Understanding the Nature and Dynamics of Sexual Violence

REVISED: MARCH 2012

the missouri coalition
against domestic & sexual violence
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Funding for this publication was provided in part by a federal Family Violence Prevention and Services Act grant; the Missouri Department of Social Services; and by Grant No. 2007-MU-AX-0030 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women or any other funder.

The women, children or men pictured in this publication are models and are used for illustrative purposes only.
For centuries, women have endured sexual violence. Sisters, mothers, wives and daughters have silently survived commonly accepted, sexually violent acts committed against them in their communities and in their homes. Women were considered less important than men, so crimes against them also were seen as less important. This type of thinking normalized and minimized sexual violence, leaving women without a formal system with which to hold perpetrators accountable or to seek help. Women today face many of the same challenges.

Stemming from the first rape crisis centers, the anti-sexual violence movement began in the 1970s as a grassroots effort to ensure support for victims and demand accountability for perpetrators. Recognizing the restrictions a world with sexual violence places on both women and men, those in the movement also have worked to change public perceptions and beliefs that limit women’s freedoms and facilitate an environment in which sexual violence can occur.

However, after more than 30 years of work, research shows that sexual violence is still pervasive. According to the National Violence Against Women Survey*, one in six women will experience a rape or an attempted rape in her lifetime—startling evidence that there is still much work to be done. Balancing personal safety and the basic right to freedom continues to be a daily struggle for all women. In a society where the threat of sexual violence is constant, women are forced—consciously or unconsciously—to consistently sacrifice their independence in an attempt to keep themselves safe.

Sexual violence is non-consensual conduct of a sexual nature. It encompasses a wide range of sexually violent acts that includes sexual harassment, voyeurism, exposure, sexual exploitation, sexual assault, rape, forcible sodomy, incest, child sexual abuse, ritual abuse, statutory rape, drug-facilitated sexual assault and intimate partner sexual assault.

Sexual violence is purposeful, violent behavior. The perpetrator accomplishes sexual violence through threat, coercion, exploitation, deceit, force, physical or mental incapacitation, and/or using power or authority. While sexual desire is a normal part of the human experience, it is wrong to use force or coercion in order to fulfill those desires. Sexual arousal never justifies threatening and unwanted sexual behavior toward another person.

Sexual violence affects women, men and children. While the majority of sexual violence perpetrators are men, and the majority of sexual violence victims are female, anyone can be a victim or perpetrator—regardless of age, gender, sexual orientation, ability, appearance, ethnicity, education, race, socioeconomic background or religion.

**SEXUAL VIOLENCE IS UNLIKE OTHER CRIME**

Sexual violence is an intensely personal offense. It is a devastating psychological and/or physical attack that can leave the victim feeling a wide spectrum of emotions. These include fear, humiliation, loss of control, vulnerability, embarrassment, guilt or anger. Some victims may not define what happened to them as a crime; some may feel as if they did something to deserve the attack. Unlike victims of other crimes, sexual violence victims are often not believed, and are sometimes even blamed, for an act of violence committed against them that was completely beyond their control.

**EMPOWERING SUPPORT IS ESSENTIAL**

The woman who has experienced sexual violence needs and deserves the right to self-determination regarding what occurs following the victimization. She is the expert on her situation. She has the best sense of her risks if she decides to speak with the police, share her story with her family or keep what happened to her to herself. Anyone seeking to help a victim of sexual violence must encourage and respect the choices she makes. This will help her regain the sense of control over her life that was shattered by the sexual violence.

A survivor often tells you her story to seek your services, gather information and resources, investigate her options and be encouraged by a non-judgmental, helpful person. It is vital that she feels believed and respected. The responsibilities of anyone who works with women victimized by sexual violence can be summarized as follows:

- Help her regain a sense of safety.
- Listen to her and acknowledge her experience.
- Affirm the injustice of the violence against her.
- Respect her autonomy.
- Promote her access to community services.
- Respect and safeguard her confidentiality.

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**About the use of pronouns in this publication**

The overwhelming majority of sexual violence victims are women.

According to the most comprehensive national study on violence against women, 86 percent of sexual assault victims are female and 99 percent of sexual assaults with female victims are perpetrated by males. The study also found that one of every six women will be the victim of a sexual assault at some point in her life.¹

That’s why feminine pronouns are used in this publication when referring to victims and masculine pronouns are used when referring to perpetrators of sexual violence. This should not detract from the understanding that men also are victims of sexual violence and, in some cases, women are perpetrators.

THE ROLE OF SEXUAL VIOLENCE PROGRAMS

There are more than 80 programs throughout Missouri that offer services for sexual violence survivors. Program staff advocate for victims of sexual violence through the medical, criminal justice and social service systems. They also provide crisis intervention services, professional therapy and support groups for survivors. Most programs have toll-free hotlines to ensure there is always an advocate available to talk with victims. Hotlines allow programs to serve multiple counties by providing support, court advocacy and other resource information—even from a distance. Some programs have outreach staff who work with victims to make plans for obtaining services in their communities. When working to meet the needs of women victimized by sexual violence, there is more to be gained by working together than by working alone.

YOUR ROLE IS VITAL

The challenge for all of us is to do what we can to assist victims and to hold perpetrators accountable. We can meet the challenge with hope. The truth is that people commit sexual violence, and people can stop it. Our efforts have the potential to stop the violence and repair lives. By its very nature, the work to address sexual violence is an ethical endeavor to ease suffering and promote social justice.

Types of sexual violence

Sexual violence can take many forms. While many types are not commonly thought of as violent, they can have devastating effects on the victim. To commit sexual violence, a perpetrator may use a combination of tactics and may engage in a variety of sexually violent behaviors.

To define physical acts of sexual violence, it is helpful to distinguish between “unwanted sexual touching” and “unwanted sexual penetration.” Unwanted sexual touching is when a perpetrator touches a victim’s genitals or breasts without consent. Unwanted sexual penetration is when—without consent—a perpetrator penetrates a victim’s vagina, anus or mouth using his penis, finger, tongue or an object.

SEXUAL HARASSMENT

Sexual harassment occurs when a perpetrator initiates unwelcome sexual advances, requests sexual favors or commits some other inappropriate conduct of a sexual nature toward another person. This behavior can occur in many settings, including a workplace or school. Sexual harassment also can include sexual abuse perpetrated by someone in a position of authority, such as a professional with a student, client or patient.
The intent or motivation of the perpetrator does not excuse behaviors that make a victim feel uncomfortable or threatened. The following behaviors, provided they are unwelcome, are examples of sexual harassment:

- Comments, whistles or taunts.
- Staring, leering or ogling.
- Name calling of a sexual nature.
- Telling jokes or stories that are sexist or of a sexual nature.
- Sexual innuendo.
- Unwanted, repeated requests for dates.
- Remarks or jokes about a person's clothing, body or sexual activities.
- Sexual gestures.
- Intrusive, sexually explicit questions.
- Unwanted touching, such as massages or hugs.
- Displaying pictures of a sexual nature.
- Unwanted requests for sexual favors.
- Unwanted sexual touching or penetration.

**SEXUAL ASSAULT**

The term “sexual assault” is often used in different ways with a variety of meanings. Most often, it refers to a physical act of sexual violence. Sexual assault may be used to describe rape, incest, molestation, unwanted fondling or unwanted sodomy. Sometimes the term sexual assault is used interchangeably with the word “rape;” other times it is used to describe the sexual violence that pertains to a range of unwanted sexual contact.

*In this publication, sexual assault will be used to mean unwanted sexual touching and unwanted sexual penetration.*

**RAPE**

“Rape” is another term that is used in a variety of ways. To some, rape describes a specific act—that of unwanted penetration of the vagina by a penis. To others, rape describes any unwanted sexual penetration of the vagina, anus or mouth with a penis, tongue, finger or object. Rape also is sometimes used interchangeably with the terms “sexual violence” and “sexual assault.”

*In this publication, rape will be used to mean unwanted sexual penetration.*

**INCEST**

Incest is commonly defined as sexual touching or penetration between two related persons.
SEXUAL ABUSE

Sexual abuse is perpetrated by a person in a position of trust or authority. It can refer to sexual violation of children. It also can refer to the sexual violation of an adult that is perpetrated by a person in a position of trust or authority, such as a professional with a client or patient. Persons with disabilities are especially vulnerable to sexual abuse. Sexual abuse may involve a variety of non-consensual sexual acts, including rape, and often involves manipulative planning or “grooming” of the victim in order to gain control and promote secrecy.

Stranger and non-stranger sexual assault

It is a common misconception that most sexual assaults are committed by strangers. In reality, sexual assault can be perpetrated by anybody. A woman is more likely to be sexually assaulted by someone she knows—a friend, partner, date, classmate, neighbor or relative—than by a stranger in a dark alley. Familiar people and places often can be the most dangerous.

If a victim knows the person who sexually assaulted her, the crime is known as a non-stranger sexual assault. Non-stranger sexual assaults include:

- **Brief encounter**—The victim and perpetrator met within 24 hours of the assault.
- **Intimate partner**—The victim and perpetrator are in an intimate or romantic relationship.
- **Relative**—The victim and perpetrator are related.
- **Other non-stranger**—The victim and perpetrator have known each other for more than 24 hours. This category includes friends, co-workers, classmates and other acquaintances.

Women can be, and are, sexually assaulted by intimate partners and those they are dating. No social relationship, including marriage, entitles a person to sex, and every person has the right to change her or his mind about having sex. Also, one form of consensual sexual contact does not necessarily mean consent to other sexual activity. Even among two people who have had sex before, one person does not have the right to force sex on the other. Studies show that more than half of adult female sexual assault victims were attacked by a former or current intimate partner.

If a victim does not know the perpetrator, the attack is known as a stranger sexual assault.

Difficulty defining sexual violence

It is often difficult to define sexual violence. Our laws are not comprehensive enough to represent the experiences of all sexual violence victims. Sexual violence programs and advocates are prepared to help any person who has felt sexually violated; discussions and services at sexual violence programs are not limited by laws that define sexual offenses.

The definitions in this chapter are used by the advocacy community to define the wide range of women’s experiences; they are not legal definitions. For more information on legal definitions of sexual offenses in Missouri, see Chapter 7: Fundamental Issues Related to Justice System Remedies, pages 41-50.
Consent, force, coercion: What’s the difference?

Sexual violence does not always include physical assault. Sexual violence is distinguished from non-assaultive forms of sexual behavior by the absence of “consent.” Consent is the act of giving permission or approval. It is an active event, not a passive assumption. For consensual sexual activity to occur, both parties must be able to give consent freely—without pressure or threat from another person. Consent should be clear. Both parties must agree to the same sexual actions and avoid using vague, easily misinterpreted expressions (e.g., “Do you want to go back to my place?”) to imply intentions. Consent should be specific. Consenting to one form of sexual activity does not imply consent to other forms, and agreeing to sexual activity at a given time and place does not imply consent to future contact. Silence, submission and/or cooperation do not equal consent and, in fact, are often survival tactics employed by victims in response to perpetrators’ actions.

Sexual violence occurs when a victim did not consent to some type of sexual behavior. A perpetrator may use force or coercion to achieve control. Force is physical violence, compulsion or constraint exerted upon or against a person, or a threat that places a person in fear of death or injury of herself or another. Coercion is the use of power to impose one’s will on another. Synonyms for coercion include pressure, duress, cajoling and compulsion. Coercion is achieved by using authority, threat, fear or manipulation.

It is helpful for the advocacy community to define sexual violence based on the concept of consent. This encompasses situations in which force or coercion may not have been present, but the victim is physically or mentally unable to consent. The victim may, for example, be unable to give consent to the sexual contact because of disability, age, or the influence of drugs, alcohol or medication; perpetrators may force sexual contact when the victim is asleep or unconscious. A consent-based definition of sexual violence avoids some of the ambiguities that may be associated with the terms force or coercion because it emphasizes the victim’s perspective. Behaviors that may not be viewed as coercive by the perpetrator may be experienced by the victim as highly coercive.

Drug-facilitated sexual assault (DFSA)

Drug-facilitated sexual assault (DFSA) occurs when a victim is subjected to a sexual act while incapacitated or unconscious due to the effects of alcohol and/or illegal or legal drugs. The pharmacological effects of the drugs prevent the victim from consenting or resisting (LeBeau, 2006*).

*Marc A LeBeau, Ph.D., is the Chemistry Unit Chief at the FBI Laboratory. He presented this information at the End Violence Against Women (EVAW) International conference in Kansas City, KS in 2006. He authored the book Drug-Facilitated Sexual Assault: A Forensic Handbook.
DFSA intersects society’s politics about sexual activity and sexuality, drinking and drug use, and gender expectations. It brings forth the mixed messages that create opportunity for sexual assault to occur and remain hidden.

