional and practical issues.

Your role as a counselor is to be an active listener and an active participant in the survivor's healing process. The value of validating a survivor's experience cannot be understated, nor can the benefit of helping her sort through confusing issues and making suggestions. The process of identifying the survivor's full range of needs requires your active participation, creativity, knowledge of the effects of sexual assault, and a general understanding of how hard it can be just to cope with day-to-day life, much less a crisis. Sound hard? It's not really. You do it every day in your own life. You are presented with problems that have varying degrees of stress related to them, and you deal with them. A simple scenario might be, "Should I stop for milk on the way home, or can I put it off until I go the grocery store on Friday?" What are the steps you follow in resolving this very simple dilemma?

- You *identify the need* to buy milk. Something triggers you to remember that when you had coffee this morning you finished the milk. Perhaps you drive by a billboard advertising milk, maybe you see someone having coffee, maybe you are a little obsessive and you have been reminding yourself all day (get milk, get milk), or maybe it just pops into your head and you have no idea why.
- You determine what potential *options* are available. You can stop at the convenience store near home, you can take the time to go to the grocery store, or you can not stop for milk at all.
- You *assess the possible outcomes* of each of the options you have identified. Not stopping means drinking black coffee or no cereal for the kids in the morning. Stopping means

missing the plumber scheduled to be at your house or paying an extra quarter at the convenience store.

- You *make a plan* based on your priorities, abilities, and identified needs. You can't send the kids to school hungry, and the grocery store is a zoo at this time of day, so you decide to stop at the corner store. You *plan* how to implement your choice—take a left instead of a right to stop at the corner store.

By no means is this example meant to suggest that healing from sexual assault is like buying milk. In the example, the process is likely to be relatively quick and uncomplicated. Of course, the process of working with a sexual assault survivor will not be quite as straightforward, so what follows is a discussion of how these same steps apply to your work with survivors.

Identify Needs

In the course of providing support to sexual assault survivors, a wide variety of issues are likely to arise. They may include emotional reactions, physical and/or emotional safety, interruption of the ability to work or attend school, problems in the family, isolation, or, in most cases, a complex combination of such issues. Your role as a counselor is to assist the survivor to sort through the range of issues and identify possible options for dealing with them. Often the process is not straightforward for someone in crisis; you may need to help her identify an underlying issue.

For example, in the course of a crisis call a survivor says she feels really confused—she can't think straight—because she has not been sleeping much. In the course of exploring with her what is going on, she tells you she wakes up out of a nightmare and is too afraid to go back to sleep. In the course of this conversation, she remembers something she had forgotten until now: the perpetrator has a key to her house. At this point it might make sense to refer her to a locksmith.

It is important that as a counselor you not become overfocused or unduly eager to identify the survivor's needs. Refrain from the temptation to jump to the obvious, go immediately to problem solving, or assume too much. Help the survivor work through the problem, ask questions, make suggestions, help the survivor think about the fullness of her experience and her circumstances. In a scenario like this one, it would be easy to focus right in and simply help her identify strategies for reducing anxiety, but with your attention and patience she may very well discover some heretofore invisible need.

> *We can't know all there is to know about the details and intricacies of a client's life in the short time we have with her. We can give her options and choices and try to educate her, but we can't, and shouldn't, impose our own values or beliefs on her.*
>
> SUSAN BECKER, COALITION TO END DOMESTIC AND SEXUAL VIOLENCE

Explore Options

Once the survivor has identified her needs, your role as a counselor is to assist her in identifying options to get those needs met. Some survivors are adept at problem solving and very aware of what resources are available to them; others may be immobilized by crisis or a lack of problem-solving skills. As a counselor you need to remember your work with a survivor is based on who she is and where she is in her healing process. You bring your experience, knowledge, and creativity to the conversation, and the survivor brings these things plus her self-knowledge. Identifying and exploring options is a collaborative effort between you and the survivor.

Don't be afraid to make suggestions; you may think of things the survivor does not. Of course you want to avoid becoming overinvested in any one option because she may not make the same choice you would.

Whenever possible, work to identify a range of options so she can weigh the potential benefits of several scenarios.

Additionally, keep the individual survivor's needs in mind as you develop referral options. For example, if she mentions that she doesn't have very much money, you wouldn't want to refer her to a private therapist who charges for counseling. Similarly, if the survivor expresses fear about reporting to law enforcement because she does not have immigration documents, you would be careful about referrals to governmental social service agencies. As always, be prepared to talk through each option with her.

Assess Possible Options

Survivors often find it helpful for you to work with them to sort through the potential options to determine the best course of action. Weighing the pros and cons, examining likely outcomes, and talking about the process for each option can be important support.

> *The challenge is in not doing for a person what she can do for herself but empowering her to heal and recover.*
>
> COALITION TO END DOMESTIC & SEXUAL VIOLENCE

You will occasionally be able to make a straightforward and uncomplicated referral: for example, referring a survivor to a health clinic for a pregnancy test. Your familiarity with your agency's policies and procedures for referrals will help you make good referrals. Be aware of your center's screening process so that you can tell survivors how resources are evaluated. Also, be sure to encourage survivors to let you know how the referrals work out for them to inform your work with survivors in the future.

There are times when assessing the options is particularly important because there is not an ideal referral for the issue the survivor is dealing with. Your community may not have a full range of services that are sensitive to the needs of sexual assault survivors. You may have difficulty identifying resources that can provide culturally appropriate services. You may be working on issues that your agency's referral list does not cover. You may also be providing referrals to agencies that the survivor is unfamiliar with and may be intimidated by. Therefore, it is important to be truthful and realistic with the survivor when presenting referrals. If a good option is not identified, work with the survivor on how to access the best option you can come up with.

Make a Plan

It can be helpful to brainstorm with the survivor what concerns or fears she has in accessing a particular resource. For example, if together you determine that getting the locks changed would help the survivor sleep at night, you might ask if she can think of any problems using a locksmith. She may or may not think about the fact that she might need her landlord's permission to change her locks. If she does need permission, and doesn't want to tell the landlord why she wants the locks changed, you might need to help her develop a strategy for asking the landlord. If your agency's referral list does not include locksmiths, you may need to brainstorm with her how to find and screen one. She may also need assistance figuring out how to have the locks changed without being alone when the locksmith comes.

The more complex the issues the survivor is facing, the more important it is that you make a plan with her. Preparing her for what she may encounter when accessing resources can be critical. She may find it helpful for you to walk her through the steps of accessing the resource. For example, if she is going to apply for food stamps because she has not been working since the assault, but she has never dealt with social services

before, you may need to walk her through step-by-step. Does she call and make an appointment first, or does she just walk in? Will it be clear whom she talks to when she gets there, or will she need to figure out whom to ask for instructions? Are there any papers she needs to take with her, or can she find that out before she goes in? Your familiarity with your community will help with this process, but you don't have to know all the answers. If you don't know, don't fake it. You can either problem-solve with the survivor around any gaps in knowledge or, when appropriate, find out and get back to her.

Making referrals can contribute significantly to empowering the survivor. The information you provide can help her take control of her life and of her healing process. Remember that making referrals is a partnership between you and the survivor. Helping survivors connect with additional resources can help them build a network of support and reduce the trauma associated with the practical problems that arise for survivors.

The four steps to making referrals are

1. Identify the issue
2. Determine options
3. Assess options
4. Make a plan

Being mindful of these four steps when making referrals can remind you that you are doing more than giving a survivor a phone number, you are helping her build a web of support.

Self-defense

PATRICIA OCCHIUZZO GIGGANS

SELF-DEFENSE TRAINING HAS BECOME A VIABLE CHOICE for women and girls to be better able to avoid, resist, survive, and recover from violence. The last quarter of the twentieth century saw a tremendous growth in movements organized around equal rights for women, freedom from sexual and domestic violence, and civil and human rights. Paralleling the rise of the anti-rape movement that began out of the feminist movement of the 1960s and early 1970s was the women's self-defense movement, promoting the revolutionary idea that women are capable of defending themselves and that they have a right to do so. The feminist idea of self-determination includes women's right to decide what goes on with their bodies and their right to be free from violence and the threat of violence.

A movement sprouted up all across the country made up of feminists fighting violence against women, pioneering women martial artists, and grassroots organizers who became the first women's self-defense (WSD) instructors. The curricula they developed were based on their own experiences and those of the students they were teaching. They borrowed physical techniques from traditional martial arts and adapted them to women's bodies and needs. Simultaneously, women were breaking into the male-dominated martial arts of judo, karate, kung fu, and others and soon were adding their modern influence to martial arts and opening their own schools. They taught at YWCAs, parks, gyms, community colleges, and martial arts schools. Women were moving their bodies, but with a purpose. The goal was to overcome the female socialization that kept women and girls from being assertive and to allow them to protect themselves. These women developed systems of empowerment and self-protection that included ideas, tools, strategies, and physical self-defense techniques so that women could participate in their own protection. At one time this was a very radical notion. Defense against rape has emerged out of the darkness of "Lie back and enjoy it" and "Don't fight back, you'll only get hurt worse." The original ideas of the early days of the women's self-defense movement—"Turn fear into anger into action" and "Trust your intuition"—are just as valid today and more pervasive than ever.

Taking Action

More and more women are choosing to participate in self-defense training to prevent sexual assaults and other acts of violence from happening to them. Women who have experienced violence have found self-defense training to be an aid in recovering and healing from trauma. Taking action to participate in your own safety is an empowering act of individual self-determination. A good self-defense class empowers women and girls through offering options, choices, techniques, and a way of analyzing situations to promote safety. Self-defense training is also a form of mindfulness training. Actually practicing the physical techniques trains the mind and makes it more adept at being aware of assessing danger. Practicing kicking, striking, and getting out of holds actually

Women's self-defense training balances awareness, assertiveness, and physical self-defense techniques.

helps enlarge and deepen the capacity to be assertive. By learning how to fight back physically, a woman begins to relate differently to what it means to stand her ground and stick up for herself. By practicing kicking and punching, a woman can develop emotional strengths and discover assertive powers she didn't know she possessed. The practice of physical techniques enhances assertiveness, self-reliance, and competency—qualities necessary to defend oneself in any situation. By taking the courageous step to participate in self-defense training, a woman increases her confidence in her ability to assess and handle a dangerous situation whether she chooses to physically fight back or not.

What Is Women's Self-defense?

Women's self-defense is a set of awareness, assertiveness, and verbal confrontation skills, safety strategies, and physical techniques that enable someone to successfully avoid, prevent, escape, resist, and survive violent assaults.[1] It is based on women's real-life experiences and focuses on women's experiences with violence and the threat of violence. Women's self-defense training validates women's real fears and promotes safety strategies that reflect real-life experiences. A women's self-defense class assumes that there are survivors of rape, domestic violence, child abuse, and incest present in the class whether the participants publicly acknowledge this or not. Therefore, as a good class can be exciting, stimulating, and inspiring, the instructors are mindful to refrain from purposefully restimulating any trauma or survivor issues. Reenactments of prior personal assaults are not part of the curriculum of a feminist, woman-centered self-defense class. Women's self-defense instructors are also prepared and trained to deal with students who may go into crisis due to the sensitivity of the issues.

Women's self-defense training balances awareness, assertiveness, and physical self-defense techniques. Awareness and assertiveness skill-building are fundamental elements. In a single workshop or a series of trainings over time, awareness is consistently stressed. Awareness means knowledge of one's own self and validation of experiences and fears and also awareness of the necessity to wake up to the different environments that one can be in at various times in the course of a day or night. An informed self-defense instructor imparts solid information that will sometimes conflict with persistent rumors and myths concerning violence against women. Good, solid information based in reality and accuracy is the basis for effective safety strategies.

Assertiveness is like a muscle that must be developed and then used to be effective. In women's self-defense training, assertiveness training is stressed. Women are taught how to use the voice effectively and how to yell powerfully. Assertiveness exercises use role-playing so that students can practice using their voices, their bodies, their eyes, and their "look" to impart a powerful and unequivocal message. Women's self-defense training is more than kicking and punching!

Does Women's Self-defense Work?

Women's self-defense training increases options and helps women and girls face their fears of sexual assault and other kinds of violence by preparing responses to avoid, de-escalate, and defend against attacks. These responses are psychological, verbal, and physical. The skills and strategies that are emphasized in a WSD class deal with attacks of potential violence from strangers, acquaintances, and intimates. Because women often know their attackers and abusers, it is critical to be trained in how to deal with the violence that can come from someone with whom you have a relationship.

Women's physical self-defense techniques are designed to be simple and easy to remember. WSD tries to avoid overcomplicated moves and tends to follow the natural

flow of human movement in general and women's bodies in particular. The physical techniques are designed to work from the strength of the defender against the weaknesses of the attacker. For example, a strong kick to the kneecap can immobilize someone because the kneecap is a vulnerable joint. Another example would be a thumb into the eye, because eyes are also very vulnerable targets regardless of the size of the attacker. WSD techniques are designed according to the philosophy of martial arts, which is to use strength against weakness as opposed to using muscle against muscle. If one uses muscle against muscle, then the bigger muscle wins. In WSD training the difference in size is equalized through technique, strategy, and surprise.

One of the critical elements of using physical fighting-back techniques is not to be stuck in one or two moves. One trains to be flexible in determining what technique to use as well as in choosing what physical move to make to maximize the power and effectiveness of that technique. Good WSD training stresses learning self-defense principles over becoming attached to specific techniques. One example is the principle of commitment: if I choose to strike or to kick an available target on the body of the attacker, I must be fully committed to the action of inflicting enough damage to injure and immobilize so I can get away to safety. (See "Principles of Self-defense Training," below.)

As empowering as self-defense training can be, there is certainly never a guarantee that someone who learns these techniques and strategies won't be vulnerable to an assault or might not be able to avoid an attack or thwart an attacker. Each situation is different, with its own set of dynamics and vulnerabilities. However, good self-defense means surviving and recovering from an assault. Self-defense training can help in this

Principles of Self-defense Training

- No one invites or deserves to be raped, assaulted, or abused.
- Self-defense strategies emphasize options, choices, and risks in taking action to prevent violence or deal with a violent situation.
- Fighting back to defend yourself is an option, not an obligation.
- Commitment counts. If you decide to use physical self-defense in a situation, commit to the defense and put everything into it.
- Spirit first, technique second. Your attitude in taking a stand against an assault is more important than the particular techniques you use.
- Your brain and your voice are your best self-defense weapons.
- Remember to breathe. Threatening situations stimulate your adrenaline; remembering to breathe relaxes you and enables you to think through panic.
- Effective self-defense uses strength against weakness (your strength against an attacker's weakness) and hard against soft (your muscles against an attacker's vulnerable body parts).
- Your goals are to prevent, avoid, resist, escape, and survive violence.
- In a fight to defend yourself, there are no rules (you do what you must to survive) and there are no guarantees (outcomes are unpredictable).

SOURCE: Giggans and Levy, *50 Ways to a Safer World: Everyday Actions You Can Take to Prevent Violence in Neighborhoods, Schools and Communities* (Seattle: Seal Press, 1997). Used with permission.

too. Knowing down deep that one does not deserve to be violated and that the violence is the responsibility of the perpetrator is an important message in women's self-defense training.

One of the wonderful strengths of WSD training is that its techniques are adaptable to women and girls of all sizes, ages, and abilities. Because the techniques are based on what women *can* do and not on what women *should* do in any given situation, they are adaptable to each individual. Women and girls with disabilities, whether visible (for example, a wheelchair) or hidden (for example, a lower back injury), are able to develop the techniques that fit their range of motion and are within their capabilities.

To Fight or Not to Fight

The most difficult question women taking self-defense training ask is, When should I fight? That seemingly simple question has often been answered with rigid rules regulating women's behavior. Women have been told everything from, "Don't fight back, you will get hurt worse," to a newer subliminal message, "You should always resist with physical force." Both responses strongly suggest that women are incapable of assessing, analyzing, thinking, or making a decision, especially when in a life-threatening situation.

> *The most rewarding part of this work for me is helping a victim start the journey toward survivor. Also, I enjoy watching women become more self-reliant during self-defense training and celebrating the strengths of women.*
>
> ARLENE CAWTHORNE, EYE CRISIS AND COUNSELING SERVICES

The best role of self-defense is to provide women with strategies, methods, and skills for dealing with an assault—direct or coercive. The teaching of self-defense needs to use a process that is empowering, particularly because the goal is safety and survival. The instructor is there as a temporary guide on the journey to autonomy; at some point the student has to become her own teacher. The sooner that happens, the sooner she will be able to participate in her own safety.

At the moment an attack begins, a woman may find herself using her brain against brawn, speed against strength, anger against hatred, calmness against fury. Only the woman in that specific crisis can judge which course of action—or nonaction—to take.

The most poignant question of all comes when a survivor asks, Should I have fought back? Anyone else's hindsight after an assault is inappropriate. There are no *shoulds.* Indeed, survivors of rape and battering need to know and hear that they did the best they could under that set of circumstances. Whatever survivors need to learn in retrospect we hope will be healthy lessons that will enable them to heal—not unhealthy ones that could painfully restrict them for years.[2]

Myths About Violence and Women's Self-defense

Myths and distortions about violence against women persist and get in the way of facing the issues of preventing, resisting, and defending against violence. These misperceptions can seriously impede the development of good safety strategies. One of the most notorious examples of such a misconception is the "stranger danger" myth. Many women take precautions against the "stranger"—the ominous figure lurking behind the bushes—but research indicates that about two-thirds of violent attacks against women are committed by someone the victim knows. This rate is substantially higher than the rate for men, who are more vulnerable to assaults by strangers. A Bureau of Justice Statistics study involving more than 400,000 interviews from 1987 to 1991 reports that the number of attacks on women by spouses, ex-spouses, boyfriends, parents, or their children is more than ten times that on men. Realistic self-defense planning must incorporate strategies to

deal with the variety of potentially violent situations in which women routinely find themselves. Unfortunately, most self-defense programs and product promoters concentrate on the assault by a "stranger." Stranger self-defense is only one part of a comprehensive self-protection strategy, and one that should certainly not be minimized, but women and girls must develop a broader and deeper vision of self-protection. A physical self-defense strategy that could work with a stranger may be considered "undoable" with an intimate. For example, women often attest that though they might kick a stranger in the groin, they would not employ such a technique on a date, boyfriend, or husband who was attempting to rape them.

Another prevalent myth is that women are particularly subject to violence from members of other races. Most violence, however, takes place between people of the same race. It is all too human to be afraid of the unknown, and it is sometimes very easy to fill the void with the face of the group, race, or culture that we know least about. Media images and film representations often intensify our fear of other groups. This is easy to do in a race-conscious culture that has historically targeted African Americans, other minorities, and immigrants as the "other" and the enemy. The image of the black male as the raper of white women has served the dominant culture in very ugly ways. The truth is much harder to face—men rape women. Men rape women they know and have access to. And women must, for their own protection, face up to protecting themselves from men who rape, period!

Another persistent and misleading myth is that self-defense is karate—kicking, punching, flying through the air! What happens in kung fu movies is not what goes on in a self-defense class and actually not what goes on in a regular martial arts training class. A good self-defense course teaches awareness and assertiveness skills along with simple physical techniques. Practicing very practical, grounded physical techniques enhances emotional and psychological capacities.

Choosing a Self-defense Class

Choosing a self-defense class can be anxiety producing, especially because deciding to take a class is acknowledging that one might be vulnerable to an assault. The best way to go about making an appropriate selection is to ask the instructor or the sponsoring organization questions about their philosophy. Please see "Guidelines for Choosing a Self-defense Course," page 401, which answers many common questions. Be aware of the hype that can surround the marketing of a program. Stay away from programs that claim to give a magic formula that will prevent women from being raped. If possible, get or give a referral to a class that is affiliated with a rape crisis center. More and more rape crisis centers have developed their own self-defense programs. Connection with a rape crisis center usually means that the center has had some experience with the philosophy of the program and the teaching style of the instructors. If the rape crisis center refers women it usually means that they have confidence in the way survivors will be treated and that in general the female students are respected for their individuality and their diversity.

Although a self-defense class is an empowering experience for survivors, a referral is not always appropriate. In general, a survivor who is in the acute stage of rape trauma may be too vulnerable to participate fully in a self-defense class. A self-defense class is a powerful and intense experience. The choice of when to take a class is certainly up to the individual; however, it is wise for a sexual assault counselor or advocate to advise a survivor not to take a class too soon after an assault. Deciding to take a self-defense class can be scary for someone who has not directly experienced an assault. For someone who has, the content of the discussions and the actual practice of the defensive techniques can be

negatively restimulating. Responsible self-defense programs usually have a protocol that discourages survivors from taking a course too soon after an assault.

Training in a Martial Art

Martial arts are practiced for many reasons: as sports, as movement arts, for aerobic exercise, for the philosophy, and for self-defense. Studying a martial art can be of enormous benefit for women interested in self-defense. There are hundreds of different styles to choose from, with origins in many different countries. All styles are good and useful; each has strong and weak points. When choosing a martial art, you are more importantly choosing a teacher and a learning environment within which you feel comfortable. The training needs to be based on respect and, if the class is coed, should be accommodating to women and men training together in respectful ways. There are also opportunities for women to train in women-owned schools or with women martial arts instructors. But whether the teacher is male or female, it is important to select a school and a teacher who respects the abilities and vulnerabilities that women have. To become proficient in martial arts takes many years of practice, but the discipline required and self-knowledge acquired is certainly worth the effort for those who choose to make this commitment. It is highly recommended for women to take women's self-defense classes along with any martial arts training.

Life-changing Benefits

It is highly recommended that sexual assault counselors and advocates actually take a women's self-defense class for themselves. It is beneficial for your own self-protection and empowerment but also for you to recommend and refer women and girls to women's self-defense training. Some rape crisis centers include self-defense in counselor/advocate or in-service training.

No one comes out of self-defense training quite the same as she went in, and changes keep happening as long as one continues to be mindful, assertive, and aware. A self-defense class is an opportunity for self-discovery. Women learn about our bodies, our minds, and our spirits. For some it is the first time to feel the "warrior within," and that in itself is a life-changing experience. Women have learned the lessons of oppression in their bodies, and the conditioning runs very deep. American culture objectifies women's bodies. Self-defense training is an act of reintegration. Self-defense training defies the culture and allows women to be fully "in" their bodies in a new and meaningful way as they practice. With every assertive look and word, with every kick and punch, with every yell from deep within the belly, women strip away the old worn-out conditioning, face their fears, and become stronger.

Notes

1. *Women's Self-Defense: A Complete Guide to Assault Prevention* (Los Angeles Commission on Assaults Against Women, 1988).
2. Excerpts from article by Patti Occhiuzzo Giggans in *Self-Defense: Women Teaching Women* (Los Angeles Commission on Assaults Against Women, 1986).

GUIDELINES FOR CHOOSING A SELF-DEFENSE COURSE

PREPARED FOR THE NATIONAL COALITION AGAINST SEXUAL ASSAULT BY THE NCASA SELF-DEFENSE AD-HOC COMMITTEE

What Philosophical Points Should One Look for in a Program?

1. *Women do not ask for, cause, invite, or deserve to be assaulted. Women and men sometimes exercise poor judgment about safety behavior, but that does not make them responsible for the attack. Attackers are responsible for their attacks and their use of violence to overpower, control, and abuse another human being.*
2. *Whatever a woman's decision in a given self-defense situation, whatever action she does or does not take, she is not at fault. A woman's decision to survive the best way she can must be respected. Self-defense classes should not be used as judgment against a survivor.*
3. *Good self-defense programs do not "tell" an individual what she "should" or "should not" do. A program should offer options, techniques, and a way of analyzing situations. A program may point out what usually works best in most situations, but each situation is unique, and the final decision rests with the person actually confronted by the situation.*
4. *Empowerment is the goal of a good self-defense program. The individual's right to make decisions about her participation must be respected. Pressure should not be brought to bear in any way to get a woman to participate in an activity if she's hesitant or unwilling.*

What Is Self-defense?

Self-defense is a set of awareness, assertiveness, and verbal confrontation skills with safety strategies and physical techniques that enable someone to successfully escape, resist, and survive violent attacks. A good self-defense course provides psychological awareness and verbal skills, not just physical training.

Does Self-defense Work?

Yes. Self-defense training can increase your options and help you prepare responses to slow down, de-escalate, or interrupt an attack. Like any tool, the more you know about it, the more informed you are to make a decision and to use it.

Is Self-defense a Guarantee?

No. There are no guarantees when it comes to self-protection. However, self-defense training can increase your choices, options, and preparedness.

Is There a Standard Self-defense Course?

No. There are many formats for training. They may be as short as two hours or as long as eight weeks or a semester. Whatever the length of the program, it should be based on maximizing options, simple techniques, and respect for women's experience.

Is There a Course I Should Stay Away From?

Only you can answer this question. Find out about the philosophy of the program and the background of the instructor. Observe a class session if you can, and talk to an instructor or a student. Is the instructor knowledgeable and respectful of your concerns? Is it a length that you can commit to and at a cost that you can afford? You deserve to have all your questions answered before taking a class.

Who's Better, a Male or Female Instructor?

There is an advantage to having a female instructor as a role model who has similar experiences surviving as a woman. All-women classes tend to provide an easier atmosphere in which to discuss sensitive issues. On the other hand, some women feel having male partners to practice with can add to their experience. The quality of a class depends on the knowledge, attitude, and philosophy of the instructor, not necessarily on gender. The most important aspect is that the instructor, male or female, conducts the training for the students geared to their individual strengths and abilities. Feeling safe and building trust comes before learning.

Must I Train for Years to Learn to Defend Myself?

No. A basic course can offer enough concepts and skills to help you develop self-protection strategies that you can continue to build upon. Self-defense is not karate or martial arts training. It does not require years of study to perfect. There are women who have successfully used self-defense strategies without knowing it.

If I Use Physical Self-defense Could I Get Hurt Worse?

