FOREWORD

The field of sexual assault victim services is moving forward in a dynamic manner with the Sexual Assault Training Standards: A Trainer's Guide for rape crisis centers. This Guide contains teaching points to be covered for each topic of the 40-hour minimum training requirement for sexual assault victim counselors.

Standardized training topics with suggested teaching points achieves consistency for rape crisis centers throughout the State of California, and allows Centers the flexibility of tailoring training to the unique needs of their community.

This guide covers the required sexual assault counselor training topics in compliance with California Evidence Code 1035.2 et, seq.; teaching points and resources to support each training topic; and sample forms, procedures, and other supplemental information. Trainers are not expected to cover the depth to which each topic is covered in this guide within 40 hours of training. Subsequent training may be used to focus on these topics in depth.

CALCASA is proud to be able to add the Sexual Assault Training Standards: A Trainer's Guide to its collection of resources for rape crisis centers throughout the State of California, and wishes to express deepest appreciation to the Advisory Committee for its diligence and commitment to the field of sexual assault victim services.

ACKNOWLEDGEMENTS

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TABLE OF CONTENTS

Part I – Sexual Assault Survivor Services

Unit A – Overview of Sexual Assault

1. History of Sexual Assault

- **History of the Rape Crisis Center Movement in the Context of the Women's Movement**

  - First stage of the women's movement began in 1848 when women sought the right to vote in elections and to own property. In 1923, Federal legislation was passed giving women these rights.

  - Second stage of the women's movement was sparked by the civil rights movement in the 1960's. Title VII of the Civil Rights Act of 1964 banned race and sex discrimination

  - The women's movement, in turn, spawned two major social movements on behalf of women in the late 1960's and 1970's---the anti-rape movement and the social movement on behalf of battered women.

  - The anti-rape movement developed out of "Speak Outs" in which women gathered and recounted stories of victimization by perpetrators and by individuals and systems responsible for helping them.

  - The first "Speak Out" was held in New York City in 1969. The first rape crisis centers were established in the U.S. in 1971 in Washington, D.C. and in Berkeley, California (BAWAR Bay Area Women Against Rape).

  - The anti-rape movement has been successful over the past 30 years by improving the way sexual assault survivors have been treated by criminal justice and medical systems; by increasing public understanding of the crime through educational programs; and, by initiating rape law reform to create fairness and justice.

- **History of the Role of Women of Color**

  In the 19th and 20th centuries, rape was used as a tool to express racism. As early as the 1870's, African American women began to organize anti-lynching campaigns. The Black Women's Club movement emerged in the late 1890's from this organizing effort. This movement was responsible for the inception of several national groups that organized against rape and the response to its culture in the United States. The relationship between the expression of racism through allegations and convictions on rape charges continued strongly through the 1970's, 1980's, 1990's, and exists in parts of the country today.

- **Story Describing Development of Your Agency**

  - Founders, Year of Origin, and Date of Incorporation
  - Philosophy
  - Milestones of Development

- **Development of Local Coordinated Community Response**

  - Relationship with law enforcement agencies and the crime laboratory;

  - Relationship with District Attorney's Office;

  - Relationship with forensic medical examination team and/or medical examination facility;

  - Relationship with rape crisis centers in the region, battered women shelters, homeless shelters, and so on;

  - Relationship with local therapists for referral, mental health and social service agencies, and the ability to make psychiatric referrals, if indicated; and

  - Relationships with elected officials (e.g. city council, Board of Supervisors).

2. Types and Definitions of Sexual Assault

- **Statistics (National, State and Local)**

  - Provide local statistical information such as:

    - Rape crisis center annual statistical data;

    - Law enforcement agencies' annual statistical data (e.g. sexual assault crimes reported and sexual assault crimes investigated including community profiling as to where these crimes occur in your community);

    - District Attorney's annual statistical data regarding case filing, trials, convictions, and plea bargains; and

    - Medical forensic examination team data regarding how many exams are performed per year.