Our society is both sexually repressed and obsessed. Sex education in the schools is taboo in many communities while media outlets portray graphic sexual activity and an expectation to participate in sexual activity at younger and younger ages.

Double-standards for gender roles, partying and sexuality mean that men who drink are held less responsible for their actions and outcomes than women who drink. Men are typically depicted as the sex initiators and women as the gate keepers. When an assault occurs, society quickly questions what the gate keeper did to allow the assault to happen.

Because society normalizes drinking as a social activity, it’s hard to report and determine DFSA. This masks predatory behavior as normal social interaction, particularly among high school and college-age students. This is compounded by beliefs that drinking enhances sexuality, and that alcohol helps people negotiate sexual activity, “hook up,” and be more attractive or attracted to others.

Of the more than 50 drugs used in DFSA, alcohol is the most common. Perpetrators primarily rely on alcohol to facilitate sexual assault because it is easy to obtain and victims often consume it voluntarily. Alcohol can cause decreased inhibitions, impaired perceptions, loss of consciousness and amnesia. Further, prosecution might not be likely because it can be difficult to prove nonconsensual sexual activity (LeBeau, 2006).

There are several ways DFSA occurs. Victims might consume drugs or alcohol voluntarily or under fraudulent scenarios, such as having drugs slipped into their drinks, consuming drinks containing more alcohol than they are aware of, or using prescriptions or over-the-counter medications that result in alcohol or recreational drugs causing more pronounced effects. While the victim might consume voluntarily, the perpetrator might prey upon her resultant vulnerability. In some cases the perpetrator encourages or coerces the victim to consume or misrepresents properties of the drink. Alcohol-facilitated sexual assault occurs when the victim is unconscious; the victim is incapacitated but conscious; or one or both the victim and perpetrator are intoxicated and consent did not occur.

Because consent, an important element of sexual assault, comes from a capable person being informed and freely and actively giving clear and specific agreement, an intoxicated individual is not capable of consent. Any amount of alcohol impairs an individual’s decision-making capacity, awareness of consequences and ability to make fully informed judgments. A person is legally intoxicated/inebriated or drunk in Missouri at the .08 blood alcohol concentration level, the measure of alcohol in the bloodstream. Someone who is incapacitated because of alcohol consumption lacks the ability to make rational, reasonable judgments.

There are several signs of DFSA such as feeling hung-over or more drunk than one should be based on the amount consumed, memory loss

### Common drugs used in drug-facilitated sexual assault (DFSA):

- Ethanol/alcohol
- Benzodiazepines
- Flunitrazepam (Rohypnol)
- Clonazepam (Klonopin)
- Lorazepam
- Alprazolam (Zanax)
- Riazolam (Halcion)
- Clordiazepoxid
- Diazepam (Valium)
- Temazepam (Restoril)
- Zolpidem
- Barbiturates
- GHB, GBL, and 1-4 BD
- Ketamine
- Opiates
- Antihistamines
- Hallucinogens
- Sedative antidepressants
- Chloral hydrate
- Muscle relaxants
- Scopolamine
- Herbal sedatives
and/or suspecting sex based on how the body feels even if the person does not remember having sex.

Advocates are often asked, “If both the perpetrator and victim are incapacitated, can a sexual assault occur?” First, it is highly unlikely that both parties are incapacitated. Men often have a higher tolerance due to size and are less likely to be incapacitated. If the man is incapacitated, it is unlikely a sexual assault physically could even occur. Second, drinking does not excuse the perpetrator’s behaviors while intoxicated or prior to drinking. If the perpetrator was able to participate in other activities, attempted to control the situation, or attempted to overcome the victim’s will, then his behaviors cannot be excused regardless of sobriety or intoxication.

When a perpetrator drinks, he might feel it gives him permission to assault. The drinking did not cause the rape—he drank so he could rape. Drinking quiets or silences the inner voice that says it is not a good idea. Perpetrators who drink commit assaults in spite of the fact that they are drinking, which generally makes it physiologically more difficult to execute. Being drunk does not excuse a violation of policy or law, forgive an attack on another person, or allow for predatory behavior. Our society does not excuse individuals from the crime of driving while intoxicated, yet we excuse the behavior when it involves sexual assault.

In some sexual assaults, a victim perceives that the perpetrator is drinking as much and as often as she is. This might not be true, which could mean that although she is inebriated, he is not. When a victim drinks, she might not have a clear memory of the details or might not remember anything due to being unconscious. If she blacked out, the memory was not physiologically recorded in the brain or she might be unable to retrieve it. Victims often experience shame and self-blame and worry that others are blaming them for drinking as if her behavior caused the assault. The victim knows this and has internalized the drinking culture and sexual assault myths. She fears that she will not be believed and that prosecution will not occur because of her alcohol consumption. In the majority of instances, she is right about the likelihood of the perpetrator not being prosecuted if she reports the assault.

The challenges and barriers to reporting DFSA mean it often goes unreported. Typical barriers include a lapse in time between the report and assault, affected consciousness or memory, and difficulty convincing law enforcement that a crime occurred. The victim might not be truthful about voluntarily drinking or using drugs. She might fear getting in trouble, particularly if she is underage or drove while intoxicated; she might fear losing a tuition scholarship or her parents finding out. She might not categorize what happened as a crime or she could think it was a misunderstanding or miscommunication: she asked him to walk her home, and he thought it meant she wanted to have sex. She does not want to believe the perpetrator had malicious intent, especially if they are friends or in the same social circle, and might not want him in trouble. She did not believe sexual assault could happen to her. She might think that he has never done this in the past and will not do it again.

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This guy I really liked asked me to go to a party with him. We were having fun, and I guess we were getting pretty drunk. We decided to go back to my room alone. We were kissing and fooling around, and I was okay with it. Then he started to go further than I wanted to go. I told him that I didn’t want to, but I guess he thought I was into it. I don’t even think he realizes that he raped me.

—ON A FLYER FROM COLLEGE OF A STUDENT’S EXPERIENCE (TEXAS A & M)
DFSA is a complicated barrier to address in sexual assault advocacy. As an advocate, it is important to understand and support survivors who experience DFSA. Be aware of your judgments and biases. This complex phenomenon makes it harder for a survivor to disclose her assault.

There is no absolute defense against sexual assault

The truth is there is no absolute way for a woman to protect herself against sexual violence. All women are at risk—despite age, sexual orientation, ability, appearance, ethnicity, education, race, socioeconomic background or religion.

Women who have been sexually assaulted are survivors. No matter what a victim did to survive an attack, it was the right thing, because she is still alive. In most cases, women who are sexually assaulted do not physically fight their attackers. However, they employ other survival responses, such as verbal or mental resistance. Others mentally dissociate to separate themselves from what is happening to them, which may or may not include the sensation of leaving their bodies. Some survivors freeze in terror, becoming rigidly immobile and unable to will their bodies into action. Another response is a hyper-relaxed, limp state, most frequently experienced by victims under the influence of alcohol or drugs who may or may not be unconscious. Survival responses may be employed out of fear or self-protection.

It is important to remember that silence, cooperation and submission do not equal consent—they are strategies sometimes employed to survive a terrifying situation. Most victims do not show any physical evidence of being sexually assaulted. This absence of injuries often suggests to others that the victim failed to resist and, therefore, must have consented. In reality, many perpetrators need only use the threat of violence to exert control over their victims.

Sexual violence is NEVER the victim’s fault. The responsibility and blame always lie with the perpetrator, never with the victim. As long as we point to a victim’s actions or behavior as the cause of sexual violence, we support a culture in which perpetrators are not held accountable and in which sexual violence can—and will—continue to occur.

I left my body at that point. I was over next to the bed, watching this happen. So there’s a period of time where my memory of the rape is real different than my other memories of the rape . . . I wasn’t in my body. I dissociated from the helplessness. I was standing next to me and there was just this shell on the bed. There wasn’t a feeling of dispassion of caring, there was a feeling of flatness. I was just there.

— SEXUAL ASSAULT SURVIVOR

Sexual Violence Perpetrators and Prevention

The overwhelming majority of those who commit sexual violence are men. Men commit 99 percent of rapes against female victims, according to the National Violence Against Women Survey. Males also are the primary perpetrators of sexual assaults against men.

Perpetrators are most often someone the victim knows, such as a friend, acquaintance, family member, partner or coworker. According to the same survey, 91 percent of adult victims reported that they knew the man who raped them and more than half said he was a current or former intimate partner—a man they once trusted and loved.

Sexual violence is purposeful, violent behavior. Men who commit sexual violence target their victims, choosing women they perceive to be vulnerable and/or least likely to report. An assault is almost always planned. The perpetrator uses his victim’s vulnerabilities to his advantage.

While only a minority of men commit sexual violence, the violent acts committed by these perpetrators have an enormous impact on a large number of victims.

There has been tremendous change in how most people view sexual violence committed by men against women. But those changes have been more recent than many believe, and aspects of old biases and myths about rape, sexual assault and sexual violence continue. An example is that until 1991, it was not a crime in Missouri for a husband to rape his wife. The reality is that as recently as the dawn of the Internet, laws on sexual violence still reflected the status of women that was found in the English Common Law of the 1600s: married women were the property of their husbands. There remain countries in which women are the legal property of their husbands or fathers, in which rape is not a crime unless there are male witnesses and in which married women who have been sexually assaulted can be stoned to death for “committing” an act of fornication.

To better understand the ancient and ongoing reality of men’s sexual violence against women, it is necessary to look at the beliefs, traditions, practices and influences that combine to produce a culture where rape and sexual violence remain a horrific shared experience among women.

Sexual violence is purposeful, violent behavior. Perpetrators target their victims, choosing women they perceive to be vulnerable and/or less likely to report.

A sexual assault is almost always planned. The perpetrator uses the vulnerabilities of his victim to his advantage.
Sociocultural factors that contribute to sexual violence

There are multiple reasons why people perpetrate sexual violence. Some factors are related to the experiences of the individual offender, but many are related to the conditions within our society and communities that in some ways support, excuse and encourage sexual violence and male sexual aggression. Through observing popular culture, families, schools and peer groups, both men and women internalize views on femininity, masculinity, sexuality and violence. These attitudes and beliefs lead to a culture in which some people perpetrate sexual violence and in which other men and women often fail to hold them accountable.

There are risk and protective factors for the perpetration of sexual violence. We use risk and protective factors to better understand the problem and to inform responses and planning for prevention. A risk factor is a condition or experience that increases the likelihood of perpetration. These factors identify who is at risk for perpetration of sexual violence. A protective factor decreases the likelihood of perpetration. These factors identify what protects against perpetration.

Identifying risk and protective factors for sexual violence is necessary as they highlight modifiable conditions or experiences that can lead to causes of violence. Limited evidence exists on the risk and protective factors for sexual violence perpetration and victimization. However, evidence suggests that because sexual violence is a complex problem there is no one risk or protective factor that predicts occurrence with certainty. Many factors are associated with sexual violence perpetration and victimization, but none are causal. Additionally, all risk and protective factors are not equal; a one-to-one relationship does not exist. For example, if someone is sexually abused as a child, it cannot be predicted with certainty that he or she will grow up to abuse or be abused. Addressing or prioritizing a single risk factor to prevent sexual violence is not sufficient as multiple risk factors need to be taken into consideration.

Risk factors for sexual violence perpetration include:

**SOCIETY**

- Norms that support male superiority and sexual entitlement.
- Weak laws and policies related to sexual violence and gender equality.
- High levels of other forms of crime and violence.
- Limited roles for women.
- Acceptance of violence.
- Notion of masculinity linked to dominance, honor or aggression.
- Religious teachings that support male dominance.
- Violence against women that is reinforced in media and entertainment.
- Cultural attitudes toward sex and sexuality.
He wasn’t drinking, but he was feeding me alcohol. He asked me to come back to his room—it was right down the hall from where all of us were. I was just so out of it, I said, “Sure.” I had no idea. I didn’t think he’d hurt me.

— SEXUAL ASSAULT SURVIVOR

- Norms granting male control over female behavior.
- Oppression and privilege.
- Norms that assume victim responsibility.

COMMUNITY
- General denial of sexual assault within the community.
- Weak community sanctions against perpetrators of sexual violence.
- Lack of resources for police and judicial systems.
- Lack of resources for sexual assault services.
- Norms that support or reinforce privacy.

RELATIONSHIPS
- Strongly patriarchal intimate relationships and/or family environments.
- Traditional gender roles.
- Male association with sexually aggressive peers.
- Peer pressure on men to have sex with many women.
- Bystanders who are passive in response to sexually violent behavior.