The question to answer first is what does "hurt worse" mean? Rape survivors speak eloquently about emotional hurts lasting long after physical hurts heal. Studies show a physical self-defense response does not increase the level of physical injury, and sometimes decreases the likelihood. Also, women going along with the attacker have sometimes been brutally injured anyway. The point of using self-defense is to de-escalate a situation and get away as soon as possible. Knowing some

physical techniques increases the range of possible self-defense options, but the decision to choose a physical option must remain with the person in the situation.

What Does "Realistic" Mean?

Words like "most realistic," "best," "guaranteed success," etc., are all advertising gimmicks. Choosing a self-defense class is a serious decision and is preferably based on some research. No program or instructor can replicate a "real" assault since there are so many different scenarios, and because a real attack would require a no-holds-barred fight, which would be irresponsible and extremely dangerous to enact. Responsible self-defense training requires control. It is important that each student in a class is able to control her own participation in the class and never feel forced to participate.

What Is the Role of Mace or Other Aggressive "Devices" as Self-defense Aids in Harming an Attacker?

Any device is useless to you unless you understand how to use it, and you have it in your hand ready to use at the time of the attempted assault. There is nothing "guaranteed" about any of these devices. None are foolproof. None of them can be counted on to work against all possible attackers (no matter what the labeling may state to the contrary). Realize that anything you can use against an attacker can also be taken away and used against you. Although some of these devices have sometimes helped women escape to safety, it is important to be aware of their limitations and liabilities.

How Much Should I Pay?

Paying a lot of money for a course does not mean that you automatically get better instruction. On the other hand, don't assume that all programs are the same and just go for the cheapest. It is always beneficial to be an educated consumer. Shop around the same as for anything else you buy that is important to you.

Where Can I Find a Self-defense Class?

Check with your local rape crisis center. Some centers provide self-protection classes or can refer you to one. YWCAs and community colleges sometimes offer classes. Some martial arts schools provide seminars and workshops. Check the phone book. If there isn't one in your community, get involved and try to organize one.

Am I Too Old? Out of Shape? What If I Have Some Disabilities?

You don't have to be an athlete to learn how to defend yourself. A good program is designed to adapt to every age and ability and provides each student with the opportunity to learn. Each individual is

unique, and students should be able to discuss their own needs. Some programs have specialized classes for specific groups.

How Can I Tell a "Good" Course from a "Bad" One?

A good course covers critical thinking about self-defense strategies, assertiveness, powerful communication skills, and easy-to-remember physical techniques. The instructor respects and responds to your fears and concerns. Instruction is based on the belief that women can act competently, decisively, and take action for their own protection. Essentially, a good course is based on intelligence and not muscle. It offers tools for enabling a woman to connect with her own strength and power. These courses are out there. Good luck in your research. Taking a self-defense class is one of the most positive acts a woman can do for herself!

The National Coalition Against Sexual Assaults (NCASA) is a nonprofit, membership organization of rape crisis centers, associated agencies, and individuals, established in 1978. The goal of NCASA is the elimination of sexual assault in all of its forms through education, monitoring public policy development, and coalition building.

Appendix

CALCASA
CALIFORNIA COALITION
AGAINST SEXUAL ASSAULT

Appendix

California Codes 407

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California Codes

Rape and Sexual Assault

INTENT TO COMMIT RAPE OR SEXUAL ASSAULT

Penal Code 220. Every person who assaults another with intent to commit mayhem, rape, sodomy, oral copulation, or any violation of Section 264.1, 288 or 289 is punishable by imprisonment in the state prison for two, four, or six years.

RAPE

Penal Code 261. (a) Rape is an act of sexual intercourse accomplished with a person not the spouse of the perpetrator, under any of the following circumstances: (1) Where a person is incapable, because of a mental disorder or developmental or physical disability, of giving legal consent, and this is known or reasonably should be known to the person committing the act. Notwithstanding the existence of a conservatorship pursuant to the provisions of the Lanterman-Petris-Short Act (Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code), the prosecuting attorney shall prove, as an element of the crime, that a mental disorder or developmental or physical disability rendered the alleged victim incapable of giving consent. (2) Where it is accomplished against a person's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the person or another. (3) Where a person is prevented from resisting by any intoxicating or anesthetic substance, or any controlled substance, and this condition was known, or reasonably should have been known by the accused. (4) Where a person is at the time unconscious of the nature of the act, and this is known to the accused. As used in this paragraph, "unconscious of the nature of the act" means incapable of resisting because the victim meets one of the following conditions: (A) Was unconscious or asleep. (B) Was not aware, knowing, perceiving, or cognizant that the act occurred. (C) Was not aware, knowing, perceiving, or cognizant of the essential characteristics of the act due to the perpetrator's fraud in fact. (5) Where a person submits under the belief that the person committing the act is the victim's spouse, and this belief is induced by any artifice, pretense, or concealment practiced by the accused, with intent to induce the belief. (6) Where the act is accomplished against the victim's will by threatening to retaliate in the future against the victim or any other person, and there is a reasonable possibility that the perpetrator will execute the threat. As used in this paragraph, "threatening to retaliate" means a threat to kidnap or falsely imprison, or to inflict extreme pain, serious bodily injury, or death. (7) Where the act is accomplished against the victim's will by threatening to use the authority of a public official to incarcerate, arrest, or deport the victim or another, and the victim has a reasonable belief that the perpetrator is a public official. (a) As used in this paragraph, "public official" means a person employed by a governmental agency who has the authority, as part of that position, to incarcerate, arrest, or deport another. The perpetrator does not actually have to be a public official. (b) As used in this section, "duress" means a direct or implied threat of force, violence, danger, or retribution sufficient to coerce a reasonable person of ordinary susceptibilities to perform an act which other-

wise would not have been performed, or acquiesce in an act to which one otherwise would not have submitted. The total circumstances, including the age of the victim, and his or her relationship to the defendant, are factors to consider in appraising the existence of duress. (c) As used in this section, "menace" means any threat, declaration, or act which shows an intention to inflict an injury upon another.

UNLAWFUL SEXUAL INTERCOURSE OR "STATUTORY RAPE"

Penal Code 261.5. (a) Unlawful sexual intercourse is an act of sexual intercourse accomplished with a person who is not the spouse of the perpetrator, if the person is a minor. For the purposes of this section, a "minor" is a person under the age of 18 years and an "adult" is a person who is at least 18 years of age. (b) Any person who engages in an act of unlawful sexual intercourse with a minor who is not more than three years older or three years younger than the perpetrator, is guilty of a misdemeanor. (c) Any person who engages in an act of unlawful sexual intercourse with a minor who is more than three years younger than the perpetrator is guilty of either a misdemeanor or a felony, and shall be punished by imprisonment in a county jail not exceeding one year, or by imprisonment in the state prison. (d) Any person over the age of 21 years who engages in an act of unlawful sexual intercourse with a minor who is under 16 years of age is guilty of either a misdemeanor or a felony, and shall be punished by imprisonment in a county jail not exceeding one year, or by imprisonment in the state prison for two, three, or four years. (e) (1) Notwithstanding any other provision of this section, an adult who engages in an act of sexual intercourse with a minor in violation of this section may be liable for civil penalties in the following amounts: (A) An adult who engages in an act of unlawful sexual intercourse with a minor less than two years younger than the adult is liable for a civil penalty not to exceed two thousand dollars ($2,000). (B) An adult who engages in an act of unlawful sexual intercourse with a minor at least two years younger than the adult is liable for a civil penalty not to exceed five thousand dollars ($5,000). (C) An adult who engages in an act of unlawful sexual intercourse with a minor at least three years younger than the adult is liable for a civil penalty not to exceed ten thousand dollars ($10,000). (D) An adult over the age of 21 years who engages in an act of unlawful sexual intercourse with a minor under 16 years of age is liable for a civil penalty not to exceed twenty-five thousand dollars ($25,000). (2) The district attorney may bring actions to recover civil penalties pursuant to this subdivision. From the amounts collected for each case, an amount equal to the costs of pursuing the action shall be deposited with the treasurer of the county in which the judgment was entered, and the remainder shall be deposited in the Underage Pregnancy Prevention Fund, which is hereby created in the State Treasury. Amounts deposited in the Underage Pregnancy Prevention Fund may be used only for the purpose of preventing underage pregnancy upon appropriation by the Legislature.

DEFINITION OF CONSENT

Penal Code 261.6. In prosecutions under Section 261, 262, 286, 288a, or 289, in which consent is at issue, "consent" shall be defined to mean positive cooperation in act or attitude pursuant to an exercise of free will. The person must act freely and voluntarily and have knowledge of the nature of the act or transaction involved. A current or previous dating or marital relationship shall not be sufficient to constitute consent where consent is at issue in a prosecution under Section 261, 262, 286, 288a, or 289. Nothing in this section shall affect the admissibility of evidence or the burden of proof on the issue of consent.

Penal Code 261.7. In prosecutions under Section 261, 262, 286, 288a, or 289, in which consent is at issue, evidence that the victim suggested, requested, or otherwise communi-

cated to the defendant that the defendant use a condom or other birth control device, without additional evidence of consent, is not sufficient to constitute consent.

MARITAL RAPE

Penal Code 262. (a) Rape of a person who is the spouse of the perpetrator is an act of sexual intercourse accomplished under any of the following circumstances: (1) Where it is accomplished against a person's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the person or another. (2) Where a person is prevented from resisting by any intoxicating or anesthetic substance, or any controlled substance, and this condition was known, or reasonably should have been known, by the accused. (3) Where a person is at the time unconscious of the nature of the act, and this is known to the accused. As used in this paragraph, "unconscious of the nature of the act" means incapable of resisting because the victim meets one of the following conditions: (A) Was unconscious or asleep. (B) Was not aware, knowing, perceiving, or cognizant that the act occurred. (C) Was not aware, knowing, perceiving, or cognizant of the essential characteristics of the act due to the perpetrator's fraud in fact. (4) Where the act is accomplished against the victim's will by threatening to retaliate in the future against the victim or any other person, and there is a reasonable possibility that the perpetrator will execute the threat. As used in this paragraph, "threatening to retaliate" means a threat to kidnap or falsely imprison, or to inflict extreme pain, serious bodily injury, or death. (5) Where the act is accomplished against the victim's will by threatening to use the authority of a public official to incarcerate, arrest, or deport the victim or another, and the victim has a reasonable belief that the perpetrator is a public official. As used in this paragraph, "public official" means a person employed by a governmental agency who has the authority, as part of that position, to incarcerate, arrest, or deport another. The perpetrator does not actually have to be a public official. (b) Section 800 shall apply to this section. However, no prosecution shall be commenced under this section unless the violation was reported to medical personnel, a member of the clergy, an attorney, a shelter representative, a counselor, a judicial officer, a rape crisis agency, a prosecuting agency, a law enforcement officer, or a firefighter within one year after the date of the violation. This reporting requirement shall not apply if the victim's allegation of the offense is corroborated by independent evidence that would otherwise be admissible during trial. (c) As used in this section, "duress" means a direct or implied threat of force, violence, danger, or retribution sufficient to coerce a reasonable person of ordinary susceptibilities to perform an act which otherwise would not have been performed, or acquiesce in an act to which one otherwise would not have submitted. The total circumstances, including the age of the victim, and his or her relationship to the defendant, are factors to consider in apprising the existence of duress. (d) As used in this section, "menace" means any threat, declaration, or act that shows an intention to inflict an injury upon another. (e) If probation is granted upon conviction of a violation of this section, the conditions of probation may include, in lieu of a fine, one or both of the following requirements: (1) That the defendant make payments to a battered women's shelter, up to a maximum of one thousand dollars ($1,000). (2) That the defendant reimburse the victim for reasonable costs of counseling and other reasonable expenses that the court finds are the direct result of the defendant's offense. For any order to pay a fine, make payments to a battered women's shelter, or pay restitution as a condition of probation under this subdivision, the court shall make a determination of the defendant's ability to pay. In no event shall any order to make payments to a battered women's shelter be made if it would impair the ability of the defendant to pay direct restitution to the victim or court-ordered child support. Where the injury to a married person is caused in whole or in part by the criminal acts of his or her spouse in

violation of this section, the community property may not be used to discharge the liability of the offending spouse for restitution to the injured spouse, required by Section 1203.04, as operative on or before August 2, 1995, or Section 1202.4, or to a shelter for costs with regard to the injured spouse and dependents, required by this section, until all separate property of the offending spouse is exhausted.

DEFINITION OF PENETRATION

Penal Code 263. The essential guilt of rape consists in the outrage to the person and feelings of the victim of the rape. Any sexual penetration, however slight, is sufficient to complete the crime.

PUNISHMENT

Penal Code 264. (a) Rape, as defined in Section 261 or 262, is punishable by imprisonment in the state prison for three, six, or eight years. Unlawful sexual intercourse, as defined in Section 261.5, is punishable either by imprisonment in a county jail for not more than one year or in the state prison. (b) In addition to any punishment imposed under this section, the judge may assess a fine not to exceed seventy dollars ($70) against any person who violates Section 261, 261.5, or 262 with the proceeds of this fine to be used in accordance with Section 1463.23. The court shall, however, take into consideration the defendant's ability to pay, and no defendant shall be denied probation because of his or her inability to pay the fine permitted under this subdivision.

Penal Code 264.1. The provisions of Section 264 notwithstanding, in any case in which the defendant, voluntarily acting in concert with another person, by force or violence and against the will of the victim, committed an act described in Section 261, 262, or 289, either personally or by aiding and abetting the other person, that fact shall be charged in the indictment or information and if found to be true by the jury, upon a jury trial, or if found to be true by the court, upon a court trial, or if admitted by the defendant, the defendant shall suffer confinement in the state prison for five, seven, or nine years.

SODOMY

Penal Code 286. (a) Sodomy is sexual conduct consisting of contact between the penis of one person and the anus of another person. Any sexual penetration, however slight, is sufficient to complete the crime of sodomy. (b) (1) Except as provided in Section 288, any person who participates in an act of sodomy with another person who is under 18 years of age shall be punished by imprisonment in the state prison, or in a county jail for not more than one year. (2) Except as provided in Section 288, any person over the age of 21 years who participates in an act of sodomy with another person who is under 16 years of age shall be guilty of a felony. (c) (1) Any person who participates in an act of sodomy with another person who is under 14 years of age and more than 10 years younger than he or she shall be punished by imprisonment in the state prison for three, six, or eight years. (2) Any person who commits an act of sodomy when the act is accomplished against the victim's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person shall be punished by imprisonment in the state prison for three, six, or eight years. (3) Any person whom commits an act of sodomy where the act is accomplished against the victim's will by threatening to retaliate in the future against the victim or any other person, and there is a reasonable possibility that the perpetrator will execute the threat shall be punished by imprisonment in the state prison for three, six, or eight years. (d) Any person who, while voluntarily acting in concert with another person, either personally or aiding and abetting that other person, commits an act of sodomy when the act is accomplished against

the victim's will by means of force or fear of immediate and unlawful bodily injury on the victim or another person or where the act is accomplished against the victim's will by threatening to retaliate in the future against the victim or any other person, and there is a reasonable possibility that the perpetrator will execute the threat shall be punished by imprisonment in the state prison for five, seven, or nine years. (e) Any person who participates in an act of sodomy with any person of any age while confined in any state prison, as defined in Section 4504, or in any local detention facility, as defined in Section 6031.4, shall be punished by imprisonment in the state prison, or in a county jail for not more than one year. (f) Any person who commits an act of sodomy, and the victim is at the time unconscious of the nature of the act and this is known to the person committing the act, shall be punished by imprisonment in the state prison for three, six, or eight years. As used in this subdivision, "unconscious of the nature of the act" means incapable of resisting because the victim meets one of the following conditions: (1) Was unconscious or asleep. (2) Was not aware, knowing, perceiving, or cognizant that the act occurred. (3) Was not aware, knowing, perceiving, or cognizant of the essential characteristics of the act due to the perpetrator's fraud in fact. (g) Except as provided in subdivision (h), a person who commits an act of sodomy, and the victim is at the time incapable, because of a mental disorder or developmental or physical disability, of giving legal consent, and this is known or reasonably should be known to the person committing the act, shall be punished by imprisonment in the state prison for three, six, or eight years. Notwithstanding the existence of a conservatorship pursuant to the Lanterman-Petris-Short Act (Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code), the prosecuting attorney shall prove, as an element of the crime, that a mental disorder or developmental or physical disability rendered the alleged victim incapable of giving consent. (h) Any person who commits an act of sodomy, and the victim is at the time incapable, because of a mental disorder or developmental or physical disability, of giving legal consent, and this is known or reasonably should be known to the person committing the act, and both the defendant and the victim are at the time confined in a state hospital for the care and treatment of the mentally disordered or in any other public or private facility for the care and treatment of the mentally disordered approved by a county mental health director, shall be punished by imprisonment in the state prison, or in a county jail for not more than one year. Notwithstanding the existence of a conservatorship pursuant to the Lanterman-Petris-Short Act (Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code), the prosecuting attorney shall prove, as an element of the crime, that a mental disorder or developmental or physical disability rendered the alleged victim incapable of giving legal consent. (i) Any person who commits an act of sodomy, where the victim is prevented from resisting by an intoxicating or anesthetic substance, or any controlled substance, and this condition was known, or reasonably should have been known by the accused, shall be punished by imprisonment in the state prison for three, six, or eight years. (j) Any person who commits an act of sodomy, where the victim submits under the belief that the person committing the act is the victim's spouse, and this belief is induced by any artifice, pretense, or concealment practiced by the accused, with intent to induce the belief, shall be punished by imprisonment in the state prison for three, six, or eight years. (k) Any person who commits an act of sodomy, where the act is accomplished against the victim's will by threatening to use the authority of a public official to incarcerate, arrest, or deport the victim or another, and the victim has a reasonable belief that the perpetrator is a public official, shall be punished by imprisonment in the state prison for three, six, or eight years. As used in this subdivision, "public official" means a person employed by a governmental agency who has the authority, as part of that position, to incarcerate, arrest, or deport another. The perpetrator does not actually have to

be a public official. (l) As used in subdivisions (c) and (d), "threatening to retaliate" means a threat to kidnap or falsely imprison, or inflict extreme pain, serious bodily injury, or death. (m) In addition to any punishment imposed under this section, the judge may assess a fine not to exceed seventy dollars ($70) against any person who violates this section, with the proceeds of this fine to be used in accordance with Section 1463.23. The court, however, shall take into consideration the defendant's ability to pay, and no defendant shall be denied probation because of his or her inability to pay the fine permitted under this subdivision.

SEXUAL ABUSE OF ANIMALS

Penal Code 286.5. Any person who sexually assaults any animal protected by Section 597f for the purpose of arousing or gratifying the sexual desire of the person is guilty of a misdemeanor.

LEWD AND LASCIVIOUS ACTS

Penal Code 288. (a) Any person who willfully and lewdly commits any lewd or lascivious act, including any of the acts constituting other crimes provided for in Part 1, upon or with the body, or any part or member thereof, of a child who is under the age of 14 years, with the intent of arousing, appealing to, or gratifying the lust, passions, or sexual desires of that person or the child, is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years. (b) (1) Any person who commits an act described in subdivision (a) by use of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years. (2) Any person who is a caretaker and commits an act described in subdivision (a) upon a dependent adult by use of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, with the intent described in subdivision (a), is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years. (c) (1) Any person who commits an act described in subdivision (a) with the intent described in that subdivision, and the victim is a child of 14 or 15 years, and that person is at least 10 years older than the child, is guilty of a public offense and shall be punished by imprisonment in the state prison for one, two, or three years, or by imprisonment in a county jail for not more than one year. In determining whether the person is at least 10 years older than the child, the difference in age shall be measured from the birth date of the person to the birth date of the child. (2) Any person who is a caretaker and commits an act described in subdivision (a) upon a dependent adult, with the intent described in subdivision (a), is guilty of a public offense and shall be punished by imprisonment in the state prison for one, two, or three years, or by imprisonment in a county jail for not more than one year. (d) In any arrest or prosecution under this section or Section 288.5, the peace officer, district attorney, and the court shall consider the needs of the child victim and shall do whatever is necessary, within existing budgetary resources, and constitutionally permissible to prevent psychological harm to the child victim or to prevent psychological harm to the dependent adult victim resulting from participation in the court process. (e) Upon the conviction of any person for a violation of subdivision (a) or (b), the court may, in addition to any other penalty or fine imposed, order the defendant to pay an additional fine not to exceed ten thousand dollars ($10,000). In setting the amount of the fine, the court shall consider any relevant factors, including, but not limited to, the seriousness and gravity of the offense, the circumstances of its commission, whether the defendant derived any economic gain as a result of the crime, and the extent to which the victim suffered economic losses as a result of the crime. Every fine

imposed and collected under this section shall be deposited in the Victim-Witness Assistance Fund to be available for appropriation to fund child sexual exploitation and child sexual abuse victim counseling centers and prevention programs pursuant to Section 13837. If the court orders a fine imposed pursuant to this subdivision, the actual administrative cost of collecting that fine, not to exceed 2 percent of the total amount paid, may be paid into the general fund of the county treasury for the use and benefit of the county. (f) For purposes of paragraph (2) of subdivision (b) and paragraph (2) of subdivision (c), the following definitions apply: (1) "Caretaker" means an owner, operator, administrator, employee, independent contractor, agent, or volunteer of any of the following public or private facilities when the facilities provide care for elder or dependent adults: (A) Twenty-four hour health facilities, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code. (B) Clinics. (C) Home health agencies. (D) Adult day health care centers. (E) Secondary schools that serve dependent adults ages 18 to 22 years and postsecondary educational institutions that serve dependent adults or elders. (F) Sheltered workshops. (G) Camps. (H) Community care facilities, as defined by Section 1402 of the Health and Safety Code, and residential care facilities for the elderly, as defined in Section 1569.2 of the Health and Safety Code. (I) Respite care facilities. (J) Foster homes. (K) Regional centers for persons with developmental disabilities. (L) A home health agency licensed in accordance with Chapter 8 (commencing with Section 1725) of Division 2 of the Health and Safety Code. (M) An agency that supplies in-home supportive services. (N) Board and care facilities. (O) Any other protective or public assistance agency that provides health services or social services to elder or dependent adults, including, but not limited to, in-home supportive services, as defined in Section 14005.14 of the Welfare and Institutions Code. (P) Private residences. (2) "Board and care facilities" means licensed or unlicensed facilities that provide assistance with one or more of the following activities: (A) Bathing. (B) Dressing. (C) Grooming. (D) Medication storage. (E) Medical dispensation. (F) Money management. (3) "Dependent adult" means any person 18 years of age or older who has a mental disability or disorder that restricts his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have developmental disabilities, persons whose mental abilities have significantly diminished because of age. (g) Paragraph (2) of subdivision (b) and paragraph (2) of subdivision (c) apply to the owners, operators, administrators, employees, independent contractors, agents, or volunteers working at these public or private facilities and only to the extent that the individuals personally commit, conspire, aid, abet, or facilitate any act prohibited by paragraph (2) of subdivision (b) and paragraph (2) of subdivision (c). (h) Paragraph (2) of subdivision (b) and paragraph (2) of subdivision (c) do not apply to a caretaker who is a spouse of, or who is in an equivalent domestic relationship with, the dependent adult under care.