  - See CALCASA Annual Report: Research on Rape and Violence

- **Definition of Sexual Assault**

  - Broad definition of sexual assault: non-mutual, non-consensual sexual contact

  - Legal definitions of sexual assault crimes, including age considerations and mental capacity. See website: California Law (www.leginfo.ca.gov/calaw.html) California Penal Code Sections 261-269.

  - Consent is defined in California Penal Code Section 261.6 as "positive cooperation in act or attitude pursuant to an exercise of free will. The person must act freely and voluntarily and have knowledge of the nature of the act or transaction involved. A current or previous dating or marital relationship shall not be sufficient to constitute consent where consent is at issue in a prosecution under Section 261 (rape), 262 (marital rape), 286, 288(a) or 289".

- **Brief Descriptions of Types of Sexual Assault**

  - **Stranger Sexual Assault**

    Perpetrator is unknown to the victim. **Stranger sexual assault was once believed to be the most common type of sexual assault. Recent information indicates that most perpetrators are known to the victim**. See Support for Survivors: Training for Sexual Assault Counselors published by CALCASA for classification system developed by the FBI on sex offenders.

  - **Serial Rape**

    A stranger rapist committing a series of rapes using a distinctive pattern of sexually assaultive behavior. These perpetrators often target similar types of victims; sometimes in the same neighborhoods or areas of a city.

  - **Gang Rape**

    Gang rape means multiple perpetrators and typically involves young male perpetrators. These groups of men or boys usually have a close affiliation either through school, work, or a social group. There are increased numbers of reported cases of girls' involvement in gang rape by luring and setting up the victim for sexual assault. (1995 Crime Victimization Survey compiled by the Bureau of Justice Statistics, U.S. Department of Justice).

  - **Marital Rape**

    Marital rape is defined as intercourse or penetration (vaginal, anal, or oral) obtained by force, violence, duress, menace, or fear of bodily injury, or when the wife/partner is unable to consent as a result of an intoxicating substance or is unconscious of the nature of the act.

- **Same Sex Sexual Assault**

  Same sex sexual assault occurs when the victim and the perpetrator are of the same gender. This does not necessarily mean that the perpetrator identifies as Lesbian, Gay, Bi-sexual or Transgender (LGBT) since the majority of perpetrators identify as heterosexual. However, some sexual assault does occur in the LGBT community. See Support for Survivors: Training for Sexual Assault Counselors and Focusing on Pride: Sexual Assault Prevention in the LGBT Community (Part I) published by CALCASA for further information.

- **Acquaintance Rape and Date Rape**

  - The terms are frequently used interchangeably in various publications. **The majority of sexual assaults fall into this category**.

  - Acquaintance rape involves a broad range of casual relationships and generally means the perpetrator is someone the victim recognizes by sight or someone known fairly well. This could be the next-door neighbor, a school custodian, an ex-boyfriend, the friend of a friend, a gardener, or someone who knows the victim's environment. Acquaintance rape can be a spontaneous act of opportunity or planned days or hours in advance.

  - Date rape means there is a social invitational engagement or agreement that has social and/or romantic overtones or expectations. Alcohol and drugs are sometimes a significant factor in date rape. Date rape can be a spontaneous act, or planned days or hours in advance. There are three recognized stages involved in date rape, (e.g. intrusion, desensitization, and isolation). See Support for Survivors: Training for Sexual Assault Counselors published by CALCASA.

  - The closer the relationship, the less likely the survivor will report the crime.

  - Believability is an issue of concern for the survivor. Believability and credibility are the issues considered by sexual assault investigators.

- **Alcohol and Drug Facilitated Sexual Assault**

  - Alcohol is the most prevalent date rape drug. It is sometimes used for delivery of the drugs listed below; in which case, the victim is subjected to a polydrug episode.

  - GHB, Rohypnol, and Ketamine are drugs that are administered surreptitiously to incapacitate a potential victim. These drugs are sometimes taken voluntarily, usually in a social setting or event, because of the "high" effect they can produce. This, however, can cloud a person's judgment and ability to give consent to any sexual activity, possibly leading to a sexual assault.