INDIVIDUAL
- Sexist attitudes and behaviors.
- Hostility toward women.
- Viewing women as sex objects.
- Lack of empathy.

Protective factors for sexual violence perpetration:

COMMUNITY AND SOCIETY LEVELS
- Availability of services.
- Community support and belonging.

RELATIONSHIP
- Parental supervision.
- Caring and respectful relationships.
- Social supports.

INDIVIDUAL
- Problem-solving skills.
- Sense of self-efficacy.
- Positive peer relationships.
Perpetrators of drug-facilitated sexual assault (DFSA)

Two primary researchers on perpetrators of DFSA, Stephen Thompson and David Lisak, have identified premeditated behaviors of perpetrators who use alcohol to sexually assault others.

Thompson identified the “Nice Guy Rapist Sequence.” This seven-step sequence includes: target selection; approach/evaluation; separation; pushes for “score;” intimidation; sexual violation; and termination. Target selection infers that a potential victim is “primed” ahead of the assault. In approach/evaluation, the perpetrator flatters the victim for self-gain, pushes alcohol and his inappropriate behavior is subtle. This subtlety is purposeful, to measure the response of his target and groom her for increasingly overt behaviors. In separation, the victim is isolated and alone. The victim is pressured to engage in sexual activity through pressure, duress, cajoling or compulsion. If sexual advances are met with resistance, intimidation occurs and might escalate. A sexual assault occurs in sexual violation, which can be along a continuum of unwanted sexual acts or contact. In termination, he might make threats or blame her. He does not want her to tell. The perpetrator’s character is usually confident and he is generally well-liked, a leader with a strong ability to rationalize and deny his behavior. He does not see his behavior as sexual assault.

Lisak shared the following in The Undetected Rapist. In a sample of 1,882 men with an average age of 28 who were employed and attending college part-time, and who were representative of the diverse American population, 120 men had committed 483 rapes of women they knew. None were reported. Of these 120 rapists, 44 men committed a single act of rape; 76 men committed 439 rapes, an average of nearly six rapes per rapist. These types of undetected rapists plan and premeditate their assaults. They have a scheme for getting their victims into a secluded place where they will be vulnerable. Alcohol is part of this plan, intended to make the victim vulnerable and to disinhibit the rapist so he feels free to complete his assault.

Drug-facilitated sexual assault

Approximately half of sexual assaults are associated with alcohol use by the perpetrator, victim or both.

Preventing Sexual Violence

Sexual violence prevention can take many forms, but at the heart of prevention is social change. Prevention is about changing the social norms that allow and condone violence against women. Preventing violence means changing society—addressing attitudes, beliefs, behaviors, environments and policies to eliminate those that contribute to sexual violence and to promote those that prevent sexual violence.

Early work in the movement to end violence against women focused on social change through education about the dynamics of domestic and sexual violence, through legislative changes to hold violent men accountable,
by finding and building resources to assist women, by making alliances with law enforcement and courts and through increasing perpetrator accountability. Working to prevent violence is a necessary part of a movement intent on creating a world where safety is taken for granted and all are treated with respect and equality in relationships.

Prevention can sometimes seem overwhelming because the oppression of women is deeply rooted in society. Prevention can also seem like a luxury when there aren’t sufficient resources to help victims. Certainly, the movement to end violence against women will always provide quality services to and advocate for victims of sexual violence. But the question remains: How can advocates better address the larger issue of oppression of women to reduce the number of victims who need services?

Much of today’s sexual violence prevention language, models and research comes from the public health community. Public health is an appropriate perspective with which to approach violence prevention as it focuses on the health and well-being of the community rather than an individual. It is grounded in social justice and looks at how to prevent disease or injury rather than treat disease or injury.

The core principles of public health include emphasizing primary prevention, advancing prevention efforts, creating effective programs and building on the efforts of others. The public health perspective approaches health as a public matter. Therefore, a community’s health, disease, death rates and well-being reflect the decisions and actions a society makes, for good or for ill.

**PRIMARY, SECONDARY AND TERTIARY PREVENTION**

The Centers for Disease Control and Prevention use the following definitions for the three levels of violence prevention:

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

**Secondary Prevention:** The immediate responses after violence has occurred to address the short-term consequences of violence.

**Tertiary Prevention:** The long-term responses after violence has occurred to deal with the lasting consequences of violence. Tertiary prevention also includes the work of batterer intervention programs and sex offender treatment interventions.

Efforts throughout the country to address this question and prevent violence against women have expanded and become more intentional in recent years. In the beginning, many sexual assault prevention efforts were focused on changing women’s behavior. These strategies are generally called “risk reduction.” Educational strategies that encouraged women to travel in groups, take self-defense classes and/or avoid excessive drinking were employed. While well-meaning, these strategies shifted blame for sexual assault from the perpetrator to the victim and her behavior.

Inherently this created the impression that a woman has the power to prevent a sexual assault if she had only made the “right” decisions or taken the “right” actions. These strategies reinforce the idea that when an assault...
occurs, the victim did something wrong. Not all prevention activities that focus on women are victim-blaming. Helpful and appropriate strategies can empower women to gain confidence in their abilities, identify healthy relationship patterns and/or develop social bonds in their communities.

More and more, violence prevention efforts have refocused on changing men’s behavior and the deeply ingrained social attitudes that contribute to an environment in which violence can occur. This is primary prevention, or preventing violence before it occurs. Prevention efforts should reduce the occurrence of sexual violence through promoting healthy, respectful and non-violent relationships. Addressing sexual violence in multiple settings (individual, relationship, community and society) and in multiple ways is key to prevention.

Prevention efforts are varied and community-specific. Some communities in Missouri work in middle schools and high schools to teach adolescents about the importance of respect, consent, healthy relationships and non-violence. Some communities include men in their outreach programs to educate boys about the issues of violence against women and to change their attitudes and behaviors. Other communities focus on teaching skills to individuals to increase active and visible bystanders. Social marketing campaigns are another strategy for addressing sexual violence prevention by changing the media messages consumed in communities. While evidence is still limited about what works in prevention, communities have already been effectively tailoring strategies to fit their communities and neighborhoods.

**Bystander Intervention**

Bystander intervention is one promising strategy in sexual violence prevention. Typically the term “bystander” refers to a person who passively stands by watching an event take place without getting involved. For primary prevention—stopping violence before it starts—a bystander is redefined as someone who actively intervenes when witnessing situations that promote or condone violence. This shift is important for a few reasons. First, empowering active and visible bystanders to stand up and speak out against violence shifts the cultural norm to make it more acceptable to speak up against violence. It makes violence less acceptable and, therefore, less likely to occur. Second, bystander intervention shifts us away from the notion of men as perpetrators and women as victims and instead holds both men and women responsible for being active bystanders and preventing violence.

There are different programs and approaches to bystander intervention, but they typically follow a similar philosophy. That philosophy includes teaching bystanders the skills necessary to: recognize a potential event that falls along the continuum—from inappropriate comments to sexual abuse and rape—that leads to violence; decide whether it is an event or situation that needs action; decide if the situation needs their own action; choose what to do; decide how to do it; and feel their action is manageable.
For bystander intervention to be successful, programs must be part of comprehensive prevention work that seeks to change social norms, policies, organizational practices, laws and community awareness. Through teaching the knowledge and skills necessary to intervene, bystanders can have a powerful and immediate impact on preventing sexual violence.

It is also important to understand the difference between awareness and primary prevention. Awareness activities, such as one-time events or education sessions, will not change beliefs, attitudes or behaviors or prevent sexual violence. However, without a basic understanding of the nature and dynamics of sexual violence, a community does not have the context or sense of urgency to mobilize to do true prevention work. Institutional and community awareness of the issue is needed, as is an understanding of the concept of primary prevention. Thus, awareness-raising is necessary but not sufficient to achieve social change. Awareness must be moved into action to bring about social change. Comprehensive primary prevention programming can foster that change.

### Prevention as Social Change

Domestic and sexual violence prevention can take many forms, but at the heart of prevention is social change. Prevention is about changing the social norms that allow and condone violence against women. Preventing violence means changing our society—addressing attitudes, beliefs, behaviors, environments and policies. Prevention means eliminating all of these that contribute to violence and promoting those that prevent the violence.

The early violence against women movement focused on social change through education about the dynamics of domestic and sexual violence, through legislative changes to make women safer, by finding and building resources to assist women, by making alliances with law enforcement and through increasing perpetrator accountability. Prevention has grown out of this social change movement.
Sexual Violence and Its Complex Effects on Survivors

Sexual violence can cause a profound disruption in the lives of victims and their loved ones. Quite simply, the effects of a sexual assault can affect survivors on many levels and can last many years. The healing process is often long and difficult. Professionals, friends, family and partners often can fail to understand and respond supportively to survivors of sexual assault.

An aspect crucial to effective advocacy is becoming familiar with typical responses to sexual violence. Advocates should be able to convey to survivors some of the things they can expect as they process what happened to them. It is essential that when a survivor asks for help, she can be reassured that her response to the violence is normal and that she is not alone.

Every survivor will react differently to the violence committed against her. A survivor’s reactions can be based on her life experiences, her prior knowledge or perceptions about sexual violence, factors unique to her assault, responses from others, and a variety of other factors—each unique to the individual. Whatever reactions she experiences are normal responses to an abnormal situation.

Below are some common reactions to sexual violence. An individual survivor may experience all, some, or none of these reactions.

- Shock/denial.
- Irritability/anger.
- Depression.
- Social withdrawal.
- Numbing/apathy (detachment, loss of caring).
There’s no way to describe what was going on inside me. I was losing control, and I’d never been so terrified and helpless in my life. I felt as if my whole world had been kicked out from under me, and I had been left to drift all alone in darkness. I had horrible nightmares in which I relived the rape and others which were even worse. I was terrified of being with people and terrified of being alone. I couldn’t concentrate on anything and began failing several classes. Deciding what to wear in the morning was enough to make me panic and cry uncontrollably. I was convinced I was going crazy, and I’m still convinced I almost did.

— Sexual Assault Survivor


- Restricted affect (reduced ability to express emotions).
- Nightmares/flashbacks.
- Difficulty concentrating.
- Diminished interest in activities or sex.
- Loss of self-esteem.
- Loss of security/loss of trust in others.
- Guilt/shame.
- Embarrassment.
- Impaired memory.
- Loss of appetite or increased appetite.
- Thoughts of suicide.
- Substance abuse.
- Hypervigilance (always being “on guard”).
- Insomnia.
- Exaggerated startle reflex.
- Panic attacks.
- Eating problems/disorders.
- Self-harm (cutting, burning or otherwise hurting oneself).
- Sexual dysfunction (not being able to perform sexual acts).
- Hypersexuality (elevated sexual activity).
### MODERATING FACTORS IN A SURVIVOR’S RESPONSE

Responses to sexual violence differ from person to person based on a number of factors in a survivor’s life. The questions below may help advocates understand a victim’s complex response but should not be asked directly to her as a questionnaire.

#### PERSONAL FACTORS
- How old was the victim at the time of the assault? What was her developmental stage?
- What is the survivor’s gender identity?
- Had she ever been sexually assaulted before?
- Did the victim know the perpetrator before the attack? If so, how did she know him?
- Was she able to make use of social support networks afterward?
- How did other people respond when she chose to talk about it? Did they believe her? How supportive were they?

#### EVENT FACTORS
- How often did the assault occur (one-time occurrence, more than once or ongoing)?
- As perceived by the survivor, how severe was the assault?
- How long did the initial assault last?
- What type(s) of assault did the victim experience?
- What was the degree of physical violence, personal violation and/or threat to life that the victim perceived and/or endured?

#### ENVIRONMENTAL FACTORS
- Where did the sexual assault happen?
- What degree of safety and control has the victim regained since the assault? What sense of safety and control did she feel before the assault?
- What are the prevailing attitudes and values about sexual assault in the victim’s community, social circles, family, etc.?
- What was the quality and accessibility of care that she received after the assault?

#### RESPONSE FACTORS
- Were the responses of loved ones/advocates/law enforcement/medical personnel/others well-timed and appropriate?
- Where and when did these individuals respond? Were responses invasive or supportive?
- How competent were the individuals who worked with the victim?
- When others responded, did the victim have a sense of control? Did she feel they believed her?

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Common responses to sexual assault

In addition to the variety of individual reactions a sexual assault survivor may experience, most survivors experience a similar pattern of responses in the aftermath of an assault. The following model helps to illustrate how many survivors reorganize their emotions after a sexual victimization. It is important to remember that each survivor will work through what happened to her in her own way. Not every survivor will experience all of the stages described here nor necessarily experience them as distinct stages. However, many survivors find information about common responses to sexual assault comforting because it helps to put what they are experiencing into perspective.