RAPE WITH A FOREIGN OBJECT

Penal Code 289. (a) (1) Every person who causes the penetration, however slight, of the genital or anal openings of any person or causes another person to so penetrate the defendant's or another person's genital or anal openings for the purpose of sexual arousal, gratification, or abuse by any foreign object, substance, instrument, or device, or by any unknown object when the act is accomplished against the victim's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person shall be punished by imprisonment in the state prison for three, six, or eight years. (2) Every person who causes the penetration, however slight, of the genital or anal openings of any person or causes another person to so penetrate the defendant's or another person's genital or anal openings for the purpose of sexual arousal, gratification, or

abuse by any foreign object, substance, instrument, or device, or by any unknown object where the act is accomplished against the victim's will by threatening to retaliate in the future against the victim or any other person, and there is a reasonable possibility that the perpetrator will execute the threat, shall be punished by imprisonment in the state prison for three, six, or eight years. (b) Except as provided in subdivision (c), every person who causes the penetration, however slight, of the genital or anal openings of any person or causes another person to so penetrate the defendant's or another person's genital or anal openings for the purpose of sexual arousal, gratification, or abuse by any foreign object, substance, instrument, or device, or by any unknown object, and the victim is at the time incapable, because of a mental disorder or developmental or physical disability, of giving legal consent, and this is known or reasonably should be known to the person committing the act or causing the act to be committed, shall be punished by imprisonment in the state prison for three, six, or eight years. Notwithstanding the appointment of a conservator with respect to the victim pursuant to the provisions of the Lanterman-Petris-Short Act (Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code), the prosecuting attorney shall prove, as an element of the crime, that a mental disorder or developmental or physical disability rendered the alleged victim incapable of giving legal consent. (c) Every person who causes the penetration, however slight, of the genital or anal openings of any person or causes another person to so penetrate the defendant's or another person's genital or anal openings for the purpose of sexual arousal, gratification, or abuse by any foreign object, substance, instrument, or device, or by any unknown object, and the victim is at the time incapable, because of a mental disorder or developmental or physical disability, of giving legal consent, and this is known or reasonably should be known to the person committing the act or causing the act to be committed and both the defendant and the victim are at the time confined in a state hospital for the care and treatment of the mentally disordered or in any other public or private facility for the care and treatment of the mentally disordered approved by a county mental health director, shall be punished by imprisonment in the state prison, or in a county jail for a period of not more than one year. Notwithstanding the existence of a conservatorship pursuant to the provisions of the Lanterman-Petris-Short Act (Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code), the prosecuting attorney shall prove, as an element of the crime, that a mental disorder or developmental or physical disability rendered the alleged victim incapable of giving legal consent. (d) Every person who causes the penetration, however slight, of the genital or anal openings of any person or causes another person to so penetrate the defendant's or another person's genital or anal openings for the purpose of sexual arousal, gratification, or abuse by any foreign object, substance, instrument, or device, or by any unknown object, and the victim is at the time unconscious of the nature of the act and this is known to the person committing the act or causing the act to be committed, shall be punished by imprisonment in the state prison for three, six, or eight years. As used in this subdivision, "unconscious of the nature of the act" means incapable of resisting because the victim meets one of the following conditions: (1) Was unconscious or asleep. (2) Was not aware, knowing, perceiving, or cognizant that the act occurred. (3) Was not aware, knowing, perceiving, or cognizant of the essential characteristics of the act due to the perpetrator's fraud in fact. (e) Every person who causes the penetration, however slight, of the genital or anal openings of any person or causes another person to so penetrate the defendant's or another person's genital or anal openings for the purpose of sexual arousal, gratification, or abuse by any foreign object, substance, instrument, or device, or by any unknown object, where the victim is prevented from resisting by any intoxicating or anesthetic substance, or any controlled substance, and this condition was known, or reasonably should have been known by the accused, shall be punished by imprisonment in the state prison for a period of three, six, or eight years. (f) Every person who causes the

penetration, however slight, of the genital or anal openings of any person or causes another person to so penetrate the defendant's or another person's genital or anal openings for the purpose of sexual arousal, gratification, or abuse by any foreign object, substance, instrument, or device, or by any unknown object, where the victim submits under the belief that the person committing the act or causing the act to be committed is the victim's spouse, and this belief is induced by any artifice, pretense, or concealment practiced by the accused, with intent to induce the belief, shall be punished by imprisonment in the state prison for a period of three, six, or eight years. (g) Every person who causes the penetration, however slight, of the genital or anal openings of any person or causes another person to so penetrate the defendant's or another person's genital or anal openings for the purpose of sexual arousal, gratification, or abuse by any foreign object, substance, instrument, or device, or by any unknown object, where the act is accomplished against the victim's will by threatening to use the authority of a public official to incarcerate, arrest, or deport the victim or another, and the victim has a reasonable belief that the perpetrator is a public official, shall be punished by imprisonment in the state prison for a period of three, six, or eight years. As used in this subdivision, "public official" means a person employed by a governmental agency who has the authority, as part of that position, to incarcerate, arrest, or deport another. The perpetrator does not actually have to be a public official. (h) Except as provided in Section 288, any person who participates in an act of penetration of genital or anal openings with a foreign object, substance, instrument, or device, or by any unknown object of a person who is under 18 years of age or causes another person under 18 years of age to so penetrate the defendant's or another person's genital or anal openings for the purpose of sexual arousal, gratification, or abuse, shall be punished by imprisonment in the state prison or in the county jail for a period of not more than one year. (i) Except as provided in Section 288, any person over the age of 21 years who participates in an act of penetration of the genital or anal openings with a foreign object, substance, instrument, or device, or by any unknown object of another person who is under 16 years of age or causes another person under 16 years of age to so penetrate the defendant's or another person's genital or anal openings for the purpose of sexual arousal, gratification, or abuse, shall be guilty of a felony. (j) Any person who participates in an act of penetration of the genital or anal openings with a foreign object, instrument, or device, or by any unknown object of another person who is under 14 years of age and who is more than 10 years younger than he or she or causes another person who is under 14 years of age and who is more than 10 years younger than the defendant to so penetrate the defendant's or another person's genital or anal openings for the purpose of sexual arousal, gratification, or abuse, shall be punished by imprisonment in the state prison for three, six, or eight years. (k) As used in this section: (1) "Foreign object, substance, instrument, or device" shall include any part of the body, except a sexual organ. (2) "Unknown object" shall include any foreign object, substance, instrument, or device, or any part of the body, including a penis, when it is not known whether penetration was by a penis or by a foreign object, substance, instrument, or device, or by any other part of the body. (l) As used in subdivision (a), "threatening to retaliate" means a threat to kidnap or falsely imprison, or inflict extreme pain, serious bodily injury or death. (m) As used in this section, "victim" includes any person who the defendant causes to penetrate the genital or anal openings of the defendant or another person or whose genital or anal openings are caused to be penetrated by the defendant or another person and who otherwise qualifies as a victim under the requirements of this section.

STATUTES OF LIMITATIONS

Penal Code 799. Prosecution for an offense punishable by death or by imprisonment in the state prison for life or for life without the possibility of parole, or for the embezzlement

of public money, may be commenced at any time. This section shall apply in any case in which the defendant was a minor at the time of the commission of the offense and the prosecuting attorney could have petitioned the court for a fitness hearing pursuant to Section 707 of the Welfare and Institutions Code.

Penal Code 800. Except as provided in Section 799, prosecution for an offense punishable by imprisonment in the state prison for eight years or more shall be commenced within six years after commission of the offense.

Penal Code 801. Except as provided in Sections 799 and 800, prosecution for an offense punishable by imprisonment in the state prison shall be commenced within three years after commission of the offense.

Penal Code 801.5. Notwithstanding Section 801 or any other provision of law, prosecution for any offense described in subdivision (c) of Section 803 shall be commenced within four years after discovery of the commission of the offense, or within four years after the completion of the offense, whichever is later.

Penal Code 801.6. Notwithstanding any other limitation of time described in this chapter, prosecution for any offense proscribed by Section 368, except for a violation of any provision of law proscribing theft or embezzlement, may be filed at any time within five years from the date of occurrence of such offense.

Penal Code 802. (a) Except as provided in subdivision (b), prosecution for an offense not punishable by death or imprisonment in the state prison shall be commenced within one year after commission of the offense. (b) Prosecution for a misdemeanor violation of Section 647.6 or former Section 647a, committed with or upon a minor under the age of 14 years shall be commenced within two years after commission of the offense. (c) Prosecution of a misdemeanor violation of Section 729 of the Business and Professions Code shall be commenced within two years after commission of the offense.

Civil Liability for Sexual Assault

Civil Code 1708.5. (a) A person commits a sexual battery who does any of the following: (1) Acts with the intent to cause a harmful or offensive contact with an intimate part of another, and a sexually offensive contact with that person directly or indirectly results. (2) Acts with the intent to cause a harmful or offensive contact with another by use of his or her intimate part, and a sexually offensive contact with that person directly or indirectly results. (3) Acts to cause an imminent apprehension of the conduct described in paragraph (1) or (2), and a sexually offensive contact with that person directly or indirectly results. (b) A person who commits a sexual battery upon another is liable to that person for damages, including, but not limited to, general damages, special damages, and punitive damages. (c) The court in an action pursuant to this section may award equitable relief, including, but not limited to, an injunction, costs, and any other relief the court deems proper. (d) For the purposes of this section "intimate part" means the sexual organ, anus, groin, or buttocks of any person, or the breast of a female. (e) The rights and remedies provided in this section are in addition to any other rights and remedies provided by law. (f) For purposes of this section "offensive contact" means contact that offends a reasonable sense of personal dignity.

Civil Code 3294. (a) In an action for the breach of an obligation not arising from contract, where it is proven by clear and convincing evidence that the defendant has been guilty of oppression, fraud, or malice, the plaintiff, in addition to the actual damages, may recover damages for the sake of example and by way of punishing the defendant.

(b) An employer shall not be liable for damages pursuant to subdivision (a), based upon acts of an employee of the employer, unless the employer had advance knowledge of the unfitness of the employee and employed him or her with a conscious disregard of the rights or safety of others or authorized or ratified the wrongful conduct for which the damages are awarded or was personally guilty of oppression, fraud, or malice. With respect to a corporate employer, the advance knowledge and conscious disregard, authorization, ratification or act of oppression, fraud, or malice must be on the part of an officer, director, or managing agent of the corporation. (c) As used in this section, the following definitions shall apply: (1) "Malice" means conduct which is intended by the defendant to cause injury to the plaintiff or despicable conduct which is carried on by the defendant with a willful and conscious disregard of the rights or safety of others. (2) "Oppression" means despicable conduct that subjects a person to cruel and unjust hardship in conscious disregard of that person's rights. (3) "Fraud" means an intentional misrepresentation, deceit, or concealment of a material fact known to the defendant with the intention on the part of the defendant of thereby depriving a person of property or legal rights or otherwise causing injury. (d) Damages may be recovered pursuant to this section in an action pursuant to Chapter 4 (commencing with Section 377.10) of Title 3 of Part 2 of the Code of Civil Procedure based upon a death which resulted from a homicide for which the defendant has been convicted of a felony, whether or not the decedent died instantly or survived the fatal injury for some period of time. The procedures for joinder and consolidation contained in Section 377.62 of the Code of Civil Procedure shall apply to prevent multiple recoveries of punitive or exemplary damages based upon the same wrongful act. (e) The amendments to this section made by Chapter 1498 of the Statutes of 1987 apply to all actions in which the initial trial has not commenced prior to January 1, 1988.

Codes of Civil Procedure 340. Within one year: (1) An action upon a statute for a penalty or forfeiture, when the action is given to an individual, or to an individual and the state, except when the statute imposing it prescribes a different limitation. (2) An action upon a statute for a forfeiture or penalty to the people of this state. (3) An action for libel, slander, assault, battery, false imprisonment, seduction of a person below the age of legal consent, or for injury to or for the death of one caused by the wrongful act or neglect of another, or by a depositor against a bank for the payment of a forged or raised check, or a check that bears a forged or unauthorized endorsement, or against any person who boards or feeds an animal or fowl or who engages in the practice of veterinary medicine as defined in Section 4826 of the Business and Professions Code, for such person's neglect resulting in injury or death to an animal or fowl in the course of boarding or feeding such animal or fowl or in the course of the practice of veterinary medicine on such animal or fowl. (4) An action against an officer to recover damages for the seizure of any property for a statutory forfeiture to the state, or for the detention of, or injury to property so seized, or for damages done to any person in making any such seizure. (5) An action by a good faith improver for relief under Chapter 10 (commencing with Section 871.1) of Title 10 of Part 2 of the Code of **Civil Procedure**. The time begins to run from the date upon which the good faith improver discovers that the good faith improver is not the owner of the land upon which the improvements have been made.

Child Abuse and Neglect Reporting Act

Penal Code 11164. (a) This article shall be known and may be cited as the Child Abuse and Neglect Reporting Act. (b) The intent and purpose of this article is to protect children from abuse. In any investigation of suspected child abuse, all persons participating in the

investigation of the case shall consider the needs of the child victim and shall do whatever is necessary to prevent psychological harm to the child victim.

Penal Code 11165. As used in this article "child" means a person under the age of 18 years.

Penal Code 11165.1. As used in this article, "sexual abuse" means sexual assault or sexual exploitation as defined by the following: (a) "Sexual assault" means conduct in violation of one or more of the following sections: Section 261 (rape), subdivision (d) of Section 261.5 (statutory rape), 264.1 (rape in concert), 285 (incest), 286 (sodomy), subdivision (a) or (b), or paragraph (1) of subdivision (c) of Section 288 (lewd or lascivious acts upon a child), 288a (oral copulation), 289 (penetration of a genital or anal opening by a foreign object), or 647.6 (child molestation). (b) Conduct described as "sexual assault" includes, but is not limited to, all of the following: (1) Any penetration, however slight, of the vagina or anal opening of one person by the penis of another person, whether or not there is the emission of semen. (2) Any sexual contact between the genitals or anal opening of one person and the mouth or tongue of another person. (3) Any intrusion by one person into the genitals or anal opening of another person, including the use of any object for this purpose, except that, it does not include acts performed for a valid medical purpose. (4) The intentional touching of the genitals or intimate parts (including the breasts, genital area, groin, inner thighs, and buttocks) or the clothing covering them, of a child, or of the perpetrator by a child, for purposes of sexual arousal or gratification, except that, it does not include acts which may reasonably be construed to be normal caretaker responsibilities; interactions with, or demonstrations of affection for, the child; or acts performed for a valid medical purpose. (5) The intentional masturbation of the perpetrator's genitals in the presence of a child. (c) "Sexual exploitation" refers to any of the following: (1) Conduct involving matter depicting a minor engaged in obscene acts in violation of Section 311.2 (preparing, selling, or distributing obscene matter) or subdivision (a) of Section 311.4 (employment of minor to perform obscene acts). (2) Any person who knowingly promotes, aids, or assists, employs, uses, persuades, induces, or coerces a child, or any person responsible for a child's welfare, who knowingly permits or encourages a child to engage in, or assist others to engage in, prostitution or a live performance involving obscene sexual conduct, or to either pose or model alone or with others for purposes of preparing a film, photograph, negative, slide, drawing, painting, or other pictorial depiction, involving obscene sexual conduct. For the purpose of this section, "person responsible for a child's welfare" means a parent, guardian, foster parent, or a licensed administrator or employee of a public or private residential home, residential school, or other residential institution. (3) Any person who depicts a child in, or who knowingly develops, duplicates, prints, or exchanges, any film, photograph, video tape, negative, or slide in which a child is engaged in an act of obscene sexual conduct, except for those activities by law enforcement and prosecution agencies and other persons described in subdivisions (c) and (e) of Section 311.3.

Penal Code 11165.2. As used in this article, "neglect" means the negligent treatment or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. The term includes both acts and omissions on the part of the responsible person. (a) "Severe neglect" means the negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed nonorganic failure to thrive. "Severe neglect" also means those situations of neglect where any person having the care or custody of a child willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered, as proscribed by Section 11165.3, including the intentional failure to provide adequate food,

clothing, shelter, or medical care. (b) "General neglect" means the negligent failure of a person having the care or custody of a child to provide adequate food, clothing, shelter, medical care, or supervision where no physical injury to the child has occurred. For the purposes of this chapter, a child receiving treatment by spiritual means as provided in Section 16509.1 of the Welfare and Institutions Code or not receiving specified medical treatment for religious reasons, shall not for that reason alone be considered a neglected child. An informed and appropriate medical decision made by parent or guardian after consultation with a physician or physicians who have examined the minor does not constitute neglect.

Penal Code 11165.3. As used in this article, "willful cruelty or unjustifiable punishment of a child" means a situation where any person willfully causes or permits any child to suffer, or inflicts thereon, unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered.

Penal Code 11165.4. As used in this article, "unlawful corporal punishment or injury" means a situation where any person willfully inflicts upon any child any cruel or inhuman corporal punishment or injury resulting in a traumatic condition. It does not include an amount of force that is reasonable and necessary for a person employed by or engaged in a public school to quell a disturbance threatening physical injury to person or damage to property, for purposes of self-defense, or to obtain possession of weapons or other dangerous objects within the control of the pupil, as authorized by Section 49001 of the Education Code. It also does not include the exercise of the degree of physical control authorized by Section 44807 of the Education Code. It also does not include an injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment as a peace officer.

Penal Code 11165.5. As used in this article, "abuse in out-of-home care" means a situation of physical injury on a child which is inflicted by other than accidental means, or of sexual abuse or neglect, or unlawful corporal punishment or injury, or the willful cruelty or unjustifiable punishment of a child, as defined in this article, where the person responsible for the child's welfare is a licensee, administrator, or employee of any facility licensed to care for children, or an administrator or employee of a public or private school or other institution or agency. "Abuse in out-of-home care" does not include an injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment as a peace officer.

Penal Code 11165.6. As used in this article, "child abuse" means a physical injury which is inflicted by other than accidental means on a child by another person. "Child abuse" also means the sexual abuse of a child or any act or omission proscribed by Section 273a (willful cruelty or unjustifiable punishment of a child) or 273d (unlawful corporal punishment or injury). "Child abuse" also means the neglect of a child or abuse in out-of-home care, as defined in this article. "Child abuse" does not mean a mutual affray between minors. "Child abuse" does not include an injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment as a peace officer.

Penal Code 11165.7. (a) As used in this article, "child care custodian" means a teacher; an instructional aide, a teacher's aide, or a teacher's assistant employed by any public or private school, who has been trained in the duties imposed by this article, if the school district has so warranted to the State Department of Education; a classified employee of any public school who has been trained in the duties imposed by this article, if the school has so war-

ranted to the State Department of Education; an administrative officer, supervisor of child welfare and attendance, or certificated pupil personnel employee of any public or private school; an administrator of a public or private day camp; an administrator or employee of a public or private youth center, youth recreation program, or youth organization; an administrator or employee of a public or private organization whose duties require direct contact and supervision of children; a licensee, an administrator, or an employee of a licensed community care or child day care facility; a headstart teacher; a licensing worker or licensing evaluator; a public assistance worker; an employee of a child care institution including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities; a social worker, probation officer, or parole officer; an employee of a school district police or security department; any person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in any public or private school; a district attorney investigator, inspector, or family support officer unless the investigator, inspector, or officer is working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions Code to represent a minor; or a peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of this code, who is not otherwise described in this section. (b) Training in the duties imposed by this article shall include training in child abuse identification and training in child abuse reporting. As part of that training, school districts shall provide to all employees being trained a written copy of the reporting requirements and a written disclosure of the employees' confidentiality rights. (c) School districts which do not train the employees specified in subdivision (a) in the duties of child care custodians under the child abuse reporting laws shall report to the State Department of Education the reasons why this training is not provided. (d) Volunteers of public or private organizations whose duties require direct contact and supervision of children are encouraged to obtain training in the identification and reporting of child abuse.

Penal Code 11165.8. As used in this article, "health practitioner" means any of the following: (a) A physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code. (b) A marriage, family and child counselor. (c) Any emergency medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code. (d) A psychological assistant registered pursuant to Section 2913 of the Business and Professions Code. (e) A marriage, family and child counselor trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code. (f) An unlicensed marriage, family and child counselor intern registered under Section 4980.44 of the Business and Professions Code. (g) A state or county public health employee who treats a minor for venereal disease or any other condition. (h) A coroner. (i) A medical examiner, or any other person who performs autopsies.

Penal Code 11165.9. As used in this article, "child protective agency" means a police or sheriff's department, a county probation department, or a county welfare department. It does not include a school district police or security department.

Penal Code 11165.10. As used in this article, "commercial film and photographic print processor" means any person who develops exposed photographic film into negatives, slides, or prints, or who makes prints from negatives or slides, for compensation. The term includes any employee of such a person; it does not include a person who develops film or makes prints for a public agency.

Penal Code 11165.11. As used in this article, "licensing agency" means the State Department of Social Services office responsible for the licensing and enforcement of the

California Community Care Facilities Act (Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code), the California Child Day Care Act (Chapter 3.4 (commencing with Section 1596.70) of Division 2 of the Health and Safety Code), and Chapter 3.5 (commencing with Section 1596.90) of Division 2 of the Health and Safety Code), or the county licensing agency which has contracted with the state for performance of those duties.

Penal Code 11165.12. As used in this article, the following definitions shall control: (a) "Unfounded report" means a report which is determined by a child protective agency investigator to be false, to be inherently improbable, to involve an accidental injury, or not to constitute child abuse, as defined in Section 11165.6. (b) "Substantiated report" means a report which is determined by a child protective agency investigator, based upon some credible evidence, to constitute child abuse or neglect, as defined in Section 11165.6. (c) "Inconclusive report" means a report which is determined by a child protective agency investigator not to be unfounded, but in which the findings are inconclusive and there is insufficient evidence to determine whether child abuse or neglect, as defined in Section 11165.6, has occurred.

Penal Code 11165.13. For purposes of this article, a positive toxicology screen at the time of the delivery of an infant is not in and of itself a sufficient basis for reporting child abuse or neglect. However, any indication of maternal substance abuse shall lead to an assessment of the needs of the mother and child pursuant to Section 123605 of the Health and Safety Code. If other factors are present that indicate risk to a child, then a report shall be made. However, a report based on risk to a child which relates solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse shall be made only to county welfare departments and not to law enforcement agencies.

Penal Code 11165.14. The local child protective agency shall investigate a child abuse complaint filed by a parent or guardian of a pupil with a school or a local child protective agency against a school employee or other person that commits an act of child abuse, as defined in this article, against a pupil at a schoolsite and shall transmit a substantiated report, as defined in Section 11165.12, of that investigation to the governing board of the appropriate school district or county office of education. A substantiated report received by a governing board of a school district or county office of education shall be subject to the provisions of Section 44031 of the Education Code.

Penal Code 11165.15. As used in this article, "child visitation monitor" means any person who, for financial compensation, acts as monitor of a visit between a child and any other person when the monitoring of that visit has been ordered by a court of law.

Penal Code 11165.16. (a) For the purposes of this article, the following terms have the following meanings: (1) "Animal control officer" means any person employed by a city, county, or city and county for the purpose of enforcing animal control laws or regulations. (2) "Humane society officer" means any person appointed or employed by a public or private entity as a humane officer who is qualified pursuant to Section 14502 or 14503 of the Corporations Code. (b) No firefighter, animal control officer, or humane society officer shall be subject to the reporting requirements of this article unless he or she has received training in identification and reporting of child abuse equivalent to that received by teachers and child care custodians.

Penal Code 11165.17. As used in this article, "clergy member" means a priest, minister, rabbi, religious practitioner, or similar functionary of a church, temple, or recognized religious denomination or organization.

Penal Code 11166. (a) Except as provided in subdivision (b), any child care custodian, health practitioner, employee of a child protective agency, child visitation monitor, firefighter, animal control officer, or humane society officer who has knowledge of or observes a child, in his or her professional capacity or within the scope of his or her employment, whom he or she knows or reasonably suspects has been the victim of child abuse, shall report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. A child protective agency shall be notified and a report shall be prepared and sent even if the child has expired, regardless of whether or not the possible abuse was a factor contributing to the death, and even if suspected child abuse was discovered during an autopsy. For the purposes of this article, "reasonable suspicion" means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse. For the purpose of this article, the pregnancy of a minor does not, in and of itself, constitute a basis of reasonable suspicion of sexual abuse. (b) Any child care custodian, health practitioner, employee of a child protective agency, child visitation monitor, firefighter, animal control officer, or humane society officer who has knowledge of or who reasonably suspects that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way, may report the known or suspected instance of child abuse to a child protective agency. (c) (1) Except as provided in paragraph (2) and subdivision (d), any clergy member who has knowledge of or observes a child, in his or her professional capacity or within the scope of his or her duties, whom he or she knows or reasonably suspects has been the victim of child abuse, shall report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. A child protective agency shall be notified and a report shall be prepared and sent even if the child has expired, regardless of whether or not the possible abuse was a factor contributing to the death. (2) A clergy member who acquires knowledge or reasonable suspicion of child abuse during a penitential communication is not subject to paragraph (1). For the purposes of this subdivision, "penitential communication" means a communication, intended to be in confidence, including, but not limited to, a sacramental confession, made to a clergy member who, in the course of the discipline or practice of his or her church, denomination, or organization, is authorized or accustomed to hear those communications, and under the discipline, tenets, customs, or practices of his or her church, denomination, or organization, has a duty to keep those communications secret. (3) Nothing in this subdivision shall be construed to modify or limit a clergy member's duty to report known or suspected child abuse when he or she is acting in the capacity of a child care custodian, health practitioner, employee of a child protective agency, child visitation monitor, firefighter, animal control officer, humane society officer, or commercial film print processor. (d) Any member of the clergy who has knowledge of or who reasonably suspects that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way may report the known or suspected instance of child abuse to a child protective agency. (e) Any commercial film and photographic print processor who has knowledge of or observes, within the scope of his or her professional capacity or employment, any film, photograph, videotape, negative, or slide depicting a child under the age of 16 years engaged in an act of sexual conduct, shall report the instance of suspected child abuse to the law enforcement agency having jurisdiction over the case immediately, or as soon as practically possible, by telephone, and shall prepare and send a written report of it with a copy of the film, photograph, video-

tape, negative, or slide attached within 36 hours of receiving the information concerning the incident. As used in this subdivision, "sexual conduct" means any of the following: (1) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex or between humans and animals. (2) Penetration of the vagina or rectum by any object. (3) Masturbation for the purpose of sexual stimulation of the viewer. (4) Sadomasochistic abuse for the purpose of sexual stimulation of the viewer. (5) Exhibition of the genitals, pubic, or rectal areas of any person for the purpose of sexual stimulation of the viewer. (f) Any other person who has knowledge of or observes a child whom he or she knows or reasonably suspects has been a victim of child abuse may report the known or suspected instance of child abuse to a child protective agency. (g) When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of child abuse, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report. (h) The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit the reporting duties, and no person making a report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with this article. The internal procedures shall not require any employee required to make reports pursuant to this article to disclose his or her identity to the employer. (i) A county probation or welfare department shall immediately, or as soon as practically possible, report by telephone to the law enforcement agency having jurisdiction over the case, to the agency given the responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code, and to the district attorney's office every known or suspected instance of child abuse, as defined in Section 11165.6, except acts or omissions coming within subdivision (b) of Section 11165.2, or reports made pursuant to Section 11165.13 based on risk to a child which relates solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse, which shall be reported only to the county welfare department. A county probation or welfare department also shall send a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subdivision. A law enforcement agency shall immediately, or as soon as practically possible, report by telephone to the agency given responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code and to the district attorney's office every known or suspected instance of child abuse reported to it, except acts or omissions coming within subdivision (b) of Section 11165.2, which shall be reported only to the county welfare department. A law enforcement agency shall report to the county welfare department every known or suspected instance of child abuse reported to it which is alleged to have occurred as a result of the action of a person responsible for the child's welfare, or as the result of the failure of a person responsible for the child's welfare to adequately protect the minor from abuse when the person responsible for the child's welfare knew or reasonably should have known that the minor was in danger of abuse. A law enforcement agency also shall send a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subdivision.

Penal Code 11166.1. When a child protective agency receives either of the following, it shall, within 24 hours, notify the licensing office with jurisdiction over the facility: (a) A report of abuse alleged to have occurred in facilities licensed to care for children by the

State Department of Social Services. (b) A report of the death of a child who was, at the time of death, living at, enrolled in, or regularly attending a facility licensed to care for children by the State Department of Social Services, unless the circumstances of the child's death are clearly unrelated to the child's care at the facility. The child protective agency shall send the licensing agency a copy of its investigation and any other pertinent materials.