CRISIS STAGE

The Crisis Stage occurs immediately following the assault and can continue from a few hours to a few weeks.

During the Crisis Stage, a survivor may:

- Feel shock, disbelief, dismay, anger, shame, self-blame and/or guilt.
- Experience emotional instability (e.g., calm one minute, distraught the next).
- Feel confused, bewildered.
- Have a difficult time sleeping.
- Feel nauseous or lose her appetite.

ADJUSTMENT STAGE

During the Adjustment Stage, survivors struggle to make sense of the assault. They typically will go back and forth between two phases: Suppression and Reaction.

SUPPRESSION PHASE

During the Suppression Phase, a survivor may:

- Return to her normal routine.
- Try to maintain control.
- Appear to have “forgotten” the assault.
- Terminate counseling, support group or other services because she feels “well.”
- Deny or suppress emotions regarding assault.
- Protect the feelings of others.
- Think of the assault from a third-party viewpoint.
REACTION PHASE

During this Reaction Phase, a survivor may:
- Experience the return of overwhelming emotions.
- Experience a breakdown of defenses.
- Experience a flood of memories.
- Feel depressed.
- Have a need to talk about her feelings.
- Feel uncertain about her ability to “recover.”
- Experience anxiety or panic attacks.
- Appear to be “getting worse instead of better.”
- Feel as if relationships with loved ones are in jeopardy.
- Have mood swings.
- Feel as if she is “going crazy.”

INTEGRATION/RESOLUTION STAGE

In the Integration/Resolution Stage, survivors gain perspective on the assault and incorporate the experience into their lives, creating a “new normal.”

During the Integration/Resolution Stage, a survivor may:
- Decide to make lifestyle changes.
- Reexamine her priorities and values.
- Become comfortable with expressing anger and directing it appropriately.
- Reevaluate current relationships.

RAPE-RELATED POSTTRAUMATIC STRESS DISORDER

Some survivors of sexual assault may develop Rape-Related Posttraumatic Stress Disorder (RR-PTSD). According to one national study, nearly one-third of all rape victims develop RR-PTSD sometime during their lifetimes. PTSD is a mental health disorder primarily characterized by chronic anxiety, depression and flashbacks that develop after experiencing significant trauma such as combat, natural disaster or violent crime victimization. RR-PTSD must be diagnosed by a mental health professional.

Rape-Related Posttraumatic Stress Disorder

Between 50 percent and 90 percent of women develop Post Traumatic Stress Disorder after being raped.


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MEETING SURVIVORS’ NEEDS

Survivors’ needs vary with each stage they may experience after a sexual victimization. The suggestions below should not be viewed as a linear response to a victim’s needs, rather, as guidelines to help meet a survivor where she is in her own healing process.

DURING THE CRISIS STAGE, SUPPORT A SURVIVOR BY:
- Believing her.
- Letting her know that the violence was not her fault.
- Accepting whatever emotional responses she may have.
- Not giving the impression that you are proud of how “strong” she is or how “well” she is handling the situation. Doing so puts an unfair responsibility for your feelings on the victim.
- Reframing the assault in terms of the actions the perpetrator took.
- Informing her of the options available to her.
- Allowing her to regain control by making decisions about:
  - Whether or not to tell or involve other people, including her partner, family or friends.
  - Whether or not to report to police.
  - Whether or not to seek medical attention.

DURING THE SUPPRESSION PHASE OF THE ADJUSTMENT STAGE, SUPPORT A SURVIVOR BY:
- Supporting her decisions, including if she chooses to end counseling or other services.
- Understanding her need to reorganize her life as she feels necessary.
- Allowing her to cope with her experiences at her own pace.
- Remembering that she is the expert on her life.
- Keeping the lines of communication open.
- Not pressuring her to “deal with it.”

DURING THE REACTION PHASE OF THE ADJUSTMENT STAGE, SUPPORT A SURVIVOR BY:
- Allowing her to talk about her experience without interrupting.
- Assuring her that she is not “crazy” and that she is reacting normally to an abnormal situation.
- Continuing to reframe the assault in terms of the actions the perpetrator took.
- Helping her identify supportive people and healthy methods of coping during flashbacks, periods of anxiety, etc.
- Providing her with or encouraging her to seek out factual information about sexual violence or writings by survivors.
- Helping her work through the grief process.
- Acknowledging that she may feel she lost part of herself (such as her innocence, trust in others and/or sense of safety).
- Helping her to convey to those around her that healing is a process.
- Providing her with referrals to counseling, support groups and other services.
- Addressing any unmet medical needs (testing for a sexually transmitted infection) if she chooses.

DURING THE INTEGRATION/RESOLUTION STAGE, SUPPORT A SURVIVOR BY:
- Reaffirming her decisions.
- Providing continued support and acknowledgement of any loss of support from those she may have traditionally relied upon.
- Planning an ending process for counseling/advocacy/support group.
Empowerment and Advocacy for Survivors

Throughout this publication, the word empowerment is used often. There is good reason for this. When a woman is sexually violated, the perpetrator takes a woman's power and sense of control from her through force, coercion or threat. The process of empowerment restores a woman's power and control over her own life and affords her the opportunity to see herself as a strong survivor who can advocate for herself.

A woman victimized by sexual violence deserves to tell her story to a non-judgmental, empathetic person. It is critically important to let her know that she is believed and that the attack was not her fault. This might be her first—and perhaps last—opportunity to be fully heard. By listening to a survivor talk about what has happened to her, advocates will have a greater understanding of her situation and can discuss options that are based on the survivor’s own experience, hopes and fears. When working with a sexual violence survivor, inform her of available resources and allow her to empower herself through education—instead of taking control and making decisions for her. This increases her ability to advocate for herself both immediately and throughout her life. It also is important to remember that victims of sexual violence are, first and foremost, individuals with lives that encompass more than their victimization. All too often women who have experienced sexual violence are saddled with labels and diagnoses by well-intentioned, yet misguided, people who simply want to help.

Labels that are applied to women victimized by sexual violence in particular moments of their lives do not reflect the total complexity of their experiences. People who work with survivors should keep in mind that these women can and do harness enormous power to move beyond the violence they experienced.

Empowerment affords a woman who has been sexually assaulted the opportunity to see herself as a strong survivor who can actively advocate for herself.

When a woman is sexually assaulted, the perpetrator takes a woman’s power and sense of control from her. Empowerment restores a survivor’s power and control over her own life.
The LIFE process of assisting women victimized by sexual violence

Listening, informing, facilitating and educating (LIFE) can lead to empowerment for a victim when the LIFE process of assistance is used. Through this process, victims gain knowledge about what has happened to them and are encouraged to reclaim power over their own lives. This process happens in degrees, but it does happen.

LISTEN
- Provide a safe place for a woman to talk and tell her story.
- Afford sufficient time for her to become comfortable and able to discuss the details of her assault, if she wishes.
- Begin with her story, history, concerns and questions. Affirm her experience and what she is saying. Clarify anything you, or she, do not understand.
- Identify her hopes and fears and the resources she is currently using or might need.

INFORM
- Tell her about available resources.
- Explore her circumstances and discuss the worst- and best-case scenarios as they relate to each of the remedies available to her.

FACILITATE
- Help her to critically assess her chosen course of action and to understand the possible outcomes of each action.
- Schedule specific times and dates for ongoing contacts or follow-up.
- Help her create a plan to increase her feelings of safety and comfort.
- Explore all contingency plans.

EMPOWER AND ASSIST
- Provide her with information so she can advocate for herself, thereby reclaiming control of her life.

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My life was a blur; no one is prepared, I’m sure, for the amount of time and energy it takes to recover from rape. I couldn’t have worked my way through the system without an advocate helping me—making appointments, talking to my husband and me together so that we could make plans.

— SEXUAL ASSAULT SURVIVOR

Revictimization

The response of others is vitally important to survivors of sexual violence. The way in which family, friends, law enforcement, medical professionals and advocates react to a survivor’s situation can cause her to feel supported, or can leave her feeling revictimized. Revictimization is negative treatment that mirrors and exacerbates the trauma of the sexual assault or violation. The following are some common occurrences that can contribute to a survivor feeling victimized all over again:

- She is not believed.
- Her choices are called into question, or blame is placed on her.
- She is asked intrusive and/or inappropriate questions.
  - Some of the questions law enforcement and medical personnel must ask can be intrusive. Much revictimization results from the way in which questions are asked and the tone and choice of wording of the questions.
- She is made to tell her story over and over again.
- Her choices are taken away.
- She feels as if she has no options or is not made aware of them.
- She feels as though she has no control over her own story.
  - If one person the survivor talks to tells another person without her permission, this is taking control away from the survivor.
  - Occasionally there are situations when an advocate or professional must report the sexual assault to others. The survivor should always be made aware of this situation and be given the opportunity to report the violence herself or be accompanied by the individual who will share her story.

The above actions take control away from a survivor and are particularly revictimizing when they are committed by her family, friends, partner or support system.

They asked so many questions such as “Did you know him?” “Had you ever dated him?” Those questions really upset me. It was as though they didn’t believe me.

— SEXUAL ASSAULT SURVIVOR

In the empowerment model, a woman seeking help is assumed to be a basically healthy person who needs understanding, concrete information, support and resources to make changes.

You should consciously reinforce the expectation that a woman who has been sexually assaulted can—and will—take charge of her own life.

This is an adaptation of the “Empowerment Wheel” developed by the Domestic Violence Project, Inc., in Kenosha, WI, and is based on the “Power and Control and Equality Wheel” developed by the Domestic Abuse Intervention Project in Duluth, MN.
The written Japanese kanji expression for “crisis” is composed of two characters. Taken separately, one means “opportunity,” the other means “danger.” Crisis can thus be a time of danger or vulnerability that offers an opportunity for change and growth.

- **REMAIN CALM**
  Fear is contagious. Many women in crisis have enough fear bottled up to last a lifetime. By emotionally reacting to a woman’s fear you might limit your own ability to think clearly. The best ways to manage your fear are to be well-informed on procedures and resources; know yourself and how to gauge your own emotional reactions; and get to know the woman you are working with so you can help her separate objective reality from her immediate sense of fear.

- **LET WOMEN DECIDE THEIR OWN PACE**
  Allow women you are helping to decide their own plan of action. Some women in crisis have never recognized their own abilities or strengths. Others have lost touch with their strengths. Respect and believe in a woman’s capacity to change and grow.

- **EXPLAIN ALL KINDS OF INFORMATION THOROUGHLY**
  Don’t assume that women know about their rights or available services. Don’t talk down to women, but do be thorough in explaining information about your services and other community resources. If a woman looks or sounds confused, ask if she has any questions. Listen to her. Remember that she is the expert on her situation.

- **DO NOT IMPOSE YOUR OWN VALUES**
  You can express concern about a woman’s choices if you believe she is in danger, but you must be careful not to reject her if you disagree with her behavior. Understanding the dynamics of sexual violence can help you avoid feeling anger or despair when women struggle with decisions such as reporting an assault to law enforcement or seeking medical attention.

- **ENCOURAGE EACH WOMAN TO ACCEPT RESPONSIBILITY FOR HER FUTURE**
  There might be a tendency for you to want to do things for her that she can do for herself. Even though you can and should help her, she will become stronger and more self-sufficient as she assumes responsibility for her own life.

- **BE ABLE TO TOLERATE YOUR OWN ANGER AND THE WOMAN’S ANGER**
  Have some personal outlets for your anger, anxiety and frustrations. You will be better equipped to help women in crisis if you can avoid “burn out” and overwhelming stress. Talk to other staff members or sexual violence program advocates if you need help dealing with your anger or a woman’s anger about the violence she has survived.

- **MINIMIZE EDUCATIONAL, SOCIAL AND ECONOMIC DIFFERENCES AS MUCH AS POSSIBLE**
  Avoid focusing on your own personal history. If you are distant, however, the woman you are trying to help might feel hurt. Strive for a comfortable balance. Answer her questions about you with minimal detail and re-focus the conversation back on her life. Convey warmth, respect and concern.
Safety planning with victims of sexual violence

Safety planning can increase a sexual violence victim’s sense of well-being and safety. The concepts, questions and discussions are similar to safety planning with domestic violence victims and follow the cues and responses of the survivor. For instance, does she know whom to call if she is scared after a nightmare or has a flashback? Does she think she might see the perpetrator again in the community? Is the perpetrator in custody? Does he know where she lives? If the assault occurred in her home, she may be too traumatized to return to that home and may need shelter for her physical and/or emotional safety. Does she know the local rape crisis center hotline number and that she can call anytime if she needs to talk?

Discuss the possibility of triggered memories. Triggers include anything that can lead to thoughts of an assault or abuse situation or to a flashback, including specific objects, sensory images (e.g., smells, tastes, sounds), specific environments (e.g., people, places), anniversary dates, time of year or change of seasons.

Focus safety planning with sexual assault survivors on knowing community resources, normalizing potential responses and triggers, and creating a sense of safety within themselves and within their personal space.

Considerations for working with diverse populations

Sexual violence affects all segments of society that are defined by gender, race, ethnicity, religion, age, sexual orientation, geographic location, socioeconomic status, and physical or mental ability. Since our society is very diverse, it is important to understand that sexual violence and cultural issues can intersect in complex ways for different individuals. To effectively provide survivor-focused advocacy to all survivors, advocates must recognize that each individual understands sexual violence in a different way and may experience different barriers to seeking services. For example, if a person who is deaf chooses to report an assault, they may find that a service provider does not have access to an interpreter or assistive devices. Service providers should become familiar with the diverse populations in their communities and develop outreach strategies to ensure that all victims of sexual violence are aware of services and are able to gain access to them. Having a staff that is culturally representative of the community should be a goal for all programs and services.

PEOPLE WITH DISABILITIES

The term “people with disabilities” is often used to describe a diverse group of individuals, including people with cognitive, physical or sensory disabilities, or people with mental illness. Many individuals with disabi-
ties are at an increased risk for sexual violence. Perpetrators often choose to target people with disabilities because they perceive them to be vulnerable, unable to defend themselves and/or unlikely to report an assault.

People with disabilities can be more vulnerable to sexual violence for a variety of reasons. Some people may depend on others to meet their basic needs. These care providers may be involved in the more intimate parts of a person’s life, which can increase the opportunity for abusive acts. Some people with disabilities are conditioned to be obedient or passive; this socialization to comply may inadvertently make them more vulnerable to abuse. People with physical disabilities may face greater difficulties than those without physical limitations if they try to defend themselves or seek to escape a violent situation. Those with cognitive disabilities may be overly trusting of others. They may not understand the difference between sexual and non-sexual touching and may not understand that sexual violation is not normal.

People with disabilities are often less likely to seek services because they fear they will not be believed, do not realize that what happened to them was abuse or assume service providers will not be accessible to them. Barriers to communication also can cause problems in gaining access to services.

When working with people with disabilities, it is important to remember that each individual is very different in terms of skills and needs. Advocates should never make assumptions about a person’s abilities based on appearance and, when in doubt, should not be afraid to ask the individual what support she needs. Advocates should be open, respectful and flexible—as they are when working with all victims.

Any program working with sexual violence victims should collaborate with local programs that provide services for people with disabilities to share resources and receive education and support.

**IMMIGRANT AND REFUGEE WOMEN**

An immigrant or refugee woman may face extreme difficulty in obtaining services due to cultural isolation and language barriers. She may be unfamiliar with the community and unaware of resources available to her. Because of experiences in her country of origin or discrimination in this country, she might have little trust in the justice system or may not be aware that programs even exist to meet the needs of survivors. If she is undocumented, she may fear deportation if she chooses to report to law enforcement. Undocumented victims can pursue a U-Visa, which is designed for non-citizen crime victims who have suffered substantial physical or mental abuse from criminal activity and who agree to cooperate with government officials investigating or prosecuting the criminal activity. It is critical that immigrant and refugee women have access to legal services to help them address their particular concerns and legally complex situations.

Creating a plan to ensure language accessibility for all victims, conducting outreach in immigrant and refugee communities, and becoming aware of community resources can help programs provide quality services to immigrant and refugee women.
LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) SURVIVORS

Heterosexism in our culture puts lesbian, gay, bisexual and transgender (LGBT) people at greater risk for sexual assault. It is common for perpetrators to use sexual violence as a way to punish and humiliate someone for her or his sexual orientation or gender identity. Sexual assault is one type of violence that often occurs during an anti-LGBT hate crime committed by a stranger or non-stranger. LGBT individuals also can be assaulted outside of the context of a hate crime, by strangers or non-strangers, including their intimate partners.

LGBT survivors often experience unique issues and barriers to seeking services. They may fear negative responses to their sexual orientation if they choose to seek services. They may fear that disclosing a sexual assault would perpetuate negative stereotypes about the lesbian, gay, bisexual or transgender community. In addition to the difficulty of telling others about a sexual assault, LGBT individuals may fear being forced to “come out” as an LGBT individual if they approach their family, friends or law enforcement to report the sexual assault. They may fear that certain institutions, such as the criminal justice and medical systems, would not be able to effectively help them because of predominant, sometimes unintentional, heterocentric attitudes (i.e., the assumption that everyone is heterosexual or “straight”).

Service providers can support LGBT victims by reassuring them that they are believed and that the violence is not their fault. If a LGBT victim chooses to disclose that an assault occurred, advocates can provide support by being sensitive to the additional barriers that may arise. Using inclusive language while providing services also can help LGBT survivors feel more comfortable seeking services. Use gender neutral language such as “partner” or “significant other” until you know for certain the gender of the abuser. LGBT survivors will interpret how you use gender language as sensitivity to their needs or as a lack of sensitivity and understanding from program staff.

MALE SURVIVORS

Men can also be victims of sexual violence, regardless of their sexual orientation. Research shows that the majority of male sexual assault victims are raped by another man; however, men are sometimes sexually assaulted by women. Men who sexually assault other men might identify as straight; others might not. Men are socialized to believe that sexual assault only happens to women. Consequently, male survivors may experience not only rage, self-blame, guilt and other familiar reactions, but may also develop special concerns about their own sexuality, compounding their reluctance to seek help. In our homophobic culture, straight men who are assaulted by another man may fear seeking services because they do not want to be seen as “gay.” If the survivor is gay, then seeking services may force him to publicly disclose his sexual orientation—something he may not be ready to do.

Many men will go to the emergency room and report the physical assault, but not the sexual assault. Sometimes, men who are assaulted

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SEXUAL ASSAULT SURVIVOR

may experience an erection or ejaculation during the assault. This is a physiological response and does not mean that the victim “wanted” the sexual assault.

Letting a male survivor know that he is believed and that the violence was not his fault is central to helping him become more comfortable in seeking services.

OLDER WOMEN

Due to their age and life experiences, sexual violence may present older women with a number of issues that are different from those experienced by younger survivors. Older women can be more vulnerable to sexual violence for a variety of reasons, including isolation, physical condition, health and/or dependency on caregivers. Many have been raised in a culture and during a time when sexual matters were not openly discussed, making it difficult or even humiliating to disclose sexual abuse. This, in turn, makes them less likely to report. Older women also may choose not to report because they fear younger professionals would view them as sexless and, therefore, unbelievable. For many older victims, the term “sexual violence” may be unfamiliar, since public awareness of the issue is relatively new. Older women who have experienced sexual violence in an intimate relationship may not define the violence as a crime. Sexual violence perpetrators can be aware of these factors and often target individuals less likely to be able to defend themselves or to report the crime.

Domestic violence, including sexual assault by an intimate partner, is not included under the mandated elder abuse reporting law in Missouri. An “eligible adult” under Missouri elder abuse reporting law is defined as someone at least 60 years old who is unable to protect his or her own interests or adequately perform or obtain services which are necessary to meet his or her essential human needs (660.250 RSMo).

ADULT SURVIVORS OF CHILD SEXUAL ABUSE/INCEST

It is common for survivors to seek services many years after an assault or series of assaults. Sometimes an adult starts to experience difficulty later in life as a result of a sexual assault that happened many years ago. Something may have triggered memories or they may have only recently identified the event as a sexual assault.

For some, the sexual abuse was committed by a family member and perhaps the death of that individual allowed the victim to feel comfortable discussing what happened. When working with an individual who has experienced multiple forms of trauma, it is important to focus on what caused the survivor to contact the program and how the survivor currently identifies the need for assistance.

ADVOCATES WHO ARE SURVIVORS

Many are called to advocacy work after a personal experience with sexual violence, either in their own lives or in the life of a loved one.
Including survivors’ voices in the development and implementation of services continues to be a priority of the movement to end violence against women. Some survivors choose to become a part of the movement as a means of empowerment. Some survivors may choose to be on a sexual violence program’s board of directors; some may choose to work as advocates; others may volunteer to be a part of a program’s speakers’ bureau to tell their stories to others. Survivors providing direct services should be aware that advocacy with others may bring back memories of their own victimization and should identify their own coping strategies.

It is important to remember that each survivor has a different experience that is not necessarily reflective of all victims. Although there may be similarities among survivors’ stories, each individual uniquely experiences sexual violence.

But I was not destroyed by this experience.
Instead, I am stronger than I was before.
After my rape, I played over and over again a favorite song that gave me strength.
One line in the song resonated with me:
“Spirit is something no one destroys.”
I fell back on those words; still do.

— SEXUAL ASSAULT SURVIVOR

Collaboration: Understanding the Roles of Community Partners

Working collectively provides opportunities to secure results that communities are more likely to achieve together than alone. These joint efforts demand relating to and working with one another in innovative ways. In the context of addressing sexual violence, it is essential to bring together diverse service providers and community members, to meld resources and embrace new ideas and strategies.

For the sake of justice and human rights, communities have an interest and obligation to end sexual violence. The health, economic and social costs of sexual violence warrant attention as well. Living in an atmosphere dominated by violence against women is harmful to everyone. Each community owes survivors respect and competent services that provide safety and restore their well-being and sense of security.

Several communities in Missouri already are effectively responding to sexual violence. Known as coordinated community responses, these efforts are commonly formed and maintained by individuals and organizations that most frequently provide services to sexual violence survivors. Groups of concerned civic leaders, law enforcement and justice system officials, social service and health care providers, educators, and clergy can have a significant effect on their communities when they unite for a common purpose. Some groups meet formally on a regular basis; others have an informal structure that relies upon regular and honest communication among the participants.

Collaboration is a process that gets people to work together in new ways. To most effectively work as a team, each community partner needs to know what resources partner agencies have to offer; how the referral and networking connections should be structured; and what services they can expect to be offered to victims. To facilitate a cooperative alliance between all community partners, it is important to know something about the work they do and how they can assist survivors by providing support and safety.

A key element to the success of addressing sexual violence is forming partnerships within a community.

Sexual violence initiatives in any community require collaboration with other service providers and thereby offer opportunities to create and sustain new ways of working together.
ADVOCATES FROM A SEXUAL VIOLENCE PROGRAM

The advocate with a sexual violence program is available to provide emotional support, assistance, information and referrals to the victim of sexual violence. With the victim's permission, an advocate from a sexual violence program may be present to support the victim during law enforcement interviews and the sexual assault forensic examination. If the victim chooses to report the crime and the crime is prosecuted, the advocate also is available to provide support.

MEDICAL PERSONNEL

The role of medical personnel is to provide for the immediate medical care of victims. With the victim's permission, medical personnel may collect and document evidence with a sexual assault forensic examination using a sexual assault evidence collection kit, sometimes called a “rape kit” by the general public. Any evidence collected is sealed and given to law enforcement. It is a best practice to have a specifically trained medical professional conduct the exam, such as a medical professional certified as a sexual assault forensic examiner, known as SANE (Sexual Assault Nurse Examiner) or SAFE (Sexual Assault Forensic Examiner).

Missouri law defines medical providers authorized to conduct forensic exams as “any licensed nurse, physician, or physician assistant, and any institution employing licensed nurses, physicians or physician assistants” (595.220.7(1) RSMo).

LAW ENFORCEMENT

Law enforcement officers respond to the crime by interviewing the victim and investigating the sexual assault. If the victim chooses to have a sexual assault forensic examination, the medical personnel will provide the sealed kit and other collected evidence, such as clothing, to the law enforcement officer. The victim can choose to have a sexual assault forensic examination even if she is unsure if she wants to report the crime to law enforcement. When an investigation is complete, law enforcement may submit evidence of the crime to the prosecuting attorney’s office.

PROSECUTOR

The responsibility of the prosecutor is to provide for the safety of the community and victim by holding offenders accountable through prosecution of criminal cases. Prosecutors evaluate law enforcement reports of sexual assault to determine if sufficient evidence exists, or could be obtained, to file criminal charges.

OTHER KEY PARTNERS

A coordinated community response team should include other professionals, disciplines and community members who play important roles in an effective response to sexual violence. These other team members may include, but are not limited to, sex offender management and treatment...
professionals, child advocacy center staff, juvenile justice staff, probation officers, campus faculty and staff, clergy, non-traditional service providers, and mental and public health professionals.

THE SART AND SARRT MODELS

The Sexual Assault Response Team (SART) and Sexual Assault Response/Resource Team (SARRT) are two coordinated community response models employed nationwide. Both are multidisciplinary groups of service providers that work together to help victims of sexual violence.