Penal Code 11166.2. In addition to the reports required under Section 11166, a child protective agency shall immediately or as soon as practically possible report by telephone to the appropriate licensing agency every known or suspected instance of child abuse when the instance of abuse occurs while the child is being cared for in a child day care facility, involves a child day care licensed staff person, or occurs while the child is under the supervision of a community care facility or involves a community care facility licensee or staff person. A child protective agency shall also send a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subdivision. A child protective agency shall send the licensing agency a copy of its investigation report and any other pertinent materials.

Penal Code 11166.3. (a) The Legislature intends that in each county the law enforcement agencies and the county welfare or social services department shall develop and implement cooperative arrangements in order to coordinate existing duties in connection with the investigation of suspected child abuse cases. The local law enforcement agency having jurisdiction over a case reported under Section 11166 shall report to the county welfare department that it is investigating the case within 36 hours after starting its investigation. The county welfare department or social services department shall, in cases where a minor is a victim of actions specified in Section 288 of this code and a petition has been filed pursuant to Section 300 of the Welfare and Institutions Code with regard to the minor, in accordance with the requirements of subdivision (c) of Section 288, evaluate what action or actions would be in the best interest of the child victim. Notwithstanding any other provision of law, the county welfare department or social services department shall submit in writing its findings and the reasons therefor to the district attorney on or before the completion of the investigation. The written findings and the reasons therefor shall be delivered or made accessible to the defendant or his or her counsel in the manner specified in Sections 859 and 1430. The child protective agency shall send a copy of its investigative report and any other pertinent materials to the licensing agency upon the request of the licensing agency. (b) The local law enforcement agency having jurisdiction over a case reported under Section 11166 shall report to the district office of the State Department of Social Services any case reported under this section if the case involves a facility specified in paragraph (5) or (6) of Section 1502 or in Section 1596.750 or 1596.76 of the Health and Safety Code and the licensing of the facility has not been delegated to a county agency. The law enforcement agency shall send a copy of its investigation report and any other pertinent materials to the licensing agency upon the request of the licensing agency.

Penal Code 11166.5. (a) On and after January 1, 1985, any person who enters into employment as a child care custodian, health practitioner, firefighter, animal control officer, or humane society officer, or with a child protective agency, prior to commencing his or her employment, and as a prerequisite to that employment, shall sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions. On and after January 1, 1993, any person who acts as a child visitation monitor, as defined in Section 11165.15, prior to engaging in monitoring the first visit in a case, shall sign a statement on a form provided to him or her by the court which ordered the presence of

that third person during the visit, to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions. The statement shall include all of the following provisions: Section 11166 of the Penal Code requires any child care custodian, health practitioner, firefighter, animal control officer, or humane society officer, employee of a child protective agency, or child visitation monitor who has knowledge of, or observes, a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately, or as soon as practically possible, by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. For purposes of this section, "child care custodian" includes teachers; an instructional aide, a teacher's aide, or a teacher's assistant employed by any public or private school, who has been trained in the duties imposed by this article, if the school district has so warranted to the State Department of Education; a classified employee of any public school who has been trained in the duties imposed by this article, if the school has so warranted to the State Department of Education; administrative officers, supervisors of child welfare and attendance, or certificated pupil personnel employees of any public or private school; administrators of a public or private day camp; administrators and employees of public or private youth centers, youth recreation programs, or youth organizations; administrators and employees of public or private organizations whose duties require direct contact and supervision of children and who have been trained in the duties imposed by this article; licensees, administrators, and employees of licensed community care or child day care facilities; headstart teachers; licensing workers or licensing evaluators; public assistance workers; employees of a child care institution including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities; social workers, probation officers, or parole officers; employees of a school district police or security department; any person who is an administrator or a presenter of, or a counselor in, a child abuse prevention program in any public or private school; a district attorney investigator, inspector, or family support officer unless the investigator, inspector, or officer is working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions Code to represent a minor; or a peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of this code, who is not otherwise described in this section. "Health practitioner" includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, optometrists, or any other person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code; marriage, family, and child counselors; emergency medical technicians I or II, paramedics, or other persons certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; psychological assistants registered pursuant to Section 2913 of the Business and Professions Code; marriage, family, and child counselor trainees as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code; unlicensed marriage, family, and child counselor interns registered under Section 4980.44 of the Business and Professions Code; state or county public health employees who treat minors for venereal disease or any other condition; coroners; and paramedics. "Child visitation monitor" means any person as defined in Section 11165.15. The signed statements shall be retained by the employer or the court, as the case may be. The cost of printing, distribution, and filing of these statements shall be borne by the employer or the court. This subdivision is not applicable to persons employed by child protective agencies, public or private youth centers, youth recreation programs, and youth organizations as members of the support staff or maintenance staff and who do not work with, observe, or have knowledge of children as part of their offi-

cial duties. (b) On and after January 1, 1986, when a person is issued a state license or certificate to engage in a profession or occupation, the members of which are required to make a report pursuant to Section 11166, the state agency issuing the license or certificate shall send a statement substantially similar to the one contained in subdivision (a) to the person at the same time as it transmits the document indicating licensure or certification to the person. In addition to the requirements contained in subdivision (a), the statement also shall indicate that failure to comply with the requirements of Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars ($1,000), or by both that imprisonment and fine. (c) As an alternative to the procedure required by subdivision (b), a state agency may cause the required statement to be printed on all application forms for a license or certificate printed on or after January 1, 1986. (d) On and after January 1, 1993, any child visitation monitor, as defined in Section 11165.15, who desires to act in that capacity shall have received training in the duties imposed by this article, including training in child abuse identification and child abuse reporting. The person, prior to engaging in monitoring the first visit in a case, shall sign a statement on a form provided to him or her by the court which ordered the presence of that third person during the visit, to the effect that he or she has received this training. This statement may be included in the statement required by subdivision (a) or it may be a separate statement. This statement shall be filed, along with the statement required by subdivision (a), in the court file of the case for which the visitation monitoring is being provided.

Penal Code 11166.7. (a) Each county may establish an interagency child death team to assist local agencies in identifying and reviewing suspicious child deaths and facilitating communication among persons who perform autopsies and the various persons and agencies involved in child abuse cases. Interagency child death teams have been used successfully to ensure that incidents of child abuse are recognized and other siblings and nonoffending family members receive the appropriate services in cases where a child has expired. (b) Each county may develop a protocol that may be used as a guideline by persons performing autopsies on children to assist coroners and other persons who perform autopsies in the identification of child abuse, in the determination of whether child abuse contributed to death or whether child abuse had occurred prior to but was not the actual cause of death, and in the proper written reporting procedures for child abuse, including the designation of the cause and mode of death. (c) In developing an interagency child death team and an autopsy protocol, each county, working in consultation with local members of the California State Coroner's Association and county child abuse prevention coordinating councils, may solicit suggestions and final comments from persons, including but not limited to, the following: (1) Experts in the field of forensic pathology. (2) Pediatricians with expertise in child abuse. (3) Coroners and medical examiners. (4) Criminologists. (5) District attorneys. (6) Child protective services staff. (7) Law enforcement personnel. (8) Representatives of local agencies which are involved with child abuse reporting. (9) County health department staff who deals with children's health issues. (10) Local professional associations of persons described in paragraphs (1) to (9), inclusive.

Penal Code 11166.8. Subject to available funding, the Attorney General, working with the California Consortium of Child Abuse Councils, shall develop a protocol for the development and implementation of interagency child death teams for use by counties, which shall include relevant procedures for both urban and rural counties. The protocol shall be designed to facilitate communication among persons who perform autopsies and the various persons and agencies involved in child abuse cases so that incidents of child abuse are recognized and other siblings and nonoffending family members receive the appropriate

services in cases where a child has expired. The protocol shall be completed on or before January 1, 1991.

Penal Code 11166.9. (a) (1) The purpose of this section shall be to coordinate and integrate state and local efforts to address fatal child abuse and neglect, and to create a body of information to prevent child deaths. (2) It is the intent of the Legislature that the California State Child Death Review Council, the Department of Justice, the State Department of Social Services, the State Department of Health Services, and state and local child death review teams shall share data and other information necessary to reconcile and integrate the Department of Justice Child Abuse Central Index and Supplemental Homicide File and the State Department of Health Services Vital Statistics as those documents relate to child fatality cases. (b) (1) The Department of Justice is hereby authorized to carry out the purpose of this section with the cooperation of the State Department of Social Services, the State Department of Health Services, the California Coroner's Association, the County Welfare Directors Association, the California Consortium to Prevent Child Abuse, and the California Homicide Investigators Association. These entities working cooperatively together for the purposes of this section shall be known as the California State Child Death Review Council, to be administered by the Department of Justice. It shall be the duty of the California State Child Death Review Council to oversee the statewide coordination and integration of state and local efforts to address fatal child abuse and neglect, and to create a body of information to prevent child deaths. (2) The Department of Justice, after consultation with the agencies and organizations in paragraph (1), may consult with other representatives of other agencies and private organizations, to help accomplish the purpose of this section. (c) Meetings of the agencies and organizations involved shall be convened by a representative of the Department of Justice. All meetings convened between the Department of Justice and any organizations required to carry out the purpose of this section shall take place in this state, not to exceed four meetings per calendar year. (d) To accomplish the purpose of this section, the Department of Justice and agencies and organizations involved may engage in the following activities: (1) Collect, analyze, and interpret state and local data on child death in an annual report to be submitted to local child death review teams with copies to the Governor and the Legislature, no later than July 1 each year. The report shall contain, but not be limited to, information provided by state agencies and the county child death review teams for the preceding year. (2) Develop a state and local data base on child death. (A) The state data may include the Department of Justice Child Abuse Index and Supplemental Homicide File, the State Department of Health Services Vital Statistics, and the State Department of Social Services Foster Care Information System. (B) The Department of Justice, in consultation with the agencies and organizations in paragraph (1) of subdivision (b), may develop a model minimal local data set and request data from local teams for inclusion in the annual report. (3) Distribute a copy of the report to public officials in the state who deal with child abuse issues and to those agencies responsible for child death investigation in each county. (4) Coordinate statewide and local training for county death review teams and the members of the teams, including, but not limited to, training in the application of the Interagency Child Death Investigation Protocols and procedures to identify child deaths associated with abuse established under Sections 11166.7 and 11166.8. (e) The Department of Justice may direct the creation of a statewide child death review team directory, which shall contain the names of the members of the agencies and private organizations participating under this section, and the members of local child death review teams and local liaisons to those teams. The Department of Justice may maintain and update the directory annually. (f) The agencies or private organizations participating under this section shall participate without reimbursement from the state. Costs incurred by par-

ticipants for travel or per diem shall be borne by the participant agency or organization. The participants shall be responsible for collecting and compiling information to be included in the annual report. The Department of Justice shall be responsible for printing and distributing the annual report using available funds and existing resources.

Penal Code 11166.95. The State Department of Social Services shall work with state and local child death review teams and child protective services agencies in order to identify child death cases that were, or should have been, reported to or by county child protective services agencies. Findings made pursuant to this section shall be used to determine the extent of child abuse fatalities occurring in families known to child protective services agencies and to define child welfare training needs for reporting, cross-reporting, data integration, and involvement by child protective services agencies in multiagency review in child deaths. The State Department of Social Services, the State Department of Health Services, and Department of Justice shall develop a plan to track and maintain data on child deaths from abuse and neglect, and submit this plan, not later than December 1, 1997, to the Senate Committee on Health and Human Services, the Assembly Committee on Human Services, and the chairs of the fiscal committees of the Legislature.

Penal Code 11167. (a) A telephone report of a known or suspected instance of child abuse shall include the name of the person making the report, the name of the child, the present location of the child, the nature and extent of the injury, and any other information, including information that led that person to suspect child abuse, requested by the child protective agency. (b) Information relevant to the incident of child abuse may also be given to an investigator from a child protective agency who is investigating the known or suspected case of child abuse. (c) Information relevant to the incident of child abuse may be given to the licensing agency when it is investigating a known or suspected case of child abuse, including the investigation report, and other pertinent materials. (d) The identity of all persons who report under this article shall be confidential and disclosed only between child protective agencies, or to counsel representing a child protective agency, or to the district attorney in a criminal prosecution or in an action initiated under Section 602 of the Welfare and Institutions Code arising from alleged child abuse, or to counsel appointed pursuant to subdivision (c) of Section 317 of the Welfare and Institutions Code, or to the county counsel or district attorney in a proceeding under Part 4 (commencing with Section 7800) of Division 12 of the Family Code or Section 300 of the Welfare and Institutions Code, or to a licensing agency when abuse in out-of-home care is reasonably suspected, or when those persons waive confidentiality, or by court order. No agency or person listed in this subdivision shall disclose the identity of any person who reports under this article to that person' s employer, except with the employee's consent or by court order. (e) Persons who may report pursuant to subdivision (f) of Section 11166 are not required to include their names.

Penal Code 11167.5. (a) The reports required by Sections 11166 and 11166.2 shall be confidential and may be disclosed only as provided in subdivision (b). Any violation of the confidentiality provided by this article is a misdemeanor punishable by imprisonment in a county jail not to exceed six months, by a fine of five hundred dollars ($500), or by both that imprisonment and fine. (b) Reports of suspected child abuse and information contained therein may be disclosed only to the following: (1) Persons or agencies to whom disclosure of the identity of the reporting party is permitted under Section 11167. (2) Persons or agencies to whom disclosure of information is permitted under subdivision (b) of Section 11170. (3) Persons or agencies with whom investigations of child abuse are coordinated under the regulations promulgated under Section 11174. (4) Multidisciplinary personnel teams as defined in subdivision (d) of Section 18951 of the Welfare and Institutions

Code. (5) Persons or agencies responsible for the licensing of facilities which care for children, as specified in Section 11165.7. (6) The State Department of Social Services or any county licensing agency which has contracted with the state, as specified in paragraph (3) of subdivision (b) of Section 11170, when an individual has applied for a community care license or child day care license, or for employment in an out-of-home care facility, or when a complaint alleges child abuse by an operator or employee of an out-of-home care facility. (7) Hospital scan teams. As used in this paragraph, "hospital scan team" means a team of three or more persons established by a hospital, or two or more hospitals in the same county, consisting of health care professionals and representatives of law enforcement and child protective services, the members of which are engaged in the identification of child abuse. The disclosure authorized by this section includes disclosure among all hospital scan teams. (8) Coroners and medical examiners when conducting a postmortem examination of a child. (9) The Board of Prison Terms, who may subpoena an employee of a county welfare department who can provide relevant evidence and reports that (A) are not unfounded, pursuant to Section 11165.12, and (B) concern only the current incidents upon which parole revocation proceedings are pending against a parolee charged with child abuse. The reports and information shall be confidential pursuant to subdivision (d) of Section 11167. (10) Personnel from a child protective agency responsible for making a placement of a child pursuant to Section 361.3 of, and Article 7 (commencing with Section 305) of Chapter 2 of Part 1 of Division 2 of, the Welfare and Institutions Code. (11) Persons who have been identified by the Department of Justice as listed in the Child Abuse Central Index pursuant to subdivision (c) of Section 11170. Nothing in this paragraph shall preclude a submitting agency prior to disclosure from redacting the name, address, and telephone number of a witness, person who reports under this article, or victim in order to maintain confidentiality as required by law. (12) Out-of-state law enforcement agencies conducting an investigation of child abuse only when an agency makes the request for reports of suspected child abuse in writing and on official letterhead, identifying the suspected abuser or victim by name. The request shall be signed by the department supervisor of the requesting law enforcement agency. The written requests shall cite the out-of-state statute or interstate compact provision that requires that the information contained within these reports shall be disclosed only to law enforcement, prosecutorial entities, or multidisciplinary investigative teams, and shall cite the criminal penalties for unlawful disclosure provided by the requesting state or the applicable interstate compact provision. In the absence of a specific out-of-state statute or interstate compact provision that requires that the information contained within these reports shall be disclosed only to law enforcement, prosecutorial entities, or multidisciplinary investigative teams, and criminal penalties equivalent to the penalties in California for unlawful disclosure, access shall be denied. (13) Persons who have verified with the Department of Justice that they are listed in the Child Abuse Central Index as provided by subdivision (e) of Section 11170. Disclosure under this section shall be subject to the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code). Nothing in this section shall preclude a submitting agency prior to disclosure from redacting the name, address, and telephone number of a witness, person who reports under this article, or victim to maintain confidentiality as required by law. (14) Each county child death review team's chairperson, or the chairperson's designee, to whom disclosure of information is permitted under this article, relating to the death of one or more children and any prior child abuse investigation reports maintained involving the same victim, siblings, or suspects. Local child death review teams may share any relevant information regarding case reviews involving child death with other child death review teams. (c) Authorized persons within county health departments shall be permitted to receive copies of any reports made by health practitioners, as defined in Section 11165.8, pursuant to Section 11165.13, and

copies of assessments completed pursuant to Sections 123600 and 123605 of the Health and Safety Code, to the extent permitted by federal law. Any information received pursuant to this subdivision is protected by subdivision (e). (d) Nothing in this section shall be interpreted to require the Department of Justice to disclose information contained in records maintained under Section 11169 or under the regulations promulgated pursuant to Section 11174, except as otherwise provided in this article. (e) This section shall not be interpreted to allow disclosure of any reports or records relevant to the reports of child abuse if the disclosure would be prohibited by any other provisions of state or federal law applicable to the reports or records relevant to the reports of child abuse.

Penal Code 11168. The written reports required by Section 11166 shall be submitted on forms adopted by the Department of Justice after consultation with representatives of the various professional medical associations and hospital associations and county probation or welfare departments. Such forms shall be distributed by the child protective agencies.

Penal Code 11172. (a) No child care custodian, health practitioner, firefighter, clergy member, animal control officer, humane society officer, employee of a child protective agency, child visitation monitor, or commercial film and photographic print processor who reports a known or suspected instance of child abuse shall be civilly or criminally liable for any report required or authorized by this article. Any other person reporting a known or suspected instance of child abuse shall not incur civil or criminal liability as a result of any report authorized by this article unless it can be proven that a false report was made and the person knew that the report was false or was made with reckless disregard of the truth or falsity of the report, and any person who makes a report of child abuse known to be false or with reckless disregard of the truth or falsity of the report is liable for any damages caused. No person required to make a report pursuant to this article, nor any person taking photographs at his or her direction, shall incur any civil or criminal liability for taking photographs of a suspected victim of child abuse, or causing photographs to be taken of a suspected victim of child abuse, without parental consent, or for disseminating the photographs with the reports required by this article. However, this section shall not be construed to grant immunity from this liability with respect to any other use of the photographs. (b) Any child care custodian, health practitioner, firefighter, clergy member, animal control officer, humane society officer, employee of a child protective agency, or child visitation monitor who, pursuant to a request from a child protective agency, provides the requesting agency with access to the victim of a known or suspected instance of child abuse shall not incur civil or criminal liability as a result of providing that access. (c) The Legislature finds that even though it has provided immunity from liability to persons required to report child abuse, that immunity does not eliminate the possibility that actions may be brought against those persons based upon required reports of child abuse. In order to further limit the financial hardship that those persons may incur as a result of fulfilling their legal responsibilities, it is necessary that they not be unfairly burdened by legal fees incurred in defending those actions. Therefore, a child care custodian, health practitioner, firefighter, clergy member, animal control officer, humane society officer, employee of a child protective agency, child visitation monitor, or commercial film and photographic print processor may present a claim to the State Board of Control for reasonable attorneys' fees incurred in any action against that person on the basis of making a report required or authorized by this article if the court has dismissed the action upon a demurrer or motion for summary judgment made by that person, or if he or she prevails in the action. The State Board of Control shall allow that claim if the requirements of this subdivision are met, and the claim shall be paid from an appropriation to be made for that purpose. Attorneys' fees awarded pursuant to this sec-

tion shall not exceed an hourly rate greater than the rate charged by the Attorney General of the State of California at the time the award is made and shall not exceed an aggregate amount of fifty thousand dollars ($50,000). This subdivision shall not apply if a public entity has provided for the defense of the action pursuant to Section 995 of the Government Code. (d) A court may award attorney's fees to a commercial film and photographic print processor when a suit is brought against the processor because of a disclosure mandated by this article and the court finds this suit to be frivolous. (e) Any person who fails to report an instance of child abuse which he or she knows to exist, or reasonably should know to exist, as required by this article, is guilty of a misdemeanor, punishable by confinement in a county jail for a term not to exceed six months, by a fine of not more than one thousand dollars ($1,000), or by both that imprisonment and fine.

Sexual Assault Victim-Counselor Privilege

Evidence Code 912. (a) Except as otherwise provided in this section, the right of any person to claim a privilege provided by Section 954 (lawyer-client privilege), 980 (privilege for confidential marital communications), 994 (physician-patient privilege), 1014 (psychotherapist-patient privilege), 1033 (privilege of penitent), 1034 (privilege of clergyman), or 1035.8 (sexual assault victim-counselor privilege) is waived with respect to a communication protected by such privilege if any holder of the privilege, without coercion, has disclosed a significant part of the communication or has consented to such disclosure made by anyone. Consent to disclosure is manifested by any statement or other conduct of the holder of the privilege indicating consent to the disclosure, including failure to claim the privilege in any proceeding in which the holder has the legal standing and opportunity to claim the privilege. (b) Where two or more persons are joint holders of a privilege provided by Section 954 (lawyer-client privilege), 994 (physician-patient privilege), 1014 (psychotherapist-patient privilege), or 1035.8 (sexual assault victim-counselor privilege), a waiver of the right of a particular joint holder of the privilege to claim the privilege does not affect the right of another joint holder to claim the privilege. In the case of the privilege provided by Section 980 (privilege for confidential marital communications), a waiver of the right of one spouse to claim the privilege does not affect the right of the other spouse to claim the privilege. (c) A disclosure that is itself privileged is not a waiver of any privilege. (d) A disclosure in confidence of a communication that is protected by a privilege provided by Section 954 (lawyer-client privilege), 994 (physician-patient privilege), 1014 (psychotherapist-patient privilege), or 1035.8 (sexual assault victim-counselor privilege), when such disclosure is reasonably necessary for the accomplishment of the purpose for which the lawyer, physician, psychotherapist, or sexual assault counselor was consulted, is not a waiver of the privilege.

Evidence Code 1035.4. As used in this article, "confidential communication between the sexual assault counselor and the victim" means information transmitted between the victim and the sexual assault counselor in the course of their relationship and in confidence by a means which, so far as the victim is aware, discloses the information to no third persons other than those who are present to further the interests of the victim in the consultation or those to whom disclosures are reasonably necessary for the transmission of the information or an accomplishment of the purposes for which the sexual assault counselor is consulted. The term includes all information regarding the facts and circumstances involving the alleged sexual assault and also includes all information regarding the victim's prior or subsequent sexual conduct, and opinions regarding the victim's sexual conduct or reputation in sexual matters. The court may compel disclosure of information received by the sexual assault counselor which constitutes relevant evidence of the facts and circum-

stances involving an alleged sexual assault about which the victim is complaining and which is the subject of a criminal proceeding if the court determines that the probative value outweighs the effect on the victim, the treatment relationship, and the treatment services if disclosure is compelled. The court may also compel disclosure in proceedings related to child abuse if the court determines the probative value outweighs the effect on the victim, the treatment relationship, and the treatment services if disclosure is compelled. When a court is ruling on a claim of privilege under this article, the court may require the person from whom disclosure is sought or the person authorized to claim the privilege, or both, to disclose the information in chambers out of the presence and hearing of all persons except the person authorized to claim the privilege and such other persons as the person authorized to claim the privilege is willing to have present. If the judge determines that the information is privileged and must not be disclosed, neither he or she nor any other person may ever disclose, without the consent of a person authorized to permit disclosure, what was disclosed in the course of the proceedings in chambers. If the court determines certain information shall be disclosed, the court shall so order and inform the defendant. If the court finds there is a reasonable likelihood that particular information is subject to disclosure pursuant to the balancing test provided in this section, the following procedure shall be followed: (1) The court shall inform the defendant of the nature of the information which may be subject to disclosure. (2) The court shall order a hearing out of the presence of the jury, if any, and at the hearing allow the questioning of the sexual assault counselor regarding the information which the court has determined may be subject to disclosure. (3) At the conclusion of the hearing, the court shall rule which items of information, if any, shall be disclosed. The court may make an order stating what evidence may be introduced by the defendant and the nature of questions to be permitted. The defendant may then offer evidence pursuant to the order of the court. Admission of evidence concerning the sexual conduct of the complaining witness is subject to Sections 352, 782, and 1103.

Evidence Code 1035.6. As used in this article, "holder of the privilege" means: (a) The victim when such person has no guardian or conservator. (b) A guardian or conservator of the victim when the victim has a guardian or conservator. (c) The personal representative of the victim if the victim is dead.

Evidence Code 1035.8. A victim of a sexual assault, whether or not a party, has a privilege to refuse to disclose, and to prevent another from disclosing, a confidential communication between the victim and a sexual assault victim counselor if the privilege is claimed by: (a) The holder of the privilege; (b) A person who is authorized to claim the privilege by the holder of the privilege; or (c) The person who was the sexual assault victim counselor at the time of the confidential communication, but such person may not claim the privilege if there is no holder of the privilege in existence or if he is otherwise instructed by a person authorized to permit disclosure.

Evidence Code 1036. The sexual assault victim counselor who received or made a communication subject to the privilege under this article shall claim the privilege whenever he is present when the communication is sought to be disclosed and is authorized to claim the privilege under subdivision (c) of Section 1035.8.

Survivor Rights

RIGHT TO SEXUAL ASSAULT COUNSELOR

Penal Code 264.2. (a) Whenever there is an alleged violation of Section 261, 261.5, 262, 286, 288a, or 289, the law enforcement officer assigned to the case shall immediate-

ly provide the victim of the crime with the "Victims of Domestic Violence" card, as specified in paragraph (5) of subdivision (i) of Section 13701 of the Penal Code. (b) (1) The law enforcement officer, or his or her agency, shall immediately notify the local rape victim counseling center whenever a victim of an alleged violation of Section 261, 261.5, 262, 286, 288a, or 289 is transported to a hospital for any medical evidentiary or physical examination. The victim shall have the right to have a sexual assault victim counselor, as defined in Section 1035.2 of the Evidence Code, and at least one other support person of the victim's choosing present at any medical evidentiary or physical examination. (2) Prior to the commencement of any initial medical evidentiary or physical examination arising out of a sexual assault, a victim shall be notified orally or in writing by the attending medical provider that the victim has the right to have present a sexual assault victim counselor and at least one other support person of the victim's choosing. (3) The hospital may verify with the law enforcement officer, or his or her agency, whether the local rape victim counseling center has been notified, upon the approval of the victim.

RIGHT TO ANONYMITY

Penal Code 136.7. Every person imprisoned in a county jail or the state prison who has been convicted of a sexual offense, including, but not limited to, a violation of Section 243.4, 261, 261.5, 262, 264.1, 266, 266a, 266b, 266c, 266f, 285, 286, 288, 288a, or 289, who knowingly reveals the name and address of any witness or victim to that offense to any other prisoner with the intent that the other prisoner will intimidate or harass the witness or victim through the initiation of unauthorized correspondence with the witness or victim, is guilty of a public offense, punishable by imprisonment in the county jail not to exceed one year, or by imprisonment in the state prison. Nothing in this section shall prevent the interviewing of witnesses.

Penal Code 293. (a) Any employee of a law enforcement agency who personally receives a report from any person, alleging that the person making the report has been the victim of a sex offense, shall inform that person that his or her name will become a matter of public record unless he or she requests that it not become a matter of public record, pursuant to Section 6254 of the Government Code. (b) Any written report of an alleged sex offense shall indicate that the alleged victim has been properly informed pursuant to subdivision (a) and shall memorialize his or her response. (c) No law enforcement agency shall disclose to any person, except the prosecutor, parole officers of the Department of Corrections, hearing officers of the parole authority, or other persons or public agencies where authorized or required by law, the address of a person who alleges to be the victim of a sex offense. (d) No law enforcement agency shall disclose to any person, except the prosecutor, parole officers of the Department of Corrections, hearing officers of the parole authority, or other persons or public agencies where authorized or required by law, the name of a person who alleges to be the victim of a sex offense, if that person has elected to exercise his or her right pursuant to this section and Section 6254 of the Government Code. (e) For purposes of this section, sex offense means any crime listed in paragraph (2) of subdivision (f) of Section 6254 of the Government Code which is also defined in Chapter 1 (commencing with Section 261) or Chapter 5 (commencing with Section 281) of Part 1 of Title 9. (f) Parole officers of the Department of Corrections and hearing officers of the parole authority shall be entitled to receive information pursuant to subdivisions (c) and (d) only if the person to whom the information pertains alleges that he or she is the victim of a sex offense, the alleged perpetrator of which is a parolee who is alleged to have committed the sex offense while on parole.

Penal Code 293.5. (a) Except as provided in Chapter 10 (commencing with Section 1054) of Part 2 of Title 7, or for cases in which the alleged victim of a sex offense, as spec-

ified in subdivision (e) of Section 293, has not elected to exercise his or her right pursuant to Section 6254 of the Government Code, the court, at the request of the alleged victim, may order the identity of the alleged victim in all records and during all proceedings to be either Jane Doe or John Doe, if the court finds that such an order is reasonably necessary to protect the privacy of the person and will not unduly prejudice the prosecution or the defense. (b) If the court orders the alleged victim to be identified as Jane Doe or John Doe pursuant to subdivision (a) and if there is a jury trial, the court shall instruct the jury, at the beginning and at the end of the trial, that the alleged victim is being so identified only for the purpose of protecting his or her privacy pursuant to this section.

Penal Code 1054.2. (a) (1) Except as provided in paragraph (2), no attorney may disclose or permit to be disclosed to a defendant, members of the defendant's family, or anyone else, the address or telephone number of a victim or witness whose name is disclosed to the attorney pursuant to subdivision (a) of Section 1054.1, unless specifically permitted to do so by the court after a hearing and a showing of good cause. (2) Notwithstanding paragraph (1), an attorney may disclose or permit to be disclosed the address or telephone number of a victim or witness to persons employed by the attorney or to persons appointed by the court to assist in the preparation of a defendant's case if that disclosure is required for that preparation. Persons provided this information by an attorney shall be informed by the attorney that further dissemination of the information, except as provided by this section, is prohibited. (3) Willful violation of this subdivision by an attorney, persons employed by the attorney, or persons appointed by the court is a misdemeanor. (b) If the defendant is acting as his or her own attorney, the court shall endeavor to protect the address and telephone number of a victim or witness by providing for contact only through a private investigator licensed by the Department of Consumer Affairs and appointed by the court or by imposing other reasonable restrictions, absent a showing of good cause as determined by the court.

RIGHTS AS A WITNESS

Penal Code 637.4. (a) No state or local governmental agency involved in the investigation or prosecution of crimes, or any employee thereof, shall require or request any complaining witness, in a case involving the use of force, violence, duress, menace, or threat of great bodily harm in the commission of any sex offense, to submit to a polygraph examination as a prerequisite to filing an accusatory pleading. (b) Any person who has been injured by a violator of this section may bring an action against the violator for his actual damages or one thousand dollars ($1,000), whichever is greater.

Penal Code 679. In recognition of the civil and moral duty of victims and witnesses of crime to fully and voluntarily cooperate with law enforcement and prosecutorial agencies, and in further recognition of the continuing importance of this citizen cooperation to state and local law enforcement efforts and the general effectiveness and well-being of the criminal justice system of this state, the Legislature declares its intent, in the enactment of this title, to ensure that all victims and witnesses of crime are treated with dignity, respect, courtesy, and sensitivity. It is the further intent that the rights enumerated in Section 679.02 relating to victims and witnesses of crime are honored and protected by law enforcement agencies, prosecutors, and judges in a manner no less vigorous than the protections afforded criminal defendants. It is the intent of the Legislature to add to Section 679.02 references to new rights as or as soon after they are created. The failure to enumerate in that section a right which is enumerated elsewhere in the law shall not be deemed to diminish the importance or enforceability of that right.

Penal Code 679.02. (a) The following are hereby established as the statutory rights of victims and witnesses of crimes: (1) To be notified as soon as feasible that a court proceeding to which he or she has been subpoenaed as a witness will not proceed as scheduled, provided the prosecuting attorney determines that the witness' attendance is not required. (2) Upon request of the victim or a witness, to be informed by the prosecuting attorney of the final disposition of the case, as provided by Section 11116.10. (3) For the victim, the victim's parents or guardian if the victim is a minor, or the next of kin of the victim if the victim has died, to be notified of all sentencing proceedings, and of the right to appear, to reasonably express his or her views, have those views preserved by audio or video means as provided in Section 1191.16, and to have the court consider his or her statements, as provided by Sections 1191.1 and 1191.15. (4) For the victim, the victim's parents or guardian if the victim is a minor, or the next of kin of the victim if the victim has died, to be notified of all juvenile disposition hearings in which the alleged act would have been a felony if committed by an adult, and of the right to attend and to express his or her views, as provided by Section 656.2 of the Welfare and Institutions Code. (5) Upon request by the victim or the next of kin of the victim if the victim has died, to be notified of any parole eligibility hearing and of the right to appear, either personally as provided by Section 3043 of this code, or by other means as provided by Sections 3043.2 and 3043.25 of this code, to reasonably express his or her views, and to have his or her statements considered, as provided by Section 3043 of this code and by Section 1767 of the Welfare and Institutions Code. (6) Upon request by the victim or the next of kin of the victim if the crime was a homicide, to be notified of an inmate's placement in a reentry or work furlough program, or notified of the inmate's escape as provided by Section 11155. (7) To be notified that he or she may be entitled to witness fees and mileage, as provided by Section 1329.1. (8) For the victim, to be provided with information concerning the victim's right to civil recovery and the opportunity to be compensated from the Restitution Fund pursuant to Chapter 5 (commencing with Section 13959) of Part 4 of Division 3 of Title 2 of the Government Code and Section 1191.2 of this code. (9) To the expeditious return of his or her property which has allegedly been stolen or embezzled, when it is no longer needed as evidence, as provided by Chapter 12 (commencing with Section 1407) and Chapter 13 (commencing with Section 1417) of Title 10 of Part 2. (10) To an expeditious disposition of the criminal action. (11) To be notified, if applicable, in accordance with Sections 679.03 and 3058.8 if the defendant is to be placed on parole. (12) To be notified by the district attorney's office where the case involves a violent felony, as defined in subdivision (c) of Section 667.5, or in the event of a homicide, the victim's next of kin, of a pending pretrial disposition before a change of plea is entered before a judge. (A) A victim of any felony may request to be notified, by the district attorney's office, of a pretrial disposition. (B) If it is not possible to notify the victim of the pretrial disposition before the change of plea is entered, the district attorney's office or the county probation department shall notify the victim as soon as possible. (C) The victim may be notified by any reasonable means available. Nothing in this paragraph is intended to affect the right of the people and the defendant to an expeditious disposition as provided in Section 1050. (13) For the victim, to be notified by the district attorney's office of the right to request, upon a form provided by the district attorney's office, and receive a notice pursuant to paragraph (14), if the defendant is convicted of any of the following offenses: (A) Assault with intent to commit rape, sodomy, oral copulation, or any violation of Section 264.1, 288, or 289, in violation of Section 220. (B) A violation of Section 207 or 209 committed with the intent to commit a violation of Section 261, 262, 286, 288, 288a, or 289. (C) Rape, in violation of Section 261. (D) Oral copulation, in violation of

Section 288a. (E) Sodomy, in violation of Section 286. (F) A violation of Section 288. (G) A violation of Section 289. (14) When a victim has requested notification pursuant to paragraph (13), the sheriff shall inform the victim that the person who was convicted of the offense has been ordered to be placed on probation, and give the victim notice of the proposed date upon which the person will be released from the custody of the sheriff. (b) The rights set forth in subdivision (a) shall be set forth in the information and educational materials prepared pursuant to Section 13897.1. The information and educational materials shall be distributed to local law enforcement agencies and local victims' programs by the Victims' Legal Resource Center established pursuant to Chapter 11 (commencing with Section 13897) of Title 6 of Part 4. (c) Local law enforcement agencies shall make available copies of the materials described in subdivision (b) to victims and witnesses. (d) Nothing in this section is intended to affect the rights and services provided to victims and witnesses by the local assistance centers for victims and witnesses.

RIGHT TO VICTIM ADVOCATE AND SUPPORT PERSON

Penal Code 679.04. (a) A victim of sexual assault as the result of any offense specified in paragraph (1) of subdivision (b) of Section 264.2 has the right to have victim advocates and a support person of the victim' s choosing present at any interview by law enforcement authorities, district attorneys, or defense attorneys. However, the support person may be excluded from an interview by law enforcement or the district attorney if the law enforcement authority or the district attorney determines that the presence of that individual would be detrimental to the purpose of the interview. As used in this section, "victim advocate" means a sexual assault victim counselor, as defined in Section 1035.2 of the Evidence Code, or a victim advocate working in a center established under Article 2 (commencing with Section 13835) of Chapter 4 of Title 6 of Part 4. (b) (1) Prior to the commencement of the initial interview by law enforcement authorities or the district attorney pertaining to any criminal action arising out of a sexual assault, a victim of sexual assault as the result of any offense specified in Section 264.2 shall be notified orally or in writing by the attending law enforcement authority or district attorney that the victim has the right to have victim advocates and a support person of the victim's choosing present at the interview or contact. This subdivision applies to investigators and agents employed or retained by law enforcement or the district attorney. (2) At the time the victim is advised of his or her rights pursuant to paragraph (1), the attending law enforcement authority or district attorney shall also advise the victim of the right to have victim advocates and a support person present at any interview by the defense attorney or investigators or agents employed by the defense attorney. (c) An initial investigation by law enforcement to determine whether a crime has been committed and the identity of the suspects shall not constitute a law enforcement interview for purposes of this section.

RIGHT TO BE PRESENT THROUGHOUT CRIMINAL JUSTICE PROCESS

1191.1. The victim of any crime, or the parents or guardians of the victim if the victim is a minor, or the next of kin of the victim if the victim has died, have the right to attend all sentencing proceedings under this chapter and shall be given adequate notice by the probation officer of all sentencing proceedings concerning the person who committed the crime. The victim, or up to two of the victim's parents or guardians if the victim is a minor, or the next of kin of the victim if the victim has died, have the right to appear, personally or by counsel, at the sentencing proceeding and to reasonably express his, her, or their views concerning the crime, the person responsible, and the need for restitution. The court in imposing sentence shall consider the statements of victims, parents or

guardians, and next of kin made pursuant to this section and shall state on the record its conclusion concerning whether the person would pose a threat to public safety if granted probation. The provisions of this section shall not be amended by the Legislature except by statute passed in each house by roll call vote entered in the journal, two-thirds of the membership concurring, or by a statute that becomes effective only when approved by the electors.

RIGHT TO REQUEST AIDS TESTING OF PERPETRATOR

1202.1. (a) Notwithstanding Sections 120975 and 120990 of the Health and Safety Code, the court shall order every person who is convicted of, or adjudged by the court to be a person described by Section 601 or 602 of the Welfare and Institutions Code as provided in Section 725 of the Welfare and Institutions Code by reason of a violation of, a sexual offense listed in subdivision (e), whether or not a sentence or fine is imposed or probation is granted, to submit to a blood test for evidence of antibodies to the probable causative agent of acquired immune deficiency syndrome (AIDS). Each person tested under this section shall be informed of the results of the blood test. (b) Notwithstanding Section 120980 of the Health and Safety Code, the results of the blood test to detect antibodies to the probable causative agent of AIDS shall be transmitted by the clerk of the court to the Department of Justice and the local health officer. (c) Notwithstanding Section 120980 of the Health and Safety Code, the Department of Justice shall provide the results of a test or tests as to persons under investigation or being prosecuted under Section 647f or 12022.85, if the results are on file with the department, to the defense attorney upon request; and the results also shall be available to the prosecuting attorney upon request for the purpose of either preparing counts for a subsequent offense under Section 647f or sentence enhancement under Section 12022.85 or complying with subdivision (d). (d) (1) In every case in which a person is convicted of a sexual offense listed in subdivision (e) or adjudged by the court to be a person described by Section 601 or 602 of the Welfare and Institutions Code as provided in Section 725 of the Welfare and Institutions Code by reason of the commission of a sexual offense listed in subdivision (e), the prosecutor or the prosecutor's victim-witness assistance bureau shall advise the victim of his or her right to receive the results of the blood test performed pursuant to subdivision (a). The prosecutor or the prosecutor's victim-witness assistance bureau shall refer the victim to the local health officer for counseling to assist him or her in understanding the extent to which the particular circumstances of the crime may or may not have placed the victim at risk of transmission of human immunodeficiency virus (HIV) from the accused, to ensure that the victim understands the limitations and benefits of current tests for HIV, and to assist the victim in determining whether he or she should make the request. (2) Notwithstanding any other law, upon the victim's request, the local health officer shall be responsible for disclosing test results to the victim who requested the test and the person who was tested. However, as specified in subdivision (g), positive test results shall not be disclosed to the victim or the person who was tested without offering or providing professional counseling appropriate to the circumstances as follows: (A) To help the victim understand the extent to which the particular circumstances of the crime may or may not have put the victim at risk of transmission of HIV from the perpetrator. (B) To ensure that the victim understands both the benefits and limitations of the current tests for HIV. (C) To obtain referrals to appropriate health care and support services. (e) For purposes of this section, "sexual offense" includes any of the following: (1) Rape in violation of Section 261. (2) Unlawful intercourse with a person under 18 years of age in violation of Section 261.5. (3) Rape of a spouse in violation of Section 262. (4) Sodomy in violation of Section 286. (5) Oral copulation in violation of Section 288a. (6) Lewd or lascivious acts with a child in violation of Section 288, if the court finds that

there is probable cause to believe that blood, semen, or any other bodily fluid capable of transmitting HIV has been transferred from the defendant to the victim. For purposes of this paragraph, the court shall note its finding on the court docket and minute order if one is prepared. (f) Any blood tested pursuant to subdivision (a) shall be subjected to appropriate confirmatory tests to ensure accuracy of the first test results, and under no circumstances shall test results be transmitted to the victim or the person who is tested unless any initially reactive test result has been confirmed by appropriate confirmatory tests for positive reactors. (g) The local health officer shall be responsible for disclosing test results to the victim who requested the test and the person who was tested. However, positive test results shall not be disclosed to the victim or the person who was tested without offering or providing professional counseling appropriate to the circumstances. (h) The local health officer and the victim shall comply with all laws and policies relating to medical confidentiality, subject to the disclosure authorized by subdivisions (g) and (i). (i) Any victim who receives information from the local health officer pursuant to subdivision (g) may disclose the information as he or she deems necessary to protect his or her health and safety or the health and safety of his or her family or sexual partner. (j) Any person who transmits test results or discloses information pursuant to this section shall be immune from civil liability for any action taken in compliance with this section.

Restraining Orders

Code of Civil Procedure 527.6. (a) A person who has suffered harassment as defined in subdivision (b) may seek a temporary restraining order and an injunction prohibiting harassment as provided in this section. (b) For the purposes of this section, "harassment" is unlawful violence, a credible threat of violence, or a knowing and willful course of conduct directed at a specific person that seriously alarms, annoys, or harasses the person, and that serves no legitimate purpose. The course of conduct must be such as would cause a reasonable person to suffer substantial emotional distress, and must actually cause substantial emotional distress to the plaintiff. As used in this subdivision: (1) "Unlawful violence" is any assault or battery, or stalking as prohibited in Section 646.9 of the Penal Code, but shall not include lawful acts of self-defense or defense of others. (2) "Credible threat of violence" is a knowing and willful statement or course of conduct that would place a reasonable person in fear for his or her safety, or the safety of his or her immediate family, and that serves no legitimate purpose. (3) "Course of conduct" is a pattern of conduct composed of a series of acts over a period of time, however short, evidencing a continuity of purpose, including following or stalking an individual, making harassing telephone calls to an individual, or sending harassing correspondence to an individual by any means including, but not limited to, the use of public or private mails, interoffice mail, fax, or computer e-mail. Constitutionally protected activity is not included within the meaning of "course of conduct." (c) Upon filing a petition for an injunction under this section, the plaintiff may obtain a temporary restraining order in accordance with Section **527**, except to the extent this section provides a rule that is inconsistent. A temporary restraining order may be issued with or without notice upon an affidavit that, to the satisfaction of the court, shows reasonable proof of harassment of the plaintiff by the defendant, and that great or irreparable harm would result to the plaintiff. In the discretion of the court, and on a showing of good cause, a temporary restraining order issued under this section may include other named family or household members who reside with the plaintiff. A temporary restraining order issued under this section shall remain in effect, at the court's discretion, for a period not to exceed 15 days, or, if the court extends the time for hearing under subdivision (d), not to exceed 22 days, unless otherwise modified or terminated by the court. (d) Within 15 days, or, if good cause appears to the court, 22

days, from the date the temporary restraining order is issued, a hearing shall be held on the petition for the injunction. The defendant may file a response that explains, excuses, justifies, or denies the alleged harassment or may file a cross-complaint under this section. At the hearing, the judge shall receive any testimony that is relevant, and may make an independent inquiry. If the judge finds by clear and convincing evidence that unlawful harassment exists, an injunction shall issue prohibiting the harassment. An injunction issued pursuant to this section shall have a duration of not more than three years. At any time within the three months before the expiration of the injunction, the plaintiff may apply for a renewal of the injunction by filing a new petition for an injunction under this section. (e) Nothing in this section shall preclude either party from representation by private counsel or from appearing on the party's own behalf. (f) In a proceeding under this section where there are allegations or threats of domestic violence, a support person may accompany a party in court and, where the party is not represented by an attorney, may sit with the party at the table that is generally reserved for the party and the party's attorney. The support person is present to provide moral and emotional support for a person who alleges he or she is a victim of domestic violence. The support person is not present as a legal adviser and shall not give legal advice. The support person shall assist the person who alleges he or she is a victim of domestic violence in feeling more confident that he or she will not be injured or threatened by the other party during the proceedings where the person who alleges he or she is a victim of domestic violence and the other party must be present in close proximity. Nothing in this subdivision precludes the court from exercising its discretion to remove the support person from the courtroom if the court believes the support person is prompting, swaying, or influencing the party assisted by the support person. (g) Upon filing of a petition for an injunction under this section, the defendant shall be personally served with a copy of the petition, temporary restraining order, if any, and notice of hearing of the petition. Service shall be made at least five days before the hearing. The court may for good cause, on motion of the plaintiff or on its own motion, shorten the time for service on the defendant. (h) The court shall order the plaintiff or the attorney for the plaintiff to deliver a copy of each temporary restraining order or injunction, or modification or termination thereof, granted under this section, by the close of the business day on which the order was granted, to the law enforcement agencies within the court's discretion as are requested by the plaintiff. Each appropriate law enforcement agency shall make available information as to the existence and current status of these orders to law enforcement officers responding to the scene of reported harassment. An order issued under this section shall, on request of the plaintiff, be served on the defendant, whether or not the defendant has been taken into custody, by any law enforcement officer who is present at the scene of reported harassment involving the parties to the proceeding. The plaintiff shall provide the officer with an endorsed copy of the order and a proof of service that the officer shall complete and send to the issuing court. Upon receiving information at the scene of an incident of harassment that a protective order has been issued under this section, or that a person who has been taken into custody is the subject of an order, if the protected person cannot produce a certified copy of the order, a law enforcement officer shall immediately attempt to verify the existence of the order. If the law enforcement officer determines that a protective order has been issued, but not served, the officer shall immediately notify the defendant of the terms of the order and shall at that time also enforce the order. Verbal notice of the terms of the order shall constitute service of the order and is sufficient notice for the purposes of this section and for the purposes of Section 273.**6** and subdivision (g) of Section 12021 of the Penal Code. (i) The prevailing party in any action brought under this section may be awarded court costs and attorney's fees, if any. (j) Any willful disobedience of any temporary restraining order or injunction granted under this section is punishable

pursuant to Section 273.**6** of the Penal Code. (k) This section does not apply to any action or proceeding covered by Title 1.6C (commencing with Section 1788) of the **Civil** Code or by Division 10 (commencing with Section 6200) of the Family Code. Nothing in this section shall preclude a plaintiff's right to use other existing **civil** remedies. (l) The Judicial Council shall promulgate forms and instructions therefor, and rules for service of process, scheduling of hearings, and any other matters required by this section. The petition and response forms shall be simple and concise.

Rape Shield Law

Evidence Code 1106. (a) In any civil action alleging conduct which constitutes sexual harassment, sexual assault, or sexual battery, opinion evidence, reputation evidence, and evidence of specific instances of plaintiff's sexual conduct, or any of such evidence, is not admissible by the defendant in order to prove consent by the plaintiff or the absence of injury to the plaintiff, unless the injury alleged by the plaintiff is in the nature of loss of consortium. (b) Subdivision (a) shall not be applicable to evidence of the plaintiff's sexual conduct with the alleged perpetrator. (c) If the plaintiff introduces evidence, including testimony of a witness, or the plaintiff as a witness gives testimony, and the evidence or testimony relates to the plaintiff's sexual conduct, the defendant may cross-examine the witness who gives the testimony and offer relevant evidence limited specifically to the rebuttal of the evidence introduced by the plaintiff or given by the plaintiff. (d) Nothing in this section shall be construed to make inadmissible any evidence offered to attack the credibility of the plaintiff as provided in Section 783.

Requirement of Bilingual Services

Evidence Code 7292. Every state agency, as defined in Section 11000, except the State Compensation Insurance Fund, directly involved in the furnishing of information or the rendering of services to the public whereby contact is made with a substantial number of non-English-speaking people, shall employ a sufficient number of qualified bilingual persons in public contact positions to ensure provision of information and services to the public, in the language of the non-English-speaking person.