- The **Sexual Assault Response Team** is a group of professionals who work together to coordinate a competent initial response to a victim’s disclosure. This response may include providing information about reporting, medical care and support options; collecting evidence, including the sexual assault forensic exam; and initiating the law enforcement investigation. A SART should include a sexual violence advocate, medical personnel (often a SANE or SAFE), law enforcement and a prosecutor.

- The **Sexual Assault Resource and Response Team** is a group of individuals who work independently but communicate with each other regularly to discuss mutual cases and solve mutual problems to ensure the community’s response to sexual assault functions smoothly on a day-to-day basis. At a minimum, a SARRT should include a sexual violence advocate, medical personnel (often a SANE or SAFE), law enforcement and a prosecutor. Other service providers may be members of the SARRT depending upon the needs of the community.

Some of these teams meet formally on a regular basis; others have an informal structure and rely upon regular communication among participants.

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**Working together**

- Rape survivors who had the assistance of an advocate were significantly more likely to have police reports taken and were less likely to report feeling as if they were treated negatively by police officers. These women also reported that they experienced less distress after their contact with the legal system.

The Medical System’s Response to Sexual Violence

A survivor of a recent sexual assault may choose to go to a hospital or clinic to receive medical attention. At that point, she is often scared, confused and uncertain of her options. She may not even define what happened to her as a sexual assault. It is important for advocates working with hospitals to understand the basic medical procedures, evidence collection and health care responses to sexual assault so they can assist the victim in navigating the medical system and help her to choose the options most comfortable for her.

At present, there is no statewide system in place standardizing the medical response to sexual assault in Missouri. Prior to the Missouri Sexual Assault Forensic Exam (SAFE) program being transferred from the Department of Health and Senior Services (DHSS) to the Department of Public Safety (DPS) in 2009, DHSS was directed to create a checklist for medical providers to refer to while providing treatment to victims of sexual assault. In addition, DPS helped develop a checklist for forensic examiners to use for evidence collection, preservation, and storage. Additionally, there are national guidelines developed by the U.S. Department of Justice that can be helpful to coordinated community response teams in developing local protocols and practices. While the state checklist and national guidelines provide a measure of continuity in the provision of sexual assault forensic examinations, each community and facility in Missouri will do things a little differently. It is a best practice for advocates with sexual violence programs to become familiar with systems and procedures in their own community and to partner with local hospitals and clinics to provide compassionate, informed and comprehensive responses to survivors.

When a sexual violence victim seeks help from a hospital or clinic, medical personnel should assess and address all medical needs. This includes a thorough examination, appropriate treatment and complete documentation based on the DHSS Sexual Assault Medical Treatment Checklist, standard medical practice, and on the medical and assault history given by the victim. In conjunction with the medical examination, medical personnel are responsible for conducting the sexual assault forensic examination, if the victim chooses. Missouri law (595.220.4 RSMo) requires that medical professionals use the evidentiary collection kit and follow the forensic evidence collection checklist.
Medical personnel often initiate the advocacy response. When a victim of sexual assault arrives at a hospital or clinic, it is best practice for medical personnel to call an advocate. The advocate should be allowed to speak with the victim, explain what the advocate can do to help and allow the victim to choose if she would like the advocate's assistance. Victims always have the option of declining an advocate's services or asking an advocate to leave at any point.

Unless the victim has suffered a gunshot wound, medical personnel are not required to contact law enforcement, according to Missouri law (578.350 RSMo). Initiating the law enforcement response should always be the victim's choice. Also, if the victim chooses, medical personnel can conduct the sexual assault forensic examination without contacting law enforcement at that time.

**EMERGENCY CONTRACEPTION**

As part of the medical examination, victims of sexual assault should be offered emergency contraception treatment. There are three forms of emergency contraception: larger doses of certain regular birth control pills; Copper T-IUD (interuterine device); and Emergency Contraception Pills (ECP). Typically, when individuals discuss emergency contraception they are referring to ECP. Most often, hospital staff will offer the ECP option.

ECP is a high dose birth control pill (or two pills) that can be used after a sexual assault or unprotected intercourse to prevent pregnancy.

**Three kinds of ECP:**

- **Plan B** was formerly the most widely used ECP. Plan B is a two-pill dosage and is being phased out.
- **Plan B One-Step**, which is one pill, is currently the most commonly used ECP.
- **Next Choice** is the newest ECP option and many people are not yet aware of it. Next Choice is the generic version of Plan B and is a two-pill dosage. The directions indicate that the pills should be taken 12 hours apart, but research indicates it is effective to take both pills at the same time.

ECP is sometimes called the “morning-after pill,” but this is misleading because the pills can be taken immediately or up to 120 hours after the sexual assault or unprotected intercourse. ECP is most effective within 72 hours of the sexual assault or unprotected intercourse. The sooner it is taken, the more effective it is. It will not prevent 100 percent of pregnancies. Seven out of eight women who would have gotten pregnant do not.

Like regular birth control pills, ECP can prevent pregnancy by delaying ovulation or preventing fertilization. There is also a small chance ECP prevents implantation, but all research indicates that is not the primary or likely way ECP works.

ECP does not cause an abortion. Just like with regular birth control pills, ECP cannot interfere with an established pregnancy. It is not the same as RU-486 (mifepristone), which results in a medical abortion.

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**DHSS Sexual Assault Medical Treatment Checklist**

The Missouri Department of Health and Senior Services (DHSS) has developed a medical treatment checklist for medical providers to refer to when caring for a victim of a sexual offense. In addition to a comprehensive examination, the checklist includes, but is not limited to, the following:

- Priority care and private room for patient.
- Respond to patient safety concerns.
- Transfer protocol (MOU/MOA) if needed.
- HIV counseling.
- STD counseling.
- STD testing.
- STD treatment/prophylaxis.
- HIV testing.
- HIV treatment/prophylaxis.
- Other antibiotic prophylaxis.
- Pregnancy testing.
- Emergency contraceptive treatment.
- Tetanus immunization (if indicated).
- Laceration repair (if indicated).
- Wound care.
- Fracture/sprain treatment (if necessary).
- Shower for hygiene after exam complete.
- Clothing for discharge and other comfort supplies as needed.
- Release of information to other agencies (e.g., Crime Victims’ Compensation, law enforcement).
- Discharge instructions and counseling.
- Discharge safety plan as needed.
- Out-patient follow up.
I’m not sure I would have gotten through the physical examination and then the court case without my advocate from the rape crisis center. She was there for me every moment that I needed her, and even more important, she let me know what to expect at every step.

— SEXUAL ASSAULT SURVIVOR


Federal law mandates that ECP be available to anyone 17 and older without a prescription. A survivor must have a government-issued ID to prove her age. FDA requires ECP be kept behind the counters so it will be in the pharmacy department and not on the aisles with other forms of birth control like condoms. Someone other than a pharmacist, such as pharmacy staff, can dispense ECP when a prescription is not required. Those 16 years old and younger must have a prescription to receive ECP, but they do not need parental notification to be able to buy it.

Because some pharmacists exercise their “conscience clause” and do not dispense ECP, advocates should know where survivors can obtain ECP in their community (e.g., family planning clinics, campus clinics, pharmacies or the emergency room) and know if ECP is kept in stock. Hospital emergency room staff may dispense ECP in accordance with the DHSS Sexual Assault Medical Treatment Checklist.

MEDICATION TO PREVENT SEXUALLY TRANSMITTED INFECTIONS

In accordance with current medical standards, victims should also be offered prophylactic medications to help prevent sexually transmitted infections (STI), often called sexually transmitted diseases or STDs. These medications can help to prevent some infections transmitted during sexual contact. Prophylactic medications, particularly the medication to prevent HIV, can be very expensive. As a result, some hospitals might not offer STI prophylactic medications, and many will bill the victim for the treatment. Although Crime Victims’ Compensation (CVC) will reimburse victims for prophylactic medications, some victims might be asked to pay the high costs associated with STI prevention. Even if a victim is denied financial assistance for medical expenses acquired during forensic exam, the victim can appeal the decision under the CVC “good cause” exceptions.

SEXUAL ASSAULT FORENSIC EXAMINATION

A victim of sexual violence may choose to consent to a sexual assault forensic examination. A sexual assault forensic exam collects evidence that can be used by the criminal justice system in a sexual assault investigation or prosecution. A sexual assault forensic exam does not prove whether or not a sexual assault occurred. It simply collects evidence to corroborate a victim’s account of an assault and may help prove that certain acts occurred or that there was force. However, the absence of such evidence does not prove the victim was not assaulted. For example, the perpetrator may have used a condom during the assault or the assault may not have caused a visible injury.

A victim is not required to report the assault to law enforcement to receive an exam. She may choose to have an exam and decide at a later point to report the crime. It is possible that some medical providers will try to tell a woman that she must report to law enforcement before receiving the exam, but there are no laws or statutes that require this. As of 2009, Missouri law (595.220.1 RSMo) no longer requires medical
providers to file a report of the examination with the prosecuting attorney in the county where the assault took place. In the past, 72 hours after an assault has been considered a guideline for obtaining evidence for the evidence collection kit. However, current national standards for sexual assault forensic examinations recommend that medical personnel make informed decisions on evidence collection on a case-by-case basis, as evidence likely remains after this 72-hour time period.

During the exam, the nurse or physician will collect samples and swabs from the vagina, rectum and mouth; combings and samples of hair from the head and pubic area; and scrapings from beneath fingernails. These samples may be used to detect evidence of the perpetrator's sperm, hair and skin cells and may produce evidence to aid in his apprehension, prosecution and conviction. The victim's clothes also may be collected, sent to the crime lab and kept as evidence. Photographs are sometimes taken of bruises, cuts and other injuries that may have occurred during the assault.

For the evidence collection to be most effective, it is recommended that victims not bathe, douche or change clothes before the exam or, if there was oral contact, drink, eat, smoke or brush their teeth. However, these guidelines should never be used as a reason not to collect evidence, if the victim so chooses. In addition, medical providers are allowed to develop and utilize alternative evidence collection procedures for minors due to adult procedures not always being appropriate for minors.

If there is reason to suspect that the perpetrator used a drug to facilitate the assault, medical personnel may suggest that the victim submit a urine sample as a part of the sexual assault forensic examination. The victim can agree or refuse to submit the sample. Most drugs that are used by perpetrators to render a victim vulnerable are fast-acting and leave the body quickly. It is important to note that evidence of voluntary drug or alcohol use found in the urine sample can be used for or against the victim's case in court. The prosecutor may be able to use the evidence from a urine sample to prove the victim was too intoxicated to consent or that there were drugs she did not voluntarily consume in her system. However, evidence of voluntary drug or alcohol use may be used against the victim by a defense counsel or can cause some prosecutors to consider the victim a less-credible witness. Victims should be made aware of these issues before submitting a urine sample.

The sexual assault forensic examination can be a lengthy, embarrassing and invasive experience for the victim. It is understandable that she may wish to forgo it. She can refuse any single or multiple steps of the forensic exam. After informing the victim of her options, it is essential that advocates and medical personnel support the victim's decisions about the sexual assault forensic examination.

**WHO PAYS FOR THE SEXUAL ASSAULT FORENSIC EXAMINATION AND MEDICAL CARE?**

Missouri state law (595.220.1 RSMo) requires that the Department of Public Safety (DPS) pay for the reasonable costs of sexual assault forensic exams. Whether or not a victim decides to report to law enforcement,
For the longest time,
I blamed myself, but
my therapist made
me see that I had, in
reality, been raped.
Rape is when someone
does something to you
against your will.

— SEXUAL ASSAULT
SURVIVOR
The truth about rape.
Gold River, CA:
RapeRecovery.com.

she cannot be billed for the evidence collection. Under Missouri law (595.220.1 RSMo), a victim should be advised that even if she chooses not to report, the medical provider is not authorized and/or mandated to inform the prosecutor’s office to receive repayment from DPS. Should a victim choose to report her sexual assault to law enforcement, then the prosecutor’s office may obtain documentation of forensic examination in the forensic examination kit turned over to authorities.

DPS is not required to pay for medical care associated with treating a sexual assault victim. Emergency contraception, STI prophylactic medications, pregnancy testing and the treatment of injuries are considered medical care and will not be reimbursed by DPS. Most hospitals will bill a victim's medical treatment to her insurance or Medicaid, if the victim is eligible. Crime Victims’ Compensation (CVC) also will reimburse hospitals for the cost of medical care if the victim qualifies for CVC and medical claims are submitted within 90 days of rendered services.

In some cases, CVC may not reimburse the victim for the full cost of medical treatment. To receive CVC, victims are required to report the crime against them to a law enforcement agency, among other eligibility requirements, according to Missouri law (595.030.2 RSMo). In the event a victim is denied CVC because the crime wasn't reported to law enforcement, she has the right to seek a “good cause” exemption from staff of CVC. Additionally, any claims that are denied can be appealed.
Fundamental Issues Related to Justice System Remedies

For many women, becoming a victim of a violent crime is their first introduction to the criminal legal system. It can be complicated, confusing, frustrating and intimidating. Adding to the victim’s trauma are the stress of dealing with the proceedings and the frequently-encountered gender bias of the justice system’s response to sexual violence. There are valid reasons why women may not report sexual offense crimes. Sometimes, when women do report these crimes, the judicial system is not supportive of victims. Often, the survivor decides it is not in her best interest to involve the criminal justice system. While the court system may respond to some of the needs of women who have been the victims of a sexual offense, it is important for both survivors and those who work with them to understand the limitations of the court system in ending violence against women.

Testifying in court against the offender can be a frightening and dangerous thing for a survivor to do. It may be the first time she has seen the perpetrator since he attacked her. As a result of the danger associated with testifying against the offender, or as a result of other concerns, victims may recant their reports or refuse to cooperate with law enforcement or prosecutors. Recanting or refusing to cooperate with the prosecution is an often misunderstood survival strategy sometimes employed by women who have been the victims of sexual offenses. Recanting or refusing to cooperate should not be interpreted as evidence of a false report.

The advocate should discuss the benefits and drawbacks of the judicial system. The survivor will determine the best course of action to take. She should be made aware that once she has reported to law enforcement authorities, she can only choose to cooperate in the criminal justice system; it is the prosecutor’s job to determine whether criminal justice remedies will be sought. Pursuing judicial remedies can result in holding criminal offenders accountable for their crimes; however, the offender also might use the judicial system to harass or harm the victim.

The safety of sexual assault survivors should be of paramount concern in all interactions with them.

The advocate should discuss the benefits and drawbacks of the judicial system. The survivor will determine the best course of action to take. Pursuing judicial remedies can result in holding criminal offenders accountable for their crime; however, the offender also might use the judicial system to harass or harm the victim.
The criminal justice system

In Missouri, criminal court cases usually involve a defendant, a judge, a prosecuting attorney and a defense attorney. The defendant is the person who has been accused of committing a crime. The judge’s function is to objectively control the legal proceedings, decide whether to grant or deny motions, provide the final decision in the case, and sentence the defendant. The prosecuting attorney is the lawyer who represents the government’s interest in the case, brings charges against an offender and explains to the court and jury what crime was committed. The defense attorney advises the offender about the legal process and represents the offender in court proceedings. If a defendant cannot afford an attorney, an attorney will be provided by the state.

The defendant may plead guilty before a judge. If the case is not dismissed and the defendant does not plead guilty, a trial will be held before either a jury or judge.

If the defendant poses a danger to a crime victim, the community or any other person, the court may increase the amount of bail, deny bail entirely or impose special conditions on the defendant (544.457 RSMo).

The most common defense used by defendants charged with a sexual offense is based on a claim that the victim consented to the sexual activity. In Missouri a spouse may be charged with sexual offenses against his partner.

ELEMENTS OF SEXUAL OFFENSES IN MISSOURI LAW

For the crimes of forcible rape and forcible sodomy, force (or the legal term “forcible compulsion”) is the key element. In Missouri law, force is defined as “physical force that overcomes reasonable resistance,” “a threat, expressed or implied, that places a person in reasonable fear of death, serious physical injury or kidnapping” of herself or another person; or “the use of a substance administered without a victim’s knowledge or consent which renders the victim physically or mentally impaired” so she is “incapable of making an informed consent to sexual intercourse” (556.061(12), 566.030, 566.060 RSMo).

A person commits the crime of sexual assault by engaging in sexual intercourse knowing that the other person has not consented. A person who is intoxicated to the point of being “unable to make a reasonable judgment as to the nature of harmfulness” of their actions cannot provide consent according to this law. For this crime, the victim may be voluntarily intoxicated.

STATUTES OF LIMITATIONS IN CRIMINAL CASES

Missouri has statutes of limitations that set the maximum amount of time a prosecuting attorney can wait before filing a criminal case against an offender. In general, if a case is not brought within the time limits, the offender cannot be tried for the offense.
Missouri, however, has no time limit for the filing of criminal charges against an offender for such crimes as forcible rape, attempted forcible rape, forcible sodomy and attempted forcible sodomy (556.036.1 RSMo). For other felony sexual offenses, including sexual assault, the statute of limitations is three years (556.036.2 RSMo). The statute of limitations for a misdemeanor offense is one year (556.036.2 RSMo).

There are exceptions to the general statute of limitations which allow extensions of time when the offender is absent from the state (although the time limit can not be extended more than three years); when the offender is concealing himself from justice either within or outside the state; when a prosecution against the offender for the offense is pending in this state; or when the offender is found to lack mental fitness to proceed (556.036.6 RSMo).

Another significant exception to the time limitations exists for survivors of childhood sexual offenses. If the victim was under 18 years old at the time of the offense, the prosecution for an unlawful sexual offense must begin by the time the victim reaches the age of 38, although prosecutions for forcible rape, attempted forcible rape, forcible sodomy, kidnapping or attempted forcible sodomy may be brought at any time (556.037 RSMo).

<table>
<thead>
<tr>
<th>Limitations of the criminal justice system</th>
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<tbody>
<tr>
<td>It is important that advocates and others who support sexual violence survivors understand that criminal laws on sexual offenses do not necessarily parallel what women experience. The criminal justice system may not be able to provide the justice survivors seek.</td>
</tr>
<tr>
<td>It is the responsibility of advocates to inform survivors about the limitations of the criminal justice system and to continue to work toward changes in laws and systems to better support survivors of sexual violence.</td>
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CRIME OCCURS

LAW ENFORCEMENT INVESTIGATION

LAW ENFORCEMENT SUBMITS REPORT TO PROSECUTOR

PROSECUTOR FILES CHARGE(S) AND ARREST WARRANT

PROSECUTOR CHOOSES NOT TO FILE CHARGE(S)

DEFENDANT IS ARRESTED

INITIAL APPEARANCE

JUDGE SETS OR DENIES BAIL

DEFENDANT POSTS BAIL AND IS RELEASED

DEFENDANT UNABLE TO POST BAIL AND REMAINS IN JAIL

PRELIMINARY HEARING OR GRAND JURY PROCEEDING

PROBABLE CAUSE NOT FOUND AND CASE IS DISMISSED

ARRAIGNMENT

TRIAL IS HELD

DEFENDANT IS ACQUITTED

DEFENDANT IS CONVICTED

DEFENDANT IS SENTENCED

DEFENDANT MAY APPEAL OR PURSUE POST-CONVICTION REMEDIES

DEFENDANT SERVES SENTENCE

DEFENDANT IS RELEASED FROM PRISON AND MAY BE ON PAROLE
Civil court remedies

In addition to the criminal justice system, survivors of sexual offenses may pursue civil court remedies. These remedies may include filing a personal injury lawsuit against the perpetrator, pursuing employment rights actions, and/or seeking an Order of Protection in cases of stalking or sexual assault committed by an intimate partner or family or household member.

ORDERS OF PROTECTION

A survivor of sexual violence may consider filing a petition for an Order of Protection. The petitioner is the person who seeks a protection order; the respondent is the person against whom the protection order is entered. An Order of Protection can be granted if the respondent has stalked the petitioner or is a family or household member of the petitioner. Family or household members are defined by law as “spouses, former spouses, any person related by blood or marriage, persons who are presently residing together or have resided together in the past, any person who is or has been in a continuing social relationship of a romantic or intimate nature with the victim, and anyone who has a child in common regardless of whether they have been married or have resided together at any time” (455.010(5) RSMo). Stalking is defined as occurring “when any person purposely and repeatedly engages in an unwanted course of conduct that causes alarm to another person when it is reasonable in that person’s situation to have been alarmed by the conduct” (455.010(10) RSMo). An Order of Protection can direct the respondent to refrain from any further acts of abuse, sexual assault or harassment, as well as other appropriate remedies, restrictions or requirements ordered by the judge.

STATUTES OF LIMITATIONS IN CIVIL CASES

A civil claim for a sexual offense can be brought within five years of the offense (516.120 RSMo). There are a few exceptions that provide a longer statute of limitations. In general, if the case is based on childhood sexual abuse, the statute of limitations is either 10 years from the date the plaintiff becomes 21, or three years from the date the plaintiff “discovered that the injury or illness was caused by childhood sexual abuse,” whichever occurs later (537.046 RSMo). If the personal injury from sexual contact was caused by a person related to the victim, the statute of limitations is 10 years (516.371 RSMo).

Role of the advocate

The criminal and civil justice system can be very complex—exceptions to laws are common, legislation and appellate court decisions can change the interpretation of statutory laws, and each individual case has its own

Sexual assault victims and Orders of Protection

13 percent of adult rape victims obtained an Order of Protection against their rapist.


Of these women, 66 percent said their rapist violated the protection order.

—ibid.
characteristics that guide the process. Asking questions of the appropriate authorities, such as the prosecutor or law enforcement officials, is essential to understanding what is occurring in each individual case. Advocates may recommend that the survivor write a list of questions to ask the prosecuting attorney, when appropriate.

Working closely with the prosecuting attorney, law enforcement officials, prosecution investigators and the victim advocate in the prosecutor’s office is vital to the process. The survivor’s advocate must continually be aware that it is the role of the advocate to support the survivor whether or not she wants to proceed with any court proceedings.

Registration of convicted sexual offenders

Missouri law requires persons convicted of certain sexual offenses to register with the chief law enforcement official of the county (usually the sheriff) in which that person resides (589.400 RSMo). In many cases, the registration is a lifetime requirement. The Missouri Department of Public Safety has a database of registered sex offenders available online at www.mshp.dps.missouri.gov/MSHPWeb/PatrolDivisions/CRID/SOR/SORPage.html.
MISSOURI SEXUAL OFFENSES

ADULT SEXUAL OFFENSES

<table>
<thead>
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<th>CHARGE</th>
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<th>OTHER ELEMENTS</th>
<th>PRISON TERM</th>
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<td>Use of forcible compulsion</td>
<td>5 years - life without parole for 30 years</td>
<td>566.030</td>
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<td>Attempted forcible rape</td>
<td>Attempted sexual intercourse</td>
<td>Use of forcible compulsion</td>
<td>5 years - life without parole for 30 years</td>
<td>566.030</td>
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<td>Forcible sodomy</td>
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<td>5 years - life without parole for 30 years</td>
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<td>Sexual contact</td>
<td>Use of forcible compulsion</td>
<td>Up to 15 years</td>
<td>566.100</td>
</tr>
<tr>
<td>Sexual assault*</td>
<td>Sexual intercourse</td>
<td>Without victim’s consent</td>
<td>Up to 7 years</td>
<td>566.040</td>
</tr>
<tr>
<td>Deviate sexual assault*</td>
<td>Deviate sexual intercourse</td>
<td>Without victim’s consent</td>
<td>Up to 7 years</td>
<td>566.070</td>
</tr>
<tr>
<td>Sexual misconduct, first degree*</td>
<td>Sexual contact</td>
<td>Without victim’s consent</td>
<td>Up to 4 years</td>
<td>566.090</td>
</tr>
<tr>
<td>Sexual misconduct, second degree*</td>
<td>Genital exposure, sexual contact in the presence of others, sex in public</td>
<td>Usually must prove knowledge that this was likely to cause affront or alarm</td>
<td>Up to 1 year</td>
<td>566.093</td>
</tr>
<tr>
<td>Sexual misconduct, third degree*</td>
<td>Soliciting sexual contact</td>
<td>Knows this was likely to cause affront or alarm</td>
<td>Up to 15 days</td>
<td>566.095</td>
</tr>
</tbody>
</table>

*Probation is also a possibility for each of the charges listed above.

LEGAL DEFINITIONS OF SEXUAL OFFENSE TERMS IN MISSOURI (566.010 RSMo.)

- **Deviate sexual intercourse**: any act involving the genitals of one person and the hand, mouth, tongue, or anus of another person or a sexual act involving the penetration, however slight, of the male or female sex organ or the anus by a finger, instrument or object done for the purpose of arousing or gratifying the sexual desire of any person or for the purpose of terrorizing the victim.

- **Forcible compulsion**: physical force that overcomes reasonable resistance; a threat that places someone in reasonable fear of death, serious physical injury or kidnapping of such person or another person; or the use of a substance administered without a victim’s knowledge or consent which renders the victim physically or mentally impaired so as to be incapable of making an informed consent to sexual intercourse.