Health and Safety Code 1259. (a) The Legislature finds and declares that California is becoming a land of people whose languages and cultures give the state a global quality. The Legislature further finds and declares that access to basic health care services is the right of every resident of the state, and that access to information regarding basic health care services is an essential element of that right. Therefore, it is the intent of the Legislature that where language or communication barriers exist between patients and the staff of any general acute care hospital, arrangements shall be made for interpreters or bilingual professional staff to ensure adequate and speedy communication between patients and staff. (b) As used in this section: (1) "Interpreter" means a person fluent in English and in the necessary second language, who can accurately speak, read, and readily interpret the necessary second language, or a person who can accurately sign and read sign language. Interpreters shall have the ability to translate the names of body parts and to describe competently symptoms and injuries in both languages. Interpreters may include members of the medical or professional staff. (2) "Language or communication barriers" means: (A) With respect to spoken language, barriers which are experienced by individuals who are limited-English-speaking or non-English-speaking individuals who speak the same primary language and who comprise at least 5 percent of the population of the geographical area served by the hospital or of the actual patient population of the

hospital. In cases of dispute, the state department shall determine, based on objective data, whether the 5 percent population standard applies to a given hospital. (B) With respect to sign language, barriers which are experienced by individuals who are deaf and whose primary language is sign language. (c) To ensure access to health care information and services for limited-English-speaking or non-English-speaking residents and deaf residents, licensed general acute care hospitals shall: (1) Review existing policies regarding interpreters for patients with limited-English proficiency and for patients who are deaf, including the availability of staff to act as interpreters. (2) Adopt and review annually a policy for providing language assistance services to patients with language or communication barriers. The policy shall include procedures for providing, to the extent possible, as determined by the hospital, the use of an interpreter whenever a language or communication barrier exists, except where the patient, after being informed of the availability of the interpreter service, chooses to use a family member or friend who volunteers to interpret. The procedures shall be designed to maximize efficient use of interpreters and minimize delays in providing interpreters to patients. The procedures shall ensure, to the extent possible, as determined by the hospital, that interpreters are available, either on the premises or accessible by telephone, 24 hours a day. The hospital shall annually transmit to the state department a copy of the updated policy and shall include a description of its efforts to ensure adequate and speedy communication between patients with language or communication barriers and staff. (3) Develop, and post in conspicuous locations, notices that advise patients and their families of the availability of interpreters, the procedure for obtaining an interpreter and the telephone numbers where complaints may be filed concerning interpreter service problems, including, but not limited to, a T.D.D. number for the hearing impaired. The notices shall be posted, at a minimum, in the emergency room, the admitting area, the entrance, and in outpatient areas. Notices shall inform patients that interpreter services are available upon request, shall list the languages for which interpreter services are available, shall instruct patients to direct complaints regarding interpreter services to the state department, and shall provide the local address and telephone number of the state department, including, but not limited to, a T.D.D. number for the hearing impaired. (4) Identify and record a patient's primary language and dialect on one or more of the following: patient medical chart, hospital bracelet, bedside notice, or nursing card. (5) Prepare and maintain as needed a list of interpreters who have been identified as proficient in sign language and in the languages of the population of the geographical area serviced who have the ability to translate the names of body parts, injuries, and symptoms. (6) Notify employees of the hospital's commitment to provide interpreters to all patients who request them. (7) Review all standardized written forms, waivers, documents, and informational materials available to patients upon admission to determine which to translate into languages other than English. (8) Consider providing its nonbilingual staff with standardized picture and phrase sheets for use in routine communications with patients who have language or communication barriers. (9) Consider developing community liaison groups to enable the hospital and the limited-English-speaking and deaf communities to ensure the adequacy of the interpreter services. (d) Noncompliance with this section shall be reportable to licensing authorities. (e) Section 1290 shall not apply to this section.

Standards for Medical-Legal Exam

Penal Code 13823.5. (a) The Office of Criminal Justice Planning, with the assistance of the advisory committee established pursuant to Section 13836, shall establish a protocol for the examination and treatment of victims of sexual assault and attempted sexual

assault, including child molestation, and the collection and preservation of evidence therefrom. The protocol shall contain recommended methods for meeting the standards specified in Section 13823.11. (b) In addition to the protocol, the office shall develop informational guidelines, containing general reference information on evidence collection, examination of victims and psychological and medical treatment for victims of sexual assault and attempted sexual assault, including child molestation. In developing the protocol and the informational guidelines, the office and the advisory committee shall seek the assistance and guidance of organizations assisting victims of sexual assault; qualified health care professionals, criminalists, and administrators who are familiar with emergency room procedures; victims of sexual assault; and law enforcement officials. (c) The office, in cooperation with the State Department of Health Services and the Department of Justice, shall adopt a standard and a complete form or forms for the recording of medical and physical evidence data disclosed by a victim of sexual assault or attempted sexual assault, including child molestation. Each qualified health care professional who conducts an examination for evidence of a sexual assault or an attempted sexual assault, including child molestation, shall use the standard form adopted pursuant to this section, and shall make such observations and perform such tests as may be required for recording of the data required by the form. The forms shall be subject to the same principles of confidentiality applicable to other medical records. The office shall make copies of the standard form or forms available to every public or private general acute care hospital, as requested. The standard form shall be used to satisfy the reporting requirements specified in Sections 11160 and 11161 in cases of sexual assault, and may be used in lieu of the form specified in Section 11168 for reports of child abuse. (d) The office shall distribute copies of the protocol and the informational guidelines to every general acute care hospital, law enforcement agency, and prosecutor's office in the state. (e) As used in this chapter, "qualified health care professional" means a physician and surgeon currently licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code, or a nurse currently licensed pursuant to Chapter 6 (commencing with Section 2700) of Division 2 of the Business and Professions Code and working in consultation with a physician and surgeon who conducts examinations or provides treatment as described in Section 13823.9 in a general acute care hospital or in a physician and surgeon's office.

13823.11. The minimum standards for the examination and treatment of victims of sexual assault or attempted sexual assault, including child molestation and the collection and preservation of evidence therefrom include all of the following: (a) Law enforcement authorities shall be notified. (b) In conducting the physical examination, the outline indicated in the form adopted pursuant to subdivision (c) of Section 13823.5 shall be followed. (c) Consent for a physical examination, treatment, and collection of evidence shall be obtained. (1) Consent to an examination for evidence of sexual assault shall be obtained prior to the examination of a victim of sexual assault and shall include separate written documentation of consent to each of the following: (A) Examination for the presence of injuries sustained as a result of the assault. (B) Examination for evidence of sexual assault and collection of physical evidence. (C) Photographs of injuries. (2) Consent to treatment shall be obtained in accordance with usual hospital policy. (3) A victim of sexual assault shall be informed that he or she may refuse to consent to an examination for evidence of sexual assault, including the collection of physical evidence, but that such a refusal is not a ground for denial of treatment of injuries and for possible pregnancy and venereal disease, if the person wishes to obtain treatment and consents thereto. (4) Pursuant to Chapter 3 (commencing with Section 6920) of Part 4 of Division 11 of the Family Code, a minor may consent to hospital, medical, and surgical care related to a

sexual assault without the consent of a parent or guardian. (5) In cases of known or suspected child abuse, the consent of the parents or legal guardian is not required. In the case of suspected child abuse and nonconsenting parents, the consent of the local agency providing child protective services or the local law enforcement agency shall be obtained. Local procedures regarding obtaining consent for the examination and treatment of, and the collection of evidence from, children from child protective authorities shall be followed. (d) A history of sexual assault shall be taken. The history obtained in conjunction with the examination for evidence of sexual assault shall follow the outline of the form established pursuant to subdivision (c) of Section 13823.5 and shall include all of the following: (1) A history of the circumstances of the assault. (2) For a child, any previous history of child sexual abuse and an explanation of injuries, if different from that given by parent or person accompanying the child. (3) Physical injuries reported. (4) Sexual acts reported, whether or not ejaculation is suspected, and whether or not a condom or lubricant was used. (5) Record of relevant medical history. (e) Each adult and minor victim of sexual assault who consents to a medical examination for collection of evidentiary material shall have a physical examination which includes, but is not limited to, all of the following: (1) Inspection of the clothing, body, and external genitalia for injuries and foreign materials. (2) Examination of the mouth, vagina, cervix, penis, anus, and rectum, as indicated. (3) Documentation of injuries and evidence collected. Prepubital children shall not have internal vaginal or anal examinations unless absolutely necessary (this does not preclude careful collection of evidence using a swab). (f) The collection of physical evidence shall conform to the following procedures: (1) Each victim of sexual assault who consents to an examination for collection of evidence shall have the following items of evidence collected, except where he or she specifically objects: (A) Clothing worn during assault. (B) Foreign materials revealed by an examination of the clothing, body, external genitalia, and pubic hair combings. (C) Swabs and slides from the mouth, vagina, rectum, and penis, as indicated, to determine the presence or absence of sperm and sperm motility, and for genetic marker typing. (2) Each victim of sexual assault who consents to an examination for the collection of evidence shall have reference specimens taken, except when he or she specifically objects thereto. A reference specimen is a standard from which to obtain baseline information (for example: pubic and head hair, blood, and saliva for genetic marker typing). These specimens shall be taken in accordance with the standards of the local criminalistics laboratory. (3) A baseline gonorrhea culture, and syphilis serology, shall be taken, if indicated by the history of contact. Specimens for a pregnancy test shall be taken, if indicated by the history of contact. (g) Preservation and disposition of physical evidence shall conform to the following procedures: (1) All swabs and slides shall be air-dried prior to packaging. (2) All items of evidence including laboratory specimens shall be clearly labeled as to the identity of the source and the identity of the person collecting them. (3) The evidence shall have a form attached which documents its chain of custody and shall be properly sealed. (4) The evidence shall be turned over to the proper law enforcement agency.

Health Practitioner Required to Report Crime

Penal Code 1160. (a) Any health practitioner employed in a health facility, clinic, physician's office, local or state public health department, or a clinic or other type of facility operated by a local or state public health department who, in his or her professional capacity or within the scope of his or her employment, provides medical services for a physical condition to a patient whom he or she knows or reasonably suspects is a person described as follows, shall immediately make a report in accordance with subdivision (b): (1) Any person suffering from any wound or other physical injury inflicted by his or

her own act or inflicted by another where the injury is by means of a firearm. (2) Any person suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct. (b) Any health practitioner employed in a health facility, clinic, physician's office, local or state public health department, or a clinic or other type of facility operated by a local or state public health department shall make a report regarding persons described in subdivision (a) to a local law enforcement agency as follows: (1) A report by telephone shall be made immediately or as soon as practically possible. (2) A written report shall be prepared and sent to a local law enforcement agency within two working days of receiving the information regarding the person. (3) A local law enforcement agency shall be notified and a written report shall be prepared and sent pursuant to paragraphs (1) and (2) even if the person who suffered the wound, other injury, or assaultive or abusive conduct has expired, regardless of whether or not the wound, other injury, or assaultive or abusive conduct was a factor contributing to the death, and even if the evidence of the conduct of the perpetrator of the wound, other injury, or assaultive or abusive conduct was discovered during an autopsy. (4) The report shall include, but shall not be limited to, the following: (A) The name of the injured person, if known. (B) The injured person's whereabouts. (C) The character and extent of the person's injuries. (D) The identity of any person the injured person alleges inflicted the wound, other injury, or assaultive or abusive conduct upon the injured person. (c) For the purposes of this section, "injury" shall not include any psychological or physical condition brought about solely through the voluntary administration of a narcotic or restricted dangerous drug. (d) For the purposes of this section, "assaultive or abusive conduct" shall include any of the following offenses: (1) Murder, in violation of Section 187. (2) Manslaughter, in violation of Section 192 or 192.5. (3) Mayhem, in violation of Section 203. (4) Aggravated mayhem, in violation of Section 205. (5) Torture, in violation of Section 206. (6) Assault with intent to commit mayhem, rape, sodomy, or oral copulation, in violation of Section 220. (7) Administering controlled substances or anesthetic to aid in commission of a felony, in violation of Section 222. (8) Battery, in violation of Section 242. (9) Sexual battery, in violation of Section 243.4. (10) Incest, in violation of Section 285. (11) Throwing any vitriol, corrosive acid, or caustic chemical with intent to injure or disfigure, in violation of Section 244. (12) Assault with a stun gun or taser, in violation of Section 244.5. (13) Assault with a deadly weapon, firearm, assault weapon, or machinegun, or by means likely to produce great bodily injury, in violation of Section 245. (14) Rape, in violation of Section 261. (15) Spousal rape, in violation of Section 262. (16) Procuring any female to have sex with another man, in violation of Section 266, 266a, 266b, or 266c. (17) Child abuse or endangerment, in violation of Section 273a or 273d. (18) Abuse of spouse or cohabitant, in violation of Section 273.5. (19) Sodomy, in violation of Section 286. (20) Lewd and lascivious acts with a child, in violation of Section 288. (21) Oral copulation, in violation of Section 288a. (22) Genital or anal penetration by a foreign object, in violation of Section 289 or 289.5. (23) Elder abuse, in violation of Section 368. (24) An attempt to commit any crime specified in paragraphs (1) to (23), inclusive. (e) When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of violence that is required to be reported pursuant to this section, and when there is an agreement among these persons to report as a team, the team may select by mutual agreement a member of the team to make a report by telephone and a single written report, as required by subdivision (b). The written report shall be signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report. (f) The reporting duties under this section are individual, except as provided in subdivision (e).

(g) No supervisor or administrator shall impede or inhibit the reporting duties required under this section and no person making a report pursuant to this section shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established, except that these procedures shall not be inconsistent with this article. The internal procedures shall not require any employee required to make a report under this article to disclose his or her identity to the employer. (h) For the purposes of this section, it is the Legislature's intent to avoid duplication of information.

Abuse by Professionals

Business and Professions Code 728. (a) Any psychotherapist or employer of a psychotherapist who becomes aware through a patient that the patient had alleged sexual intercourse or alleged sexual contact with a previous psychotherapist during the course of a prior treatment, shall provide to the patient a brochure promulgated by the department that delineates the rights of, and remedies for, patients who have been involved sexually with their psychotherapist. Further, the psychotherapist or employer shall discuss with the patient the brochure prepared by the department. (b) Failure to comply with this section constitutes unprofessional conduct. (c) For the purpose of this section, the following definitions apply: (1) "Psychotherapist" means a physician and surgeon specializing in the practice of psychiatry or practicing psychotherapy, a psychologist, a clinical social worker, a marriage, family, and child counselor, a psychological assistant, marriage, family, and child counselor registered intern or trainee, or associate clinical social worker. (2) "Sexual contact" means the touching of an intimate part of another person. (3) "Intimate part" and "touching" have the same meaning as defined in subdivisions (f) and (d), respectively, of Section 243.4 of the Penal Code. (4) "The course of a prior treatment" means the period of time during which a patient first commences treatment for services that a psychotherapist is authorized to provide under his or her scope of practice, or that the psychotherapist represents to the patient as being within his or her scope of practice, until the psychotherapist-patient relationship is terminated.

Civil Code 43.93. (a) For the purposes of this section the following definitions are applicable: (1) "Psychotherapy" means the professional treatment, assessment, or counseling of a mental or emotional illness, symptom, or condition. (2) "Psychotherapist" means a physician and surgeon specializing in the practice of psychiatry, a psychologist, a psychological assistant, a marriage, family and child counselor, a registered marriage, family, and child counselor intern or trainee, an educational psychologist, an apprentice social worker, or clinical social worker. (3) "Sexual contact" means the touching of an intimate part of another person. "Intimate part" and "touching" have the same meanings as defined in subdivisions (f) and (d), respectively, of Section 243.4 of the Penal Code. For the purposes of this section, sexual contact includes sexual intercourse, sodomy, and oral copulation. (4) "Therapeutic relationship" exists during the time the patient or client is rendered professional service by the therapist. (5) "Therapeutic deception" means a representation by a psychotherapist that sexual contact with the psychotherapist is consistent with or part of the patient's or former patient's treatment. (b) A cause of action against a psychotherapist for sexual contact exists for a patient or former patient for injury caused by sexual contact with the psychotherapist, if the sexual contact occurred under any of the following conditions: (1) During the period the patient was receiving psychotherapy from the psychotherapist. (2) Within two years following termination of therapy. (3) By means of therapeutic deception. (c) The patient or former patient may recover damages from a psychotherapist who is found liable for sexual contact. It is not a

defense to the action that sexual contact with a patient occurred outside a therapy or treatment session or that it occurred off the premises regularly used by the psychotherapist for therapy or treatment sessions. No cause of action shall exist between spouses within a marriage. (d) In an action for sexual contact, evidence of the plaintiff's sexual history is not subject to discovery and is not admissible as evidence except in either of the following situations: (1) The plaintiff claims damage to sexual functioning. (2) The defendant requests a hearing prior to conducting discovery and makes an offer of proof of the relevancy of the history, and the court finds that the history is relevant and the probative value of the history outweighs its prejudicial effect. The court shall allow the discovery or introduction as evidence only of specific information or examples of the plaintiff's conduct that are determined by the court to be relevant. The court's order shall detail the information or conduct that is subject to discovery.

GENDER-BASED HATE CRIMES

FROM *WOMEN'S RIGHTS HANDBOOK*, OFFICE OF THE ATTORNEY GENERAL OF CALIFORNIA

The Ralph Act

The Ralph Act, Civil Code sections 51.7 and 52, provides that it is a civil right to be free from violence or the threat of violence to the person or to property because of a person's sex, inter alia. It provides for civil penalties of up to $25,000 for perpetrators, civil remedies to victims of up to three times actual damages, but no less than $1,000, punitive damages, injunctive relief and attorneys' fees. It is enforced by the Department of Fair Employment and Housing, the Fair Employment and Housing Commission, the California Attorney General's office, any district or city attorney, and private attorneys.

The Bane Act

The Bane Act, Civil Code section 52.1, provides protection from interference by threats, intimidation, or coercion or for attempts to interfere with someone's state or federal statutory or constitutional rights, on the basis of sex, among other bases. It provides for civil penalties for perpetrators, civil remedies to victims of up to three times actual damages, but no less than $1,000, punitive damages, injunctive and other equitable relief and attorneys' fees. It is enforced by the California Attorney General, any district or city attorney, or a private attorney.

Various other penal code statutes provide for punishment for gender-based hate crimes. Penal Code section 422.6(a) provides that it is a misdemeanor to interfere by force, or the threat of force, with a person's constitutional rights because of her gender, inter alia. The penalty is up to a one-year jail sentence or a $5,000 fine, or both. Penal Code section 422.6(b) provides that it is a misdemeanor to damage a person's property because of her gender, inter alia. (This carries the same penalty as the preceding section.) Penal Code section 422.7 provides that actions that are normally misdemeanors can become felonies if committed because of the victim's gender, inter alia. (The penalty is up to one year in jail or prison and/or a $10,000 fine.) Finally, Penal Code section 422.75 provides for sentencing enhancements of one to three years for certain bias motivated felonies against a person on the basis of her gender, inter alia.

Violence Against Women Act of 1994

The Violence Against Women Act of 1994 (VAWA, Pub. L. 103–322) established for the first time a federal civil right to be free from crimes of violence motivated by gender, and provided a cause of action in either federal or state court to any victim of gender-motivated violence for unlimited compensatory and punitive damages, injunctive relief, declaratory relief, attorneys' fees, and whatever else the court deems appropriate, such as counseling for the abuser.

The VAWA also provides a variety of measures designed to produce safe streets and homes for women, and equal justice for women in the courts.

In addition to its civil rights provisions, the VAWA does the following:

1. Increases federal penalties for sex crimes and repeat sex offenders and imposes mandatory restitution for federal sex crimes enforceable through suspension of federal benefits;
2. Provides $1.62 billion through the year 2000 for a variety of programs to combat violence against women, including funding for battered women shelters;
3. Creates new evidentiary rules to determine the admissibility of the alleged victim's past sexual behavior or alleged sexual disposition;
4. Authorizes the U.S. Attorney General to develop model legislation to protect confidentiality between victims of sexual assault or domestic violence and their counselors;
5. Requires the U.S. Postal Service to protect the confidentiality of the addresses of domestic violence shelters and abused persons;
6. Authorizes the creation of a national domestic violence hotline;
7. Creates model programs and demonstration programs to educate youth and help communities fight domestic violence;
8. Facilitates the creation of databases, statewide and national, on the incidence of sexual and domestic violence and stalking;
9. Provides for education of the state and federal judiciary to eliminate gender bias and to make the judiciary more aware of the issues specific to gender-based violence;
10. Permits battered immigrant spouses and children of U.S. citizens and legal residents who have immediate relative status to self-petition for legal resident status and public benefits, and to proceed with their petition without the cooperation of the battering U.S citizen spouse if they no longer live with the batterer and public assistance is necessary for their survival;
11. Provides for pretrial detention in sex offense cases;
12. Provides for increased penalties for sex offenses against victims younger than 16;
13. Provides for testing for sexually transmitted diseases for victims of sexual offenses and limited HIV testing of defendants;
14. Contains measures to reduce domestic violence and stalking;
15. Creates interstate protections for victims of domestic violence by providing that permanent, temporary and ex parte restraining orders from one state are enforceable in all 50 states if the order provided the defendant with reasonable notice and an opportunity to be heard in a manner consistent with due process (18 U.S.C. sec. 2265); and
16. Provides that federal criminal penalties can be obtained against a person who travels across state lines (or leaves or enters an Indian reservation) with the intent to injure his spouse or intimate partner and then does so (18 U.S.C. sec. 2261(a)(1)); or who causes, by force, coercion, duress or fraud, an intimate partner or spouse to cross state lines (or leave or enter an Indian reservation) if the force or coercion leads to physical harm to the victim (18 U.S.C. §2261(a)(2)); or to cross state lines (or leave or enter an Indian reservation) with the intent to stalk or harass another person, that placed the victim in reasonable fear of death or serious bodily injury to herself or a member of her immediate family (18 U.S.C. sec. 2261A); or to cross state lines (or leave or enter an Indian reservation) with the intent to violate a valid protection order

and to actually violate an order protecting the victim against credible threats of violence (18 U.S.C. sec. 2262(a)(1)); or to cause an intimate partner or spouse to cross state lines (or leave or enter an Indian reservation) by force, coercion, duress or fraud during which, or as a result of which, there is bodily harm to the victim in violation of a valid order of protection (no showing of specific intent is required) (18 U.S.C. sec. 2262(a)(2)). (Penalties for violations of sections 2261, 2261A and 2262 hinge on the extent of bodily injury to the victim; terms of imprisonment range from five years for bodily injury, and up to life if the crime of violence results in the victim's death.)

By far the most important section of the VAWA is Subtitle C, the Civil Rights Remedies for Gender-Motivated Violence Act, that declares that all persons within the United States have the right to be free from "crimes of violence" motivated by gender. (42 U.S.C. secs. 13981 et seq.) "Motivated by gender" means a crime of violence committed because of gender or on the basis of gender and due, at least in part, to an animus based on the victim's gender. Although the name of the bill implies otherwise, the VAWA covers gender-based violence affecting both men and women.

The VAWA defines "crimes of violence" as an act or series of acts that would, under either state or federal law, constitute a felony against the person or against property if the conduct presents a serious risk of physical harm to another. The kinds of crimes that could be covered include rape, sexual assault, nonsexual assault, and domestic violence, if the violence rises to the level of a felony.

It does not matter, under the VAWA, whether or not the gender-motivated violent acts have actually resulted in criminal charges, prosecution, or conviction, and whether or not those acts were committed on federal lands. Random violent acts that are unrelated to gender, as well as acts that cannot be demonstrated by a preponderance of evidence to be gender-motivated, are not covered.

Under the VAWA, the victim of gender-motivated violence can pursue a civil cause of action against the assailant (including a person acting in an official capacity of any state) in state or federal court. The VAWA does not confer on federal courts, however, jurisdiction over marital dissolutions, alimony, equitable distribution of marital property, or child custody. Also, the VAWA does not provide grounds for removal to federal court for civil actions already filed in state court.

The VAWA contains a four-year statute of limitations. In other words, plaintiff must file her complaint within four years of the commission of the abuse. However, the abuse must have occurred after the effective date of the VAWA, which was enacted September 13, 1994.

OCJP Evidentiary Medical Forms

State of California
Governor's Office of Criminal Justice Planning

FORENSIC MEDICAL REPORT: ACUTE (<72 HOURS) ADULT/ADOLESCENT SEXUAL ASSAULT EXAMINATION

OCJP 923

For more information or assistance in completing the OCJP 923 please contact
University of California, Davis California Medical Training Center at:
(916) 734-4141

This form is available on the following Web site:
www.ocjp.ca.gov

FORENSIC MEDICAL REPORT: ACUTE (<72 HOURS)
ADULT/ADOLESCENT SEXUAL ASSAULT EXAMINATION

STATE OF CALIFORNIA
OFFICE OF CRIMINAL JUSTICE PLANNING

OCJP 923

Confidential Document

Patient Identification

A. GENERAL INFORMATION (print or type)

Name of Medical Facility:

1. Name of patient

Patient ID number

2. Address | **City** | **County** | **State** | **Telephone (W) (H)**

3. Age	DOB	Gender M F	Ethnicity	Arrival Date	Arrival Time	Discharge Date	Discharge Time

B. REPORTING AND AUTHORIZATION

Jurisdiction (☐city ☐county ☐other):

1. Telephone report made to law enforcement agency

Name of Officer | **Agency** | **ID Number** | **Telephone**

Reported by: **Name** | **Date** | **Time**

2. Responding Officer | **Agency** | **ID Number** | **Telephone**

3. I request a forensic medical examination for suspected sexual assault at public expense.

Law enforcement officer | **ID number** | **Agency**

Telephone Authorization
Agency:
Authorizing party:
ID number:
Date/time:

Telephone | **Date** | **Time** | **Case Number**

C. PATIENT INFORMATION

- I understand that hospitals and health care professionals are required by Penal Code Sections 11160-11161 to report to law enforcement authorities cases in which medical care is sought when injuries have been inflicted upon any person in violation of any state penal law. The report must state the name of the injured person, current whereabouts, and the type and extent of injuries. _____ (Initial)

- I have been informed that victims of crime are eligible to submit crime victim compensation claims to the State Victims of Crime (VOC) Restitution Fund for out-of-pocket medical expenses, psychological counseling, loss of wages, and job retraining and rehabilitation. _____ (Initial)

D. PATIENT CONSENT

Minors: Family Code Section 6927 permits minors (12 to 17 years of age) to consent to medical examination, treatment, and evidence collection for sexual assault without parental consent. See instructions for parental notification requirements for minors.

- I understand that a forensic medical examination for evidence of sexual assault at public expense can, with my consent, be conducted by a health care professional to discover and preserve evidence of the assault. If conducted, the report of the examination and any evidence obtained will be released to law enforcement authorities. I understand that the examination may include the collection of reference specimens at the time of the examination or at a later date. I understand that I may withdraw consent at any time for any portion of the examination. _____ (Initial)

- I understand that collection of evidence may include photographing injuries and that these photographs may include the genital area. _____ (Initial)

- I hereby consent to a forensic medical examination for evidence of sexual assault. _____ (Initial)

- I understand that data without patient identity may be collected from this report for health and forensic purposes and provided to health authorities and other qualified persons with a valid educational or scientific interest for demographic and/or epidemiological studies. _____ (Initial)

Signature _____ ☐ Patient ☐ Parent ☐ Guardian

DISTRIBUTION OF OCJP 923

☐ Original - Law Enforcement ☐ Copy within evidence kit - Crime Lab ☐ Copy - Child Protective Services (if patient is a minor) ☐ Copy - Medical Facility Records

E. PATIENT HISTORY

1. Name of person providing history:	Relationship to patient:	Date	Time

2. Pertinent medical history:

- Last menstrual period

  _____

- Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the interpretation of current physical findings? ☐ No ☐ Yes
  If yes, describe:

  _____

  _____

- Any other pertinent medical condition(s) that may affect the interpretation of current physical findings? ☐ No ☐ Yes
  If yes, describe:

  _____

  _____

- Any pre-existing physical injuries? ☐ No ☐ Yes
  If yes, describe:

  _____

3. Pertinent pre- and post-assault related history:

	No	Yes	Unsure
• Other intercourse within past 5 days?	☐	☐	
If yes,			
anal (within past 5 days)? When _____	☐	☐	
vaginal (within past 5 days)? When _____	☐	☐	
oral (within past 24 hours)? When _____	☐	☐	
If yes, did ejaculation occur?	☐	☐	☐
If yes, where? _____			
If yes, was a condom used?	☐	☐	☐
• Any voluntary alcohol use within 12 hours prior to assault?	☐	☐*	
• Any voluntary drug use within 96 hours prior to assault ?	☐	☐*	
• Any voluntary drug or alcohol use between the time of the assault and the forensic exam?	☐	☐*	

* If yes, collection of toxicology samples is recommended according to local policy. ☐ Blood ☐ Urine

4. Post-assault hygiene/activity: ☐ **Not applicable if over 72 hours**

	No	Yes
Urinated	☐	☐
Defecated	☐	☐
Genital or body wipes	☐	☐
If yes, describe: _____		
Douched	☐	☐
If yes, with what _____		
Removed/inserted tampon☐ diaphragm☐	☐	☐
Oral gargle/rinse	☐	☐
Bath/shower/wash	☐	☐
Brushed teeth	☐	☐
Ate or drank	☐	☐
Changed clothing	☐	☐
If yes, describe: _____		

5. Assault-related history:

	No	Yes
Loss of memory? If yes, describe:	☐	☐*
Lapse of consciousness? If yes, describe:	☐	☐*

*If yes, collection of toxicology samples is recommended according to local policy. ☐Blood ☐Urine

Vomited? If yes, describe:	☐	☐
Non-genital injury, pain and/or bleeding? If yes, describe:	☐	☐
Anal-genital injury, pain, and/or bleeding? If yes, describe:	☐	☐

Patient Identification

F. ASSAULT HISTORY

1. Date of assault(s):	Time of assault(s):

2. Pertinent physical surroundings of assault(s):

3. Alleged assailant(s) name(s)	Age	Gender	Ethnicity	Relationship to patient	
				Known	Unknown
#1.		M F			
#2.		M F			
#3.		M F			
#4.		M F			

4. Methods employed by assailant(s):

	No	Yes	If yes, describe:
Weapons	☐	☐	
Threatened?	☐	☐	
Injuries inflicted?	☐	☐	
Type(s) of weapons?	☐	☐	
Physical blows	☐	☐	
Grabbing/holding/pinching	☐	☐	
Physical restraints	☐	☐	
Choking/strangulation	☐	☐	
Burns (thermal and/or chemical)	☐	☐	
Threat(s) of harm	☐	☐	
Target(s) of threat(s)	☐	☐	
Other methods	☐	☐	

Involuntary ingestion of alcohol/drugs ☐ No ☐ Yes ☐ Unsure

If yes, ☐ Alcohol ☐ Drugs

If yes, ☐ Forced ☐ Coerced ☐ Suspected

If yes, toxicology samples collected: ☐ Blood ☐ Urine ☐ None

5. Injuries inflicted upon the assailant(s) during assault? ☐ No ☐ Yes
If yes, describe injuries, possible locations on the body, and how they were inflicted.

_____

_____

G. ACTS DESCRIBED BY PATIENT

- **Any penetration of the genital or anal opening, however slight, constitutes the act.**
- **Oral copulation requires only contact**
- **If more than one assailant, identify by number.**

Patient Identification

1. Penetration of vagina by:

	No	Yes	Attempted	Unsure
Penis	☐	☐	☐	☐
Finger	☐	☐	☐	☐
Object	☐	☐	☐	☐

If yes, describe the object:

Describe: _____

2. Penetration of anus by:

	No	Yes	Attempted	Unsure
Penis	☐	☐	☐	☐
Finger	☐	☐	☐	☐
Object	☐	☐	☐	☐

If yes, describe the object:

Describe: _____

3. Oral copulation of genitals:

	No	Yes	Attempted	Unsure
Of patient by assailant	☐	☐	☐	☐
Of assailant by patient	☐	☐	☐	☐

Describe: _____

4. Oral copulation of anus:

	No	Yes	Attempted	Unsure
Of patient by assailant	☐	☐	☐	☐
Of assailant by patient	☐	☐	☐	☐

Describe: _____

5. Non-genital act(s):

	No	Yes	Attempted	Unsure
Licking	☐	☐	☐	☐
Kissing	☐	☐	☐	☐
Suction injury	☐	☐	☐	☐
Biting	☐	☐	☐	☐

Describe: _____

6. Other act(s):

No	Yes	Attempted	Unsure
☐	☐	☐	☐

Describe: _____

7. Did ejaculation occur?

No	Yes	Unsure
☐	☐	☐

Describe: _____

If yes, note location(s):

- ☐ Mouth
- ☐ Vagina
- ☐ Anus/Rectum
- ☐ Body surface
- ☐ On clothing
- ☐ On bedding
- ☐ Other

8. Contraceptive or lubricant products:

	No	Yes	Unsure
Foam used?	☐	☐	☐
Jelly used?	☐	☐	☐
Lubricant used?	☐	☐	☐
Condom used?	☐	☐	☐

Describe Type/Brand, if known: _____

H. GENERAL PHYSICAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Blood Pressure	Pulse	Resp	Temp	2. Exam Started		Exam Completed	
				Date	Time	Date	Time

3. Describe general physical appearance	4. Describe general demeanor

Patient Identification

5. Describe condition of clothing upon arrival.

6. Collect outer and underclothing if indicated. ☐ Not indicated

7. Conduct a physical examination. ☐ Findings ☐ No Findings

8. Collect dried and moist secretions, stains, and foreign materials from the body. Scan the entire body with a Wood's Lamp.
☐ Findings ☐ No Findings

9. Collect fingernail scrapings or cuttings according to local policy.

Diagram A

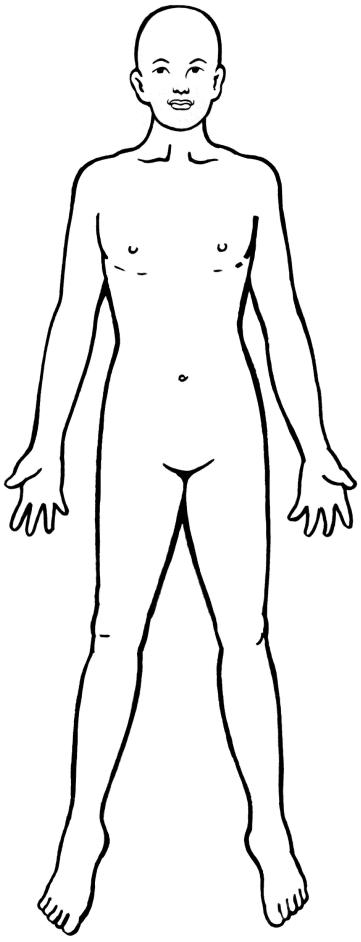
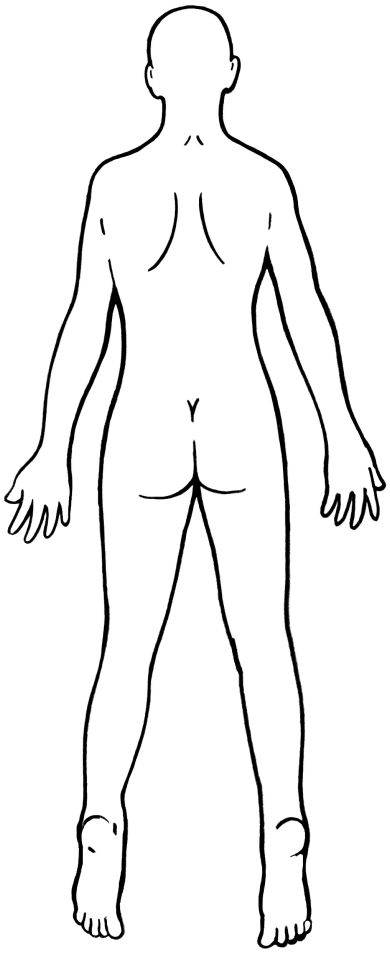


Diagram B



LEGEND: Types of Findings

AB	Abrasion	**DF**	Deformity	**FB**	Foreign Body	**MS**	Moist Secretion	**PE**	Petechiae	**TB**	Toluidine Blue ⊕
BI	Bite	**DS**	Dry Secretion	**IN**	Induration	**OF**	Other Foreign Materials (describe)	**PS**	Potential Saliva	**TE**	Tenderness
BU	Burn	**EC**	Ecchymosis (bruise)	**IW**	Incised Wound			**SHX**	Sample Per History	**V/S**	Vegetation/Soil
CS	Control Swab	**ER**	Erythema (redness)	**LA**	Laceration	**OI**	Other Injury (describe)	**SI**	Suction Injury	**WL**	Wood's Lamp ⊕
DE	Debris	**F/H**	Fiber/Hair					**SW**	Swelling		

Locator #	Type	Description	Locator #	Type	Description

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 8

I. HEAD, NECK, AND ORAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system.

1. **Examine the face, head, hair, scalp, and neck for injury and foreign materials** ☐ Findings ☐ No Findings
2. **Collect dried and moist secretions, stains, and foreign materials from the face, head, hair, scalp, and neck.** ☐ Findings ☐ No Findings
3. **Examine the oral cavity for injury and foreign materials (if indicated by assault history). Collect foreign materials.** **Exam done:** ☐ Not applicable ☐ Yes ☐ Findings ☐ No Findings
4. **Collect 2 swabs from the oral cavity up to 12 hours post assault and prepare one dry mount slide from one of the swabs.**
5. **Collect head hair reference samples according to local policy.**

Patient Identification

Diagram C

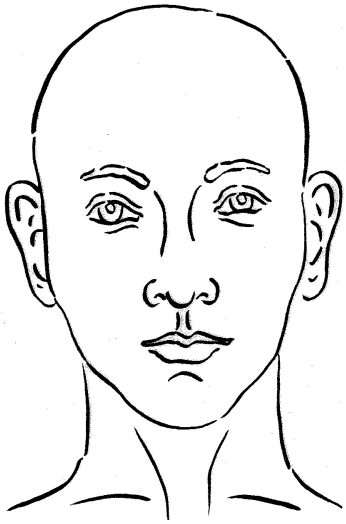


Diagram D

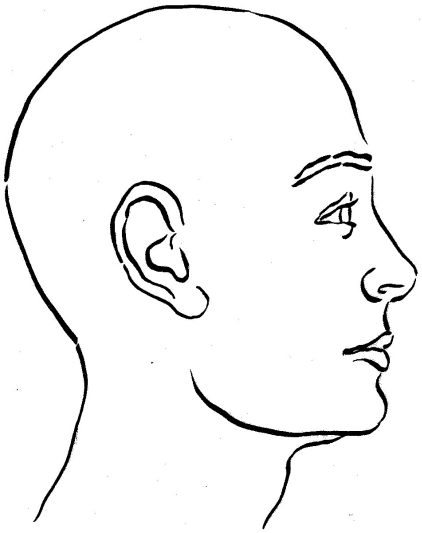


Diagram E

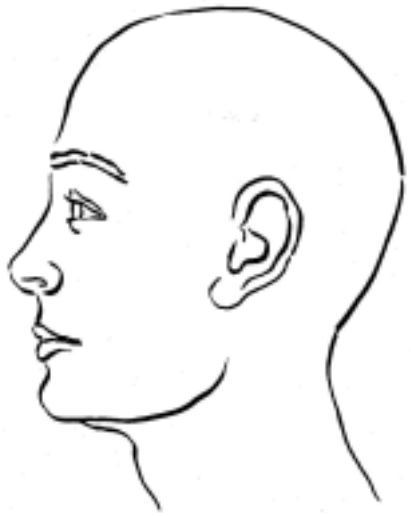
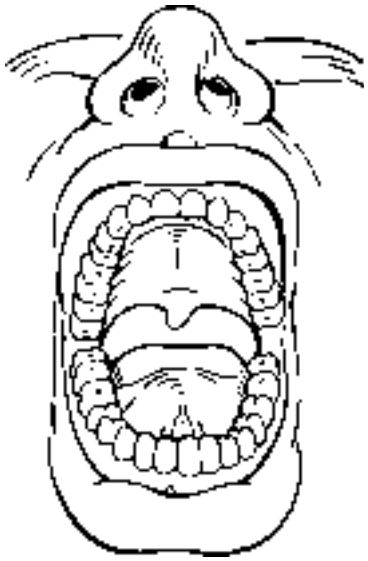


Diagram F



LEGEND: Types of Findings

AB	Abrasion	**DF**	Deformity	**FB**	Foreign Body	**MS**	Moist Secretion	**PE**	Petechiae	**TB**	Toluidine Blue ⊕
BI	Bite	**DS**	Dry Secretion	**IN**	Induration	**OF**	Other Foreign	PS	Potential Saliva	**TE**	Tenderness
BU	Burn	**EC**	Ecchymosis (bruise)	**IW**	Incised Wound		Materials (describe)	**SHX**	Sample Per History	**V/S**	Vegetation/Soil
CS	Control Swab	**ER**	Erythema (redness)	**LA**	Laceration	**OI**	Other Injury (describe)	**SI**	Suction Injury	**WL**	Wood's Lamp ⊕
DE	Debris	**F/H**	Fiber/Hair					**SW**	Swelling		

Locator #	Type	Description	Locator #	Type	Description

RECORD ALL SPECIMENS COLLECTED ON PAGE 8

J. GENITAL EXAMINATION - FEMALES

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Examine the inner thighs, external genitalia, and perineal area. Check the box(es) if there are assault related findings:

☐ No Findings

☐ Inner thighs
☐ Perineum
☐ Labia majora
☐ Labia minora
☐ Clitoris/surrounding area
☐ Periurethral tissue/urethral meatus
☐ Perihymenal tissue (vestibule)
☐ Hymen
☐ Fossa navicularis
☐ Posterior fourchette

2. Collect dried and moist secretions, stains, and foreign materials. Scan the area with a Wood's Lamp. ☐ Findings ☐ No Findings

3. Collect pubic hair combing or brushing.

4. Collect pubic hair reference samples according to local policy.

5. Examine the vagina and cervix. Check the box(es) if there are assault related findings.

☐ No Findings ☐ Vagina ☐ Cervix

6. Collect 4 swabs from the vaginal pool. Prepare one wet mount slide and one dry mount slide.

7. Collect 2 cervical swabs (if over 48 hours post assault).

8. Examine the buttocks, anus, and rectum (if indicated by history).
Exam done: ☐ **Yes** ☐ **Not applicable**
Check the box(es) if there are assault related findings:

☐ No Findings

☐ Buttocks ☐ Anal verge/folds/rugae
☐ Perianal skin ☐ Rectum

9. Collect dried and moist secretions, stains, and foreign materials.
☐ Findings ☐ No Findings

10. Collect 2 anal and/or rectal swabs and prepare one dry mount slide.

11. Conduct an anoscopic exam if rectal injury is suspected or if there is any sign of rectal bleeding.
Rectal bleeding ☐ No ☐ Yes
If yes, describe:_____

12. Exam position used:
☐ Supine ☐ Other Describe:

LEGEND: Types of Findings

AB Abrasion	**EC** Ecchymosis (bruise)	**MS** Moist Secretion	**SI** Suction Injury
BI Bite	**ER** Erythema (redness)	**OF** Other Foreign	**SW** Swelling
BU Burn	**F/H** Fiber/Hair	Materials (describe)	**TB** ToluidineBlue⊕
CS Control Swab	**FB** Foreign Body	**OI** Other Injury (describe)	**TE** Tenderness
DE Debris	**IN** Induration	**PE** Petechiae	**V/S** Vegetation/Soil
DF Deformity	**IW** Incised Wound	**PS** Potential Saliva	**WL** Wood's Lamp⊕
DS Dry Secretion	**LA** Laceration	**SHX** Sample Per History	

Locator #	Type	Description

Patient Identification

Diagram G

Diagram H

Diagram I

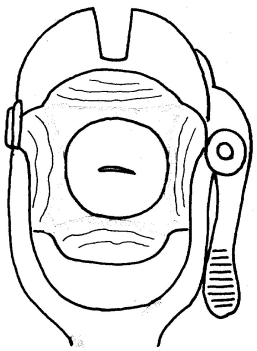
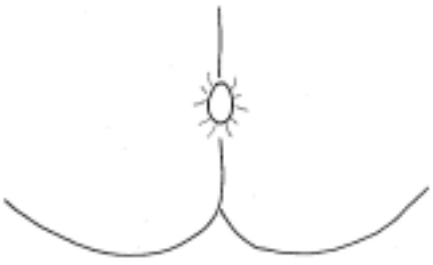


Diagram J



RECORD ALL SPECIMENS COLLECTED ON PAGE 8

K. GENITAL EXAMINATION – MALES

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Examine the inner thighs, external genitalia, and perineal area. Check the box(es) if there are assault related findings:

☐ No Findings

☐ Inner thighs ☐ Glans penis ☐ Scrotum
☐ Perineum ☐ Penile shaft ☐ Testes
☐ Foreskin ☐ Urethral meatus

2. Circumcised: ☐ No ☐ Yes

3. Collect dried and moist secretions, stains, and foreign materials. Scan the area with a Wood's Lamp. ☐ Findings ☐ No Findings

4. Collect pubic hair combing or brushing.

5. Collect pubic hair reference samples according to local policy.

6. Collect 2 penile swabs, if indicated by assault history. ☐ N/A

7. Collect 2 scrotal swabs, if indicated by assault history. ☐ N/A

8. Examine the buttocks, anus, and rectum (if indicated by history)
Exam done: ☐ **Yes** ☐ **Not applicable**
Check the box(es) if there are assault related findings:

☐ No Findings

☐ Buttocks ☐ Anal verge/folds/rugae
☐ Perianal skin ☐ Rectum

9. Collect dried and moist secretions, stains, and foreign materials.
☐ Findings ☐ No Findings

10. Collect 2 anal and/or rectal swabs and prepare one dry mount slide.

11. Conduct an anoscopic exam if rectal injury is suspected or if there is any sign of rectal bleeding.
Rectal bleeding: ☐ No ☐ Yes
If yes, describe: _____

12. Exam position used:
☐ Supine ☐ Other Describe:

LEGEND: Types of Findings

AB Abrasion	**EC** Ecchymosis (bruise)	**MS** Moist Secretion	**SI** Suction Injury
BI Bite	**ER** Erythema (redness)	**OF** Other Foreign	**SW** Swelling
BU Burn	**F/H** Fiber/Hair	Materials (describe)	**TB** ToluidineBlue⊕
CS Control Swab	**FB** Foreign Body	**OI** Other Injury (describe)	**TE** Tenderness
DE Debris	**IN** Induration	**PE** Petechiae	**V/S** Vegetation/Soil
DF Deformity	**IW** Incised Wound	**PS** Potential Saliva	**WL** Wood's Lamp⊕
DS Dry Secretion	**LA** Laceration	**SHX** Sample Per History	

Locator #	Type	Description

Patient Identification

Diagram K

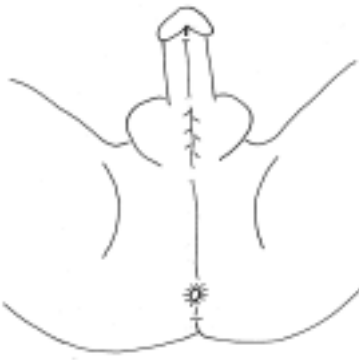


Diagram L

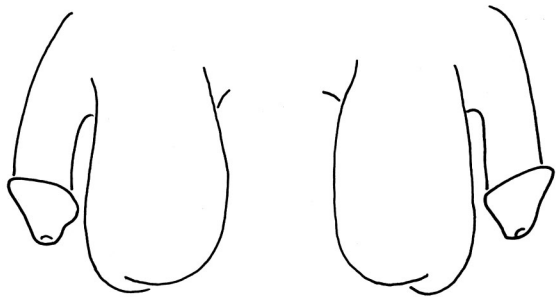


Diagram M

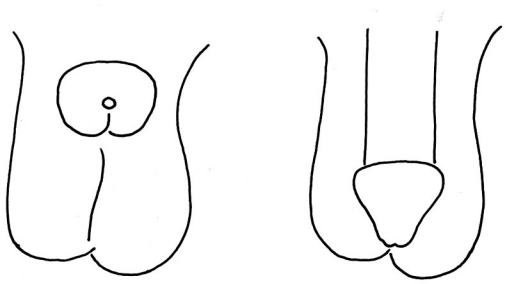
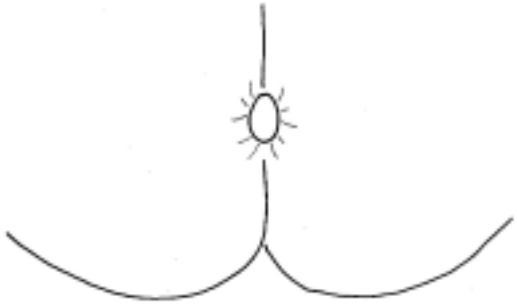


Diagram N



RECORD ALL SPECIMENS COLLECTED ON PAGE 8

L. EVIDENCE COLLECTED AND SUBMITTED TO CRIME LAB

1. Clothing placed in evidence kit	Other clothing placed in bags

2. Foreign materials collected

	No	Yes	Collected by:
Swabs/suspected blood	☐	☐	
Dried secretions	☐	☐	
Fiber/loose hairs	☐	☐	
Vegetation	☐	☐	
Soil/debris	☐	☐	
Swabs/suspected semen	☐	☐	
Swabs/suspected saliva	☐	☐	
Swabs/Wood's Lamp⊕ area(s)	☐	☐	
Control swabs	☐	☐	
Fingernail scrapings/cuttings	☐	☐	
Matted hair cuttings	☐	☐	
Pubic hair combings/brushings	☐	☐	
Intravaginal foreign body	☐	☐	
If yes, describe:			
Other types	☐	☐	
If yes, describe:			

3. Oral/genital/anal/rectal samples

	# Swabs	# Slides	Time collected	Collected by:
Oral				
Vaginal				
Cervical				
Anal				
Rectal				
Penile				
Scrotal				

Aspirate/washings (optional) ☐ No ☐ Yes

4. Vaginal wet mount slide

	No	Yes	Time	Examiner:
Slide prepared				
Motile sperm observed				
Non-motile sperm observed				

M. TOXICOLOGY SAMPLES

	No	Yes	Time	Collected by:
Blood alcohol/toxicology (gray top tube)				
Urine toxicology				

N. REFERENCE SAMPLES

	No	Yes	Collected by:
Blood (lavender top tube)			
Blood (yellow top tube)			
Blood Card (optional)			
Buccal swabs (optional)			
Saliva swabs			
Head hair			
Pubic hair			

O. PHOTO DOCUMENTATION METHODS

	No	Yes	Colposcope/ 35mm	Macrolens/ 35mm	Colposcope/ Videocamera	Other Optics
Body	☐	☐	☐	☐	☐	☐
Genitals	☐	☐	☐	☐	☐	☐

Photographed by:

Patient Identification

P. RECORD EXAM METHODS

	No	Yes		No	Yes
Direct visualization only	☐	☐	Toluidine Blue Dye	☐	☐
Colposcopy	☐	☐	Anoscopic exam	☐	☐
Other magnifier	☐	☐	Anal speculum exam	☐	☐
Other	☐	☐			

If yes, describe:

Q. RECORD EXAM FINDINGS

☐ **Physical Findings** ☐ **No Physical Findings**

R. RECORD ASSESSMENT OF FINDINGS

☐ Exam consistent with history
☐ Exam inconsistent with history

S. SUMMARIZE FINDINGS

T. PRINT NAMES OF PERSONNEL INVOLVED

History taken by:	Telephone:
Exam performed by:	
Specimens labeled and sealed by:	
Assisted by: ☐ N/A	
Signature of examiner	License No.

U. EVIDENCE DISTRIBUTION	GIVEN TO:
Clothing (item(s) not placed in evidence kit)	
Evidence Kit	
Reference blood samples	
Toxicology samples	

V. SIGNATURE OF OFFICER RECEIVING EVIDENCE

Signature:_____

Print name and ID #:_____

Agency:_____

Date: Phone:

State of California
Governor's Office of Criminal Justice Planning

FORENSIC MEDICAL REPORT: NONACUTE (>72 HOURS) CHILD/ADOLESCENT SEXUAL ABUSE EXAMINATION

OCJP 925

For more information or assistance in completing the OCJP 925 please contact
University of California, Davis California Medical Training Center at:
(916) 734-4141

This form is available on the following Web site:
www.ocjp.ca.gov

FORENSIC MEDICAL REPORT: NONACUTE (<72 HOURS)
CHILD/ADOLESCENT SEXUAL ABUSE EXAMINATION
STATE OF CALIFORNIA
OFFICE OF CRIMINAL JUSTICE PLANNING

OCJP 925

Confidential Document | **Patient Identification**

A. GENERAL INFORMATION (print or type) Name of Medical Facility:

1. Name of patient | **Patient ID number**

2. Address | **City** | **County** | **State** | **Telephone**

3. Age	DOB	Gender M F	Ethnicity	Arrival Date	Arrival Time	Discharge Date	Discharge Time

4. Name of : ☐ Mother ☐ Stepmother ☐ Guardian | **Address** | **City** | **County** | **State** | **Telephone** W: H:

5. Name of : ☐ Father ☐ Stepfather ☐ Guardian | **Address** | **City** | **County** | **State** | **Telephone** W: H:

6. Name(s) of Siblings	Gender	Age	DOB	Name(s) of Siblings	Gender	Age	DOB
	M F				M F		
	M F				M F		

B. REPORTING AND AUTHORIZATION Jurisdiction (☐city ☐county ☐other):

1. Telephone report made to	Name	Agency	ID number	Telephone
Law Enforcement ☐ and/or Child Protective Services ☐				

2. Responding Personnel (to medical facility)	Name	Agency	ID number	Telephone
Law Enforcement ☐ and/or Child Protective Services ☐				

3. Assigned Investigator (if known)	Name	Agency	ID number	Telephone
Law Enforcement ☐ and/or Child Protective Services ☐				

4. Authorization for evidential exam requested by law enforcement or child protective services agency

I request a forensic medical examination for suspected sexual abuse at public expense.