- **Sexual conduct**: sexual intercourse, deviate sexual intercourse or sexual contact.

- **Sexual contact**: any touching of another person with the genitals or any touching of the genitals or anus of another person, or the breast of a female person, or such touching through the clothing, for the purpose of arousing or gratifying sexual desire of any person.

- **Sexual intercourse**: any penetration, however slight, of the female sex organ by the male sex organ, whether or not an emission results.
### MISSOURI SEXUAL OFFENSES

#### STATUTORY AND CHILD SEXUAL OFFENSES

<table>
<thead>
<tr>
<th>Charge</th>
<th>Act</th>
<th>Other Elements</th>
<th>Prison Term</th>
<th>Statute</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statutory rape, first degree</td>
<td>Sexual intercourse</td>
<td>Victim is younger than 14</td>
<td>5 years – life</td>
<td>566.032</td>
</tr>
<tr>
<td>Attempted statutory rape, first degree</td>
<td>Attempted sexual intercourse</td>
<td>Victim is younger than 14</td>
<td>5 years - life</td>
<td>566.032</td>
</tr>
<tr>
<td>Statutory rape, second degree</td>
<td>Sexual intercourse</td>
<td>Victim is younger than 17, offender is 21 or older</td>
<td>Up to 7 years</td>
<td>566.034</td>
</tr>
<tr>
<td>Statutory sodomy, first degree</td>
<td>Deviate sexual intercourse</td>
<td>Victim is younger than 14</td>
<td>5 years - life</td>
<td>566.062</td>
</tr>
<tr>
<td>Attempted statutory sodomy, first degree</td>
<td>Attempted deviate sexual intercourse</td>
<td>Victim is younger than 14</td>
<td>5 years - life</td>
<td>566.062</td>
</tr>
<tr>
<td>Statutory sodomy, second degree</td>
<td>Deviate sexual intercourse</td>
<td>Victim is younger than 17, offender is 21 or older</td>
<td>Up to 7 years</td>
<td>566.064</td>
</tr>
<tr>
<td>Child molestation, first degree</td>
<td>Sexual contact</td>
<td>Victim is younger than 14</td>
<td>5 years - life without parole</td>
<td>566.067</td>
</tr>
<tr>
<td>Child molestation, second degree</td>
<td>Sexual contact</td>
<td>Victim is younger than 17</td>
<td>Up to 4 years</td>
<td>566.068</td>
</tr>
<tr>
<td>Enticement of a child</td>
<td>Use of Internet to persuade a child to engage in sexual activity</td>
<td>Victim is under 15, offender is 21 or older</td>
<td>5-30 years, with no probation or parole for 5 years</td>
<td>566.151</td>
</tr>
</tbody>
</table>

#### SEXUAL OFFENSES INVOLVING TRAFFICKING

<table>
<thead>
<tr>
<th>Charge</th>
<th>Act</th>
<th>Other Elements</th>
<th>Prison Term</th>
<th>Statute</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trafficking for sexual exploitation</td>
<td>Recruits, transports, provides or obtains person for use or employment in sexual conduct</td>
<td>Without victim's consent</td>
<td>5 - 15 years</td>
<td>566.209</td>
</tr>
<tr>
<td>Sexual trafficking of a child</td>
<td>Recruits, transports, provides, obtains or benefits from a child engaging in a commercial sex act</td>
<td>Victim is under 18</td>
<td>10 - 30 years or life</td>
<td>566.212</td>
</tr>
<tr>
<td>Sexual trafficking of a child under age 12</td>
<td>Recruits, transports, provides, obtains or benefits from a child engaging in a commercial sex act</td>
<td>Victim is under 12</td>
<td>Life without parole, with no eligibility for probation or parole for 25 years</td>
<td>566.213</td>
</tr>
<tr>
<td>Contributing to human trafficking</td>
<td>Restricting the use of identification to maintain services of a crime victim or misusing immigration documents to commit a crime</td>
<td></td>
<td>Up to 4 years</td>
<td>566.215</td>
</tr>
</tbody>
</table>
**CRIME OF HARASSMENT** - Harassment Law (565.090 RSMo)

In 2008 Missouri law was refined to expand the definition of harassment. Under this law, a person can commit the crime of harassment by any means of communication instead of only by written or telephone communication.

**DEFINITION** - A person commits the crime of harassment if he or she:

- Knowingly communicates a threat to commit any felony to another person which, in doing so, frightens, intimidates or causes emotional distress to that person; or
- Knowingly uses coarse language offensive to a person of average sensibility which causes that person to be in apprehension of offensive physical contact or harm; or
- Knowingly frightens, intimidates or causes emotional distress to another person by anonymously making telephone calls or by using any electronic communication; or
- Knowingly makes repeated, unwanted communication to another person; or
- Knowingly communicates with another person who is, or who purports to be, 17 or younger and recklessly frightens, intimidates or causes that person emotional distress; or
- Without good cause, engages in any other act with the purpose to frighten, intimidate or cause emotional distress to another person that causes that person to be frightened, intimidated or emotionally distressed.

**PUNISHMENT** - Harassment is a class A misdemeanor, unless a person older than 21 commits harassment against a child 17 or younger or is a repeat offender, in which cases harassment would be a class D felony.

_Probation is also a possibility for each of the charges listed above._
CRIME OF STALKING - Stalking Law (565.225 RSMo)

In 2008 Missouri law expanded the definition of aggravated stalking, amended definitions related to stalking crimes and changed the requirements for penalties for both.

DEFINITIONS:

Stalking - A person commits the crime of stalking if he or she purposely, through his or her course of conduct, harasses or follows with the intent of harassing another person.

Aggravated Stalking - A person commits the crime of aggravated stalking if he or she purposely, through his or her course of conduct, harasses or follows with the intent of harassing another person, and:

- Makes a credible threat to that person; or
- Violates a valid Order of Protection; or
- Violates probation or parole, pretrial release, or release on bond pending appeal; or
- The victim is 17 or younger and the perpetrator is 21 or older; or
- The person has previously pled guilty to or been found guilty of domestic assault, violation of an Order of Protection or any other crime where the other person was the victim.

In the above definitions, the following terms mean:

1. “Course of conduct” a pattern of conduct composed of two or more acts of communication by any means, over any period of time, evidencing a continuity of purpose.

2. “Credible threat” a threat communicated with the intent to cause the person who is the target of the threat to reasonably fear for his or her safety, or the safety of his or her family, or household members or domestic animals or livestock. The threat must be against the life of, or a threat to cause physical injury to, or the kidnapping of, the person, the person’s family, or the person’s household members or domestic animals or livestock.

3. “Harasses” to engage in a course of conduct directed at a specific person that serves no legitimate purpose that would cause a reasonable person under the circumstances to be frightened, intimidated, or emotionally distressed.

PUNISHMENT -

Stalking is a class A misdemeanor, unless an offender has committed or pled guilty to a subsequent offense, which would make it a class D felony.

Aggravated stalking is a class D felony unless an offender has committed or pled guilty to a subsequent offense, which would make it a class C felony.

Probation is also a possibility for each of the charges listed above.
## Recommended websites

### STATE
- Missouri Coalition Against Domestic and Sexual Violence, [www.mocadsv.org](http://www.mocadsv.org)
- Missouri General Assembly and Revised Statutes, [www.moga.mo.gov](http://www.moga.mo.gov)
- Missouri Crime Victims’ Compensation Program, [www.dps.mo.gov/cvc](http://www.dps.mo.gov/cvc)
- Missouri Department of Health and Senior Services, [www.health.mo.gov/living/families/womenshealth/](http://www.health.mo.gov/living/families/womenshealth/)

### NATIONAL/OTHER
- Faith Trust Institute, [www.faithtrustinstitute.org](http://www.faithtrustinstitute.org)
- Men Can Stop Rape, [www.mencanstoprape.org](http://www.mencanstoprape.org)
- National Alliance to End Sexual Violence, [www.naesv.org](http://www.naesv.org)
- National Center for Victims of Crime, [www.ncvc.org](http://www.ncvc.org)
- National Center on Domestic and Sexual Violence, [www.ncdsv.org](http://www.ncdsv.org)
- National Coalition of Anti-Violence Programs, [www.avp.org/ncavp.htm](http://www.avp.org/ncavp.htm)
- National Organization of Sisters of Color Ending Sexual Assault, [www.sisterslead.org](http://www.sisterslead.org)
- National Sexual Assault Resource Sharing Project, [www.resourcesharingproject.org](http://www.resourcesharingproject.org)
- National Sexual Violence Resource Center, [www.nsvrc.org](http://www.nsvrc.org)
- PreventConnect, [www.preventconnect.org](http://www.preventconnect.org)
- Rape, Abuse & Incest National Network, [www.rainn.org](http://www.rainn.org)
- SANE-SART website, [www.sane-sart.com](http://www.sane-sart.com)
- Sexual Assault Training and Investigations, [www.mysati.com](http://www.mysati.com)

## Internet and Computer Safety

If you are in danger, please try to use a safer computer that someone abusive does not have direct or remote (hacking) access to.

Computers can store a lot of private information about what you look at via the Internet, the emails and instant messages you send, Internet-based phone and IP-TTY calls you make, web-based purchases and banking, and many other activities. It is not possible to delete or clear all the “footprints” of your computer or online activities.

It might be safer to use a computer in a public library, at a trusted friend’s house, or an Internet café to research an escape plan, new jobs, apartments or bus tickets, or to ask for help.

If you think your activities are being monitored, they probably are. Abusive people are often controlling and want to know your every move. You don’t need to be a computer programmer or have special skills to monitor someone’s computer and Internet activities—anyone can do it. There are many ways to monitor computer usage with programs including spyware, keystroke loggers and hacking tools.
The Mission and Purpose of MCADSV

The Missouri Coalition Against Domestic and Sexual Violence (MCADSV) is the membership coalition of those working in the Missouri movement to end violence against women. Founded in 1980, MCADSV has more than 100 member programs that provide services to victims of violence against women. Since its beginning, MCADSV has worked to ensure there is someone to talk to, someplace to go and someone to help women victimized by violence when they need it most. MCADSV’s members—individuals and organizations from throughout the state—count on the Coalition to provide them with the resources, training and expertise to further social justice in their own communities as well as a unified voice at the state level to improve public policy, systems and responses to violence against women. To further these aims, MCADSV provides the following services to its members and the communities they serve:

EDUCATION
- MCADSV educates the general public about domestic violence, sexual violence, dating violence and stalking; trains professionals; and advocates public policy to prevent and alleviate violence against women.

ASSISTANCE
- MCADSV provides technical assistance, training and support to members and related communities of service providers.

ALLIANCE
- MCADSV provides opportunities for communication among those working in the movement to end violence against women.

RESEARCH
- MCADSV researches the extent of domestic violence, sexual violence, dating violence and stalking to more effectively reduce its impact and occurrence in the lives of Missouri’s women.
Need to find resources near you?
Go to WWW.MOCADSV.ORG and click on the “HOW TO GET HELP” tab.
Click on the Missouri map, which is broken out in regions, to pull up service providers in your area. You can also do an advanced search of service providers throughout the state by selecting more specific criteria.

Want to support the work of the Missouri Coalition Against Domestic and Sexual Violence?
Go to www.mocadsv.org and click on the “donate now” button.

Become a Member
Your support furthers MCADSV’s mission to end violence against women in our state and communities. By becoming a member of MCADSV, you join a group of individuals and agencies committed to making Missouri safe.

Membership is open to individuals, organizations whose primary mission is the provision of domestic and/or sexual violence services, and supportive organizations whose missions indirectly support the provision of domestic and/or sexual violence services and the work to end violence against women and children.

Types of MCADSV membership:
- Individual memberships:
  - Supportive membership—$45
  - Advocate membership—$35 (staff, board member or volunteer of member program)
  - Student membership—$25
- Organizational membership
- Affiliate membership

All members of MCADSV receive:
- Free statewide and regional trainings.
- Technical assistance (direct, problem-solving services) and training provided by MCADSV staff.
- Public policy advocate presence at the state and national level.
- Free MCADSV publications and manuals.
- Eligibility to attend MCADSV regional meetings.
- Access to the MCADSV Resource Lending Library.
- Regular updates on state and federal legislation relating to violence against women.
- Access to MCADSV listservs.
- Discounts on Annual Conference fees.

For more information about becoming a member, contact MCADSV
217 Oscar Drive, Suite A
Jefferson City, MO 65101
(573) 634-4161 • (573) 636-3728 Fax
For deaf and hard of hearing, dial 711 for Relay Missouri.
www.mocadsv.org • mocadsv@mocadsv.org