Telephone Authorization
Agency:
Authorizing party:
ID number:
Date/time:

☐ **Law enforcement officer** **ID number** ☐ **Child Protective Services**

Telephone **Date** **Time** **Case number**

C. CONSENT FOR EXAMINATION BY PATIENT/PARENT/GUARDIAN

Note: Parental consent is not required for a suspected child sexual abuse examination if the child is in protective custody. Family Code Section 6927 permits minors (12 to 17 years of age) to consent to medical examination, treatment, and evidence collection for sexual assault without parental consent. See instructions regarding parental notification requirements for minors.

- I hereby consent to a forensic medical examination for evidence of sexual abuse. I understand that collection of evidence may include photographing injuries and that these photographs may include the anal-genital area (private parts). I further understand that medical providers are required to notify child protective authorities of known or suspected child abuse; and, if child abuse is found or suspected, this form and any evidence obtained will be released to a child protective agency.
- I have been informed that victims of crime are eligible to submit crime victim compensation claims to the State Victims of Crime (VOC) Restitution Fund for out-of-pocket medical expenses, psychological counseling, loss of wages, and job retraining/rehabilitation.
- I understand that data without patient identity may be collected from this report for health and forensic purposes and provided to health authorities and other qualified persons with a valid educational or scientific interest for demographic and/or epidemiological studies.

Signature _____ ☐ Patient ☐ Parent ☐ Guardian

DISTRIBUTION OF OCJP 930

☐ Original – Law Enforcement ☐ Copy – Child Protective Services ☐ Copy – Medical Facility Records

D. PATIENT HISTORY

1. Record time or time frame of the incident(s)	Date(s)	Time or time frame
☐ Less than 72 hours		
☐ Multiple incidents over time		

Patient Identification

2. Record patient's name for: Female genitalia	3. Alleged perpetrator(s) name(s)	Age	Gender	Ethnicity	Relationship to Patient	
					Known	Unknown
Male genitalia	#1.		M F			
Breasts	#2.		M F			
Anus	#3.		M F			

E. ACTS DESCRIBED BY HISTORIAN

Name of historian	Relationship to patient	History obtained by:	Telephone	Agency	☐ Not applicable

	No	Yes	Attempted	Unsure	N/A	Describe pain and/or bleeding and additional pertinent history:
Genital/vaginal contact/penetration by:						
Penis	☐	☐	☐	☐	☐	
Finger	☐	☐	☐	☐	☐	
Object (Describe)	☐	☐	☐	☐	☐	
Associated pain?	☐	☐		☐	☐	
Associated bleeding?	☐	☐		☐	☐	
Anal contact/penetration by:						
Penis	☐	☐	☐	☐	☐	
Finger	☐	☐	☐	☐	☐	
Object (Describe)	☐	☐	☐	☐	☐	
Associated pain?	☐	☐		☐	☐	
Associated bleeding?	☐	☐		☐	☐	
Oral copulation of genitals:						
Of patient by assailant	☐	☐	☐	☐	☐	
Of assailant by patient	☐	☐	☐	☐	☐	
Oral copulation of anus:						
Of patient by assailant	☐	☐	☐	☐	☐	
Of assailant by patient	☐	☐	☐	☐	☐	
Anal/genital fondling:						
Of patient by assailant	☐	☐	☐	☐	☐	
Of assailant by patient	☐	☐	☐	☐	☐	
Non-genital act(s)?	☐	☐				
If yes: ☐Fondling ☐Licking ☐Kissing ☐Suction Injury ☐Biting						
Other acts? (Describe)	☐	☐	☐	☐	☐	
Did ejaculation occur?	☐	☐		☐	☐	
If yes, note location(s): ☐Mouth ☐Vagina ☐Body surface ☐On bedding ☐Anus/Rectum ☐On clothing ☐Other						
Contraceptive or lubricant products?		☐No		☐Yes	☐	
If yes, note type/brand: ☐Foam ☐Jelly ☐Lubricant ☐Condom						
Were force or threats used?	☐No	☐Yes	☐Force ☐Threats		☐	
Were weapons used?	☐No	☐Yes			☐	
If yes, describe: _____						
Were pictures/videotapes taken ☐ or shown ☐?		☐No	☐Yes			
If yes, note type(s):	☐ Pictures		☐Videotapes			
Were drugs ☐ or alcohol ☐ used?		☐No	☐Yes*		☐	
Loss of memory?		☐No	☐Yes*		☐	
Lapse of consciousness?		☐No	☐Yes*		☐	
Vomited after act(s)?		☐No	☐Yes		☐	
Behavioral changes in patient?		☐No	☐Yes		☐	

***Collection of toxicology samples (<96 hours) is recommended according to local policy.**

F. ACTS DESCRIBED BY PATIENT

1. Acts disclosed by patient to: ☐Law Enforcement Officer ☐Medical Examiner ☐Multi-disciplinary Interview Team ☐Social Worker ☐Other:

Patient Identification

	No	Yes	Attempted	Unsure	N/A
Genital/vaginal contact/penetration by:					
Penis	☐	☐	☐	☐	☐
Finger	☐	☐	☐	☐	☐
Object (Describe)	☐	☐	☐	☐	☐
Associated pain?	☐	☐		☐	☐
Associated bleeding?	☐	☐		☐	☐
Anal contact/penetration by:					
Penis	☐	☐	☐	☐	☐
Finger	☐	☐	☐	☐	☐
Object (Describe)	☐	☐	☐	☐	☐
Associated pain?	☐	☐		☐	☐
Associated bleeding?	☐	☐		☐	☐
Oral copulation of genitals:					
Of patient by assailant	☐	☐	☐	☐	☐
Of assailant by patient	☐	☐	☐	☐	☐
Oral copulation of anus:					
Of patient by assailant	☐	☐	☐	☐	☐
Of assailant by patient	☐	☐	☐	☐	☐
Anal/genital fondling:					
Of patient by assailant	☐	☐	☐	☐	☐
Of assailant by patient	☐	☐	☐	☐	☐
Non-genital act(s)?	☐	☐			
If yes: ☐ Fondling ☐ Licking ☐ Kissing ☐ Suction Injury ☐ Biting					
Other acts? (Describe)	☐	☐	☐	☐	☐
Did ejaculation occur?	☐	☐		☐	☐
If yes, note location(s): ☐ Mouth ☐ Vagina ☐ Body surface ☐ On bedding ☐ Anus/Rectum ☐ On clothing ☐ Other					
Contraceptive or lubricant products? ☐ No ☐ Yes					☐
If yes, note type/brand: ☐ Foam ☐ Jelly ☐ Lubricant ☐ Condom					
Were force or threats used? ☐ No ☐ Yes ☐ Force ☐ Threats					☐
Were weapons used? ☐ No ☐ Yes					☐
If yes, describe: _____					
Were pictures/videotapes taken ☐ or shown ☐ ? ☐ No ☐ Yes					☐
If yes, note type(s): ☐ Pictures ☐ Videotapes					
Were drugs ☐ or alcohol ☐ used?	☐ No	☐ Yes*			☐
Loss of memory?	☐ No	☐ Yes*			☐
Lapse of consciousness?	☐ No	☐ Yes*			☐
Vomited after act(s)?	☐ No	☐ Yes			☐
Behavorial changes?	☐ No	☐ Yes			☐

2. Describe pain and/or bleeding (using exact patient's words) and additional pertinent history:

***Collection of urine toxicology sample (<96 hours) is recommended according to local policy.**

G. MEDICAL HISTORY (to be completed by medical personnel)

1. Name of person providing history | **Relationship to patient**

	No	Yes
2. Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the interpretation of physical findings?	☐	☐
3. Any other pertinent medical conditions that may affect the interpretation of physical findings?	☐	☐
4. Any pre-existing physical injuries?	☐	☐
5. Any previous history of physical abuse and/or neglect?	☐	☐
6. Any previous history of sexual abuse?	☐	☐
7. Other intercourse? (For adolescents only)	☐	☐
If yes, anal (within past 5 days)? When _____	☐	☐
If yes, vaginal (within past 5 days)? When _____	☐	☐
If yes, did ejaculation occur? Where _____	☐	☐
If yes, was a condom used?	☐	☐

8. Menstrual periods?

If yes, age of menarche: _____ Last menstrual period: _____

9. Other symptoms disclosed	**by patient:** No	Yes	**by historian:** No	Yes	Unk
Abdominal/pelvic pain	☐	☐	☐	☐	☐
Pain on urination	☐	☐	☐	☐	☐
Genital discomfort or pain	☐	☐	☐	☐	☐
Genital itching	☐	☐	☐	☐	☐
Genital discharge	☐	☐	☐	☐	☐
Genital bleeding	☐	☐	☐	☐	☐
Rectal discomfort or pain	☐	☐	☐	☐	☐
Rectal itching	☐	☐	☐	☐	☐
Rectal bleeding	☐	☐	☐	☐	☐
Constipation	☐	☐	☐	☐	☐
Other _____	☐	☐	☐	☐	☐

If yes, describe onset, duration and intensity:

H. GENERAL PHYSICAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system.

1. BP	Pulse	Resp	Temp	Height	Weight	2. Exam Started		Exam Completed	
						Date	Time	Date	Time

3. Female Tanner Stage – Breast 1☐ 2☐ 3☐ 4☐ 5☐

4. Describe general demeanor and relevant statements made during exam.

5. Conduct a physical examination. ☐ Findings ☐ No Findings

General exam within normal limits: ☐ Yes ☐ No If no, describe:

Patient Identification

Diagram A

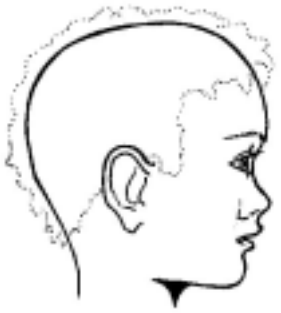


Diagram B

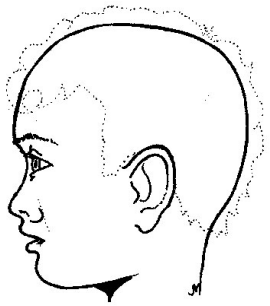


Diagram C

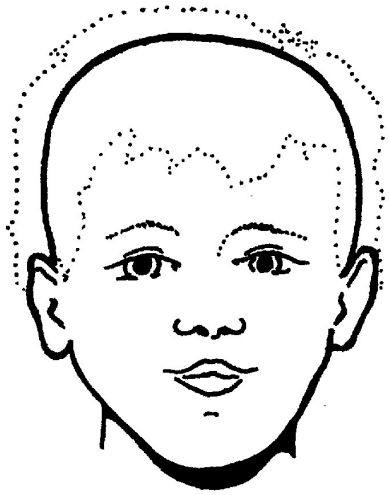


Diagram D

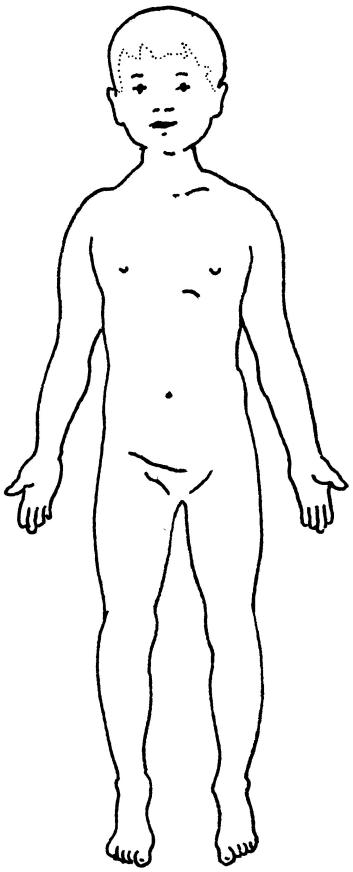


Diagram E

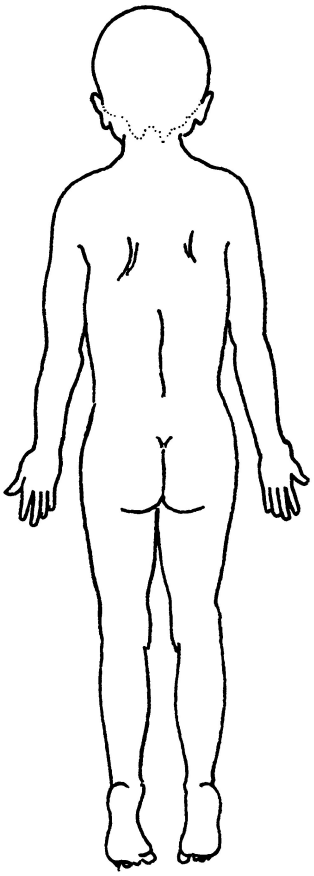
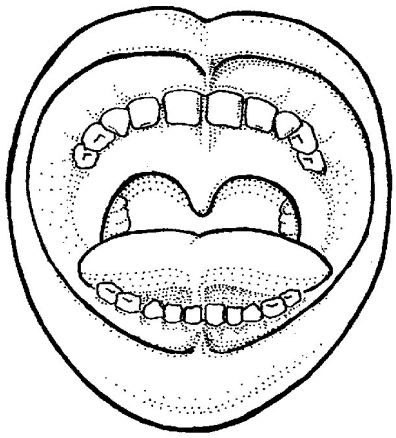


Diagram F



LEGEND: Types of Findings

AB	Abrasion	**BU**	Burn	**DI**	Discharge	**HC**	Hymenal Cleft	**OSC**	Other Skin Condition	**PGW**	Possible Genital Wart	**SW**	Swelling
AHT	Absent Hymenal Tissue	**CV**	Congenital Variation	**EC**	Ecchymosis (bruise)	**IN**	Induration					**TE**	Tenderness
AL	Anal Laxity	**DE**	Debris	**ER**	Erythema (redness)	**LA**	Laceration	**OT**	Other	**SH**	Submucosal Hemorrhage	**VL**	VesicularLesion
BI	Bite	**DF**	Deformity	**FB**	Foreign Body	**OI**	Other Injury (describe)	**PW**	Perianal Wart				
				GT	Granulation Tissue			**PE**	Petechiae	**SI**	Suction Injury		

Locator #	Type	Description	Locator #	Type	Description

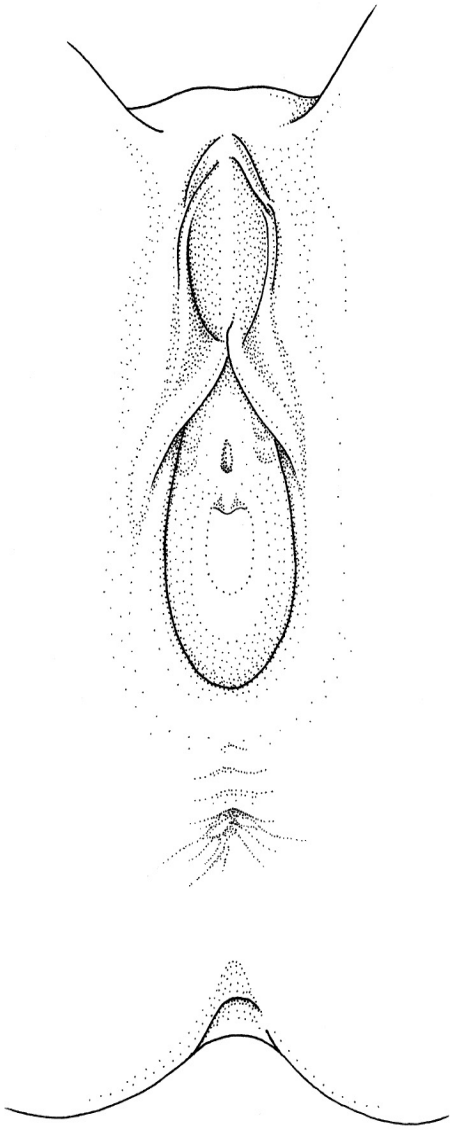
I. EXAMINATION OF THE EXTERNAL GENITALIA AND PERINEAL AREA

Record all findings using diagrams, legend, and a consecutive numbering system.

1. **Use a colposcope or employ other means of magnification.**
2. **Examine the genital structures.**
   - **See page 5 of instructions for diagrams of the genital structures.**
   - **Use exam techniques described in instructions.**
   - **Diagram the position that best illustrates your findings.**

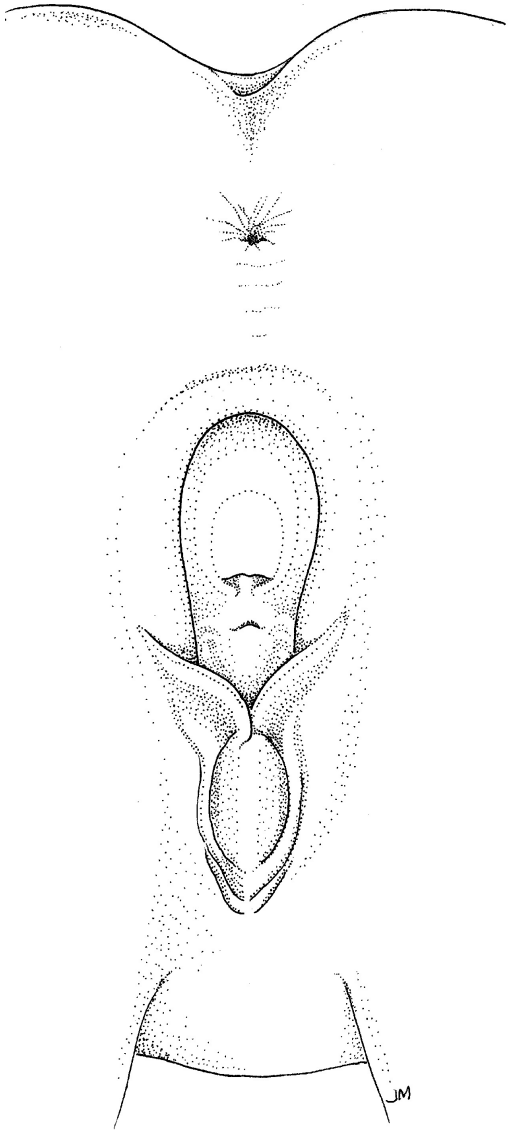
Patient Identification

Diagram G



Supine

Diagram H



Knee-Chest

Diagram I

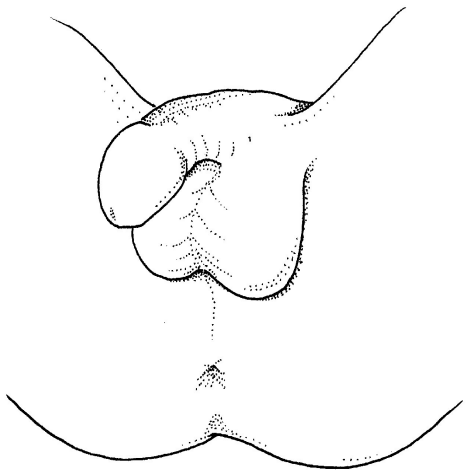
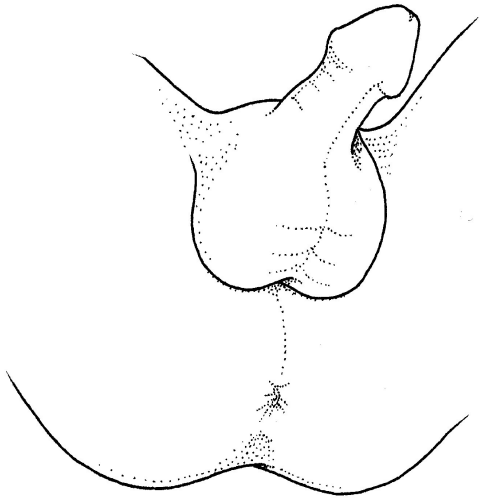


Diagram J



Penis

LEGEND: Types of Findings

AB	Abrasion	**BU**	Burn	**DI**	Discharge	**HC**	Hymenal Cleft	**OSC**	Other Skin Condition	**PGW**	Possible Genital Wart	**SW**	Swelling
AHT	Absent Hymenal Tissue	**CV**	Congenital Variation	**EC**	Ecchymosis (bruise)	**IN**	Induration	**OT**	Other	**SH**	Submucosal Hemorrhage	**TE**	Tenderness
AL	Anal Laxity	**DE**	Debris	**ER**	Erythema (redness)	**LA**	Laceration	**PW**	Perianal Wart			**VL**	VesicularLesion
BI	Bite	**DF**	Deformity	**FB**	Foreign Body	**OI**	Other Injury (describe)	**PE**	Petechiae	**SI**	Suction Injury		

Locator #	Type	Description	Locator #	Type	Description

J. ANAL-GENITAL FINDINGS

1. Exam method:

☐ Direct visualization ☐ Colposcope ☐ Other magnification

2. General Female/Male	WNL	ABN	Describe
Inguinal adenopathy	☐	☐	
Perineum	☐	☐	

3. Genital Tanner Stage 1☐ 2☐ 3☐ 4☐ 5☐

4. Female Genitalia

Exam positions/methods:	Separation	Traction	Knee chest
Supine	☐	☐	☐
Prone	☐	☐	☐

☐ Saline/water ☐ Moistened swab ☐ Catheter ☐ Other:

	WNL	ABN	Describe
Labia majora	☐	☐	
Labia minora	☐	☐	
Clitoral hood	☐	☐	
Perihymenal tissues (vestibule)	☐	☐	
Hymen ☐ Supine ☐ Prone	☐	☐	

Record morphology:

☐ Annular _____

☐ Crescentic _____

☐ Imperforate _____

☐ Septate _____

Fossa navicularis	☐	☐	
Posterior fourchette	☐	☐	
Vagina (pubertal adolescents)	☐	☐	
Cervix (pubertal adolescents)	☐	☐	

Discharge ☐ No ☐ Yes If yes, describe:

Patient Identification

5. Male Genitals	WNL	ABN	Describe
Penis	☐	☐	
Circumcised ☐			
Uncircumcised ☐			
Foreskin	☐	☐	
Glans Penis	☐	☐	
Penile Shaft	☐	☐	
Urethral meatus	☐	☐	
Scrotum	☐	☐	
Testes	☐	☐	

Discharge ☐ No ☐ Yes If yes, describe:

6. Female/Male Anus and Rectum

Exam positions	Observation	Observation with traction
Supine	☐	☐
Supine knee chest	☐	☐
Prone knee chest	☐	☐
Lateral recumbent	☐	☐

Exam methods: ☐ Moistened swab ☐ Toluidine blue dye ☐ Anoscopy ☐ Other: _____

	WNL	ABN	Describe:
Buttocks	☐	☐	
Perianal skin	☐	☐	
Anal verge/folds	☐	☐	
Rectum	☐	☐	

Anal dilation ☐ No ☐ Yes If yes: ☐ Immediate ☐ Delayed

Stool present in rectal ampulla ☐ No ☐ Yes ☐ Undetermined

K. FINDINGS AND INTERPRETATION

1. Anal-Genital Findings

☐ Normal anal-genital exam

☐ Abnormal anal-genital exam

☐ Indeterminate anal-genital exam

2. Assessment of Anal-Genital Findings

☐ Consistent with history

☐ Inconsistent with history

☐ Limited/Insufficient history

3. Interpretation of Anal-Genital Findings

☐ Normal exam: can neither confirm nor negate sexual abuse

☐ Non specific: may be caused by sexual abuse or other mechanisms

☐ Sexual abuse is highly suspected

☐ Definite evidence of sexual abuse and/or sexual contact.

4. ☐ Need further consultation/investigation

5. ☐ Lab results or photo review pending (may alter assessment)

L. MEDICAL LAB TESTS PERFORMED

STD Cultures	GC	Chlamydia	Other	Describe:	Collected by:
Oral	☐	☐	☐		
Vestibular	☐	☐	☐		
Vaginal	☐	☐	☐		
Cervical	☐	☐	☐		
Rectal	☐	☐	☐		
Penile	☐	☐	☐		
Wet mount	☐	☐	☐		

Serology Syphilis ☐ HIV ☐ Hepatitis ☐ _____

Pregnancy test Blood ☐ Urine ☐ _____ _____

Other test(s) _____ _____

M. TOXICOLOGY SAMPLES

Urine Toxicology ☐ No ☐ Yes Collected by: _____

6. Additional comments regarding findings, interpretations, and recommendations.

N. PHOTO DOCUMENTATION METHODS

	No	Yes	Colposcope/35mm	Macrolens/35mm	Colposcope/Videocamera	Other Optics	Photographed by:
Body	☐	☐	☐	☐	☐	_____	_____
Genitals	☐	☐	☐	☐	☐	_____	_____

O. PRINT NAMES OF PERSONNEL INVOLVED

History taken by:	Exam performed by:	Telephone:	Signature of Examiner:	License No.

Recommended Reading

Part 1: Violence Against Women

RAPE MYTHS

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