- These drugs cause uninhibited behavior, impaired judgment, loss of consciousness, amnesia, respiratory distress, nausea, convulsions, dizziness, muscle relaxation, slowing of physical ability to respond, coma, and even death.

- Testing of survivors during the forensic medical examination is important to detect the presence of these substances for medical intervention and criminal justice apprehension purposes.

- For further information, see Appendix A Alcohol and Drug Facilitated Sexual Assault; Searching for Answers: Understanding and Preventing Drug-Facilitated Sexual Assault published by CALCASA; and an Internet search engine using keywords "drug facilitated sexual assault" contains extensive resources.

➢ **Sexual Harassment**

Sexual harassment is unwelcome sexual advances, requests for sexual favors, other verbal, visual, or physical conduct of a sexual nature; sexual innuendo; offensive jokes; and repeated unwanted invitations. Sexual harassment also occurs when employment decisions or expectations (e.g. hiring decisions, promotions, salary increases, shift or work assignments, performance expectations) are based on an employee's willingness to grant or deny sexual favors.

➢ **Other Types of Sexually Abusive, Assaultive, Exploitive Behavior**

- **Voyeurism/peeper** historically is the perpetrator who stalks the neighborhood and watches women undressing through windows. Some perpetrators live in a neighborhood or apartment building and watch through binoculars. Cyber voyeurism involves computer technology.

- **Flashers/exhibitionists** are perpetrators who hide in concealed areas (e.g. shrubbery, buildings, bridges) and expose their genitals to women and children passing by; or, may sit in their car and call out to women and children asking for directions in order to expose their genitals.

- **Obscene phone calls** are made by persons harassing specific individuals or randomly by calling phone numbers in the telephone book. These calls may or may not include sexually explicit language.

- **Child pornography** is a visual depiction of a minor engaged in sexually explicit conduct. Visual depiction includes photographs, slides, movies, magazines, books, videotapes and computer discs.

- **Adult pornography** is a visual depiction of women ranging from "soft" pornography involving images of women in various poses partially clothed or not clothed to "hard" pornography involving harsh and violent depictions of women of a sexual nature.

- **Survival sex** involves people who trade sex for money, drugs, food, and shelter as a way to survive.

- **Sex trafficking of children and immigrants** means selling children and immigrants for sexual use. They are kept in various types of housing by their "owners", most often in groups.

- **Prostitution** means the exchange of sex for money. The female or male prostitute may or may not have a pimp, and some operate under the guise of an "escort" service. See Support for Survivors: Training for Sexual Assault Counselors published by CALCASA for further information.

3. Trauma of Sexual Assault and Long-Range Effects

Most sexual assault survivors sustain significant psychological trauma regardless of:
• the relationship between the perpetrator and victim; • whether there was drug or alcohol use prior to the assault; • the method of attack; • the presence or absence of physical injuries; or • whether the assault is attempted or completed.

- Rape Trauma Syndrome (RTS), the psychological trauma experienced by survivors of rape and other forms of sexual assault, was first documented by Burgess and Holmstrom in Rape: Victims of Crisis published in 1974.

- Post-Traumatic Stress Disorder (PTSD) describes traumatic stress reactions experienced after a sexual assault and by a range of events including natural disasters, tragic accidents, war, and other violent crimes. **Rape crisis center advocates may prefer the term "reaction" instead of "disorder"**. See Counseling Tools for the Prevention and Reduction of Post-Traumatic Stress Reactions and the California Sexual Assault Response Team (SART) Manual published by CALCASA for further information.

- RTS and PTSD are described in the literature as having a two and sometimes three stage process. These reactions are briefly summarized and require further discussion.

- **Immediate Acute Reactions**

  - Shock and disbelief, tearfulness, sobbing, confusion, fears about personal safety, anxiety, hyperventilating, and fears about reactions of family and significant others.

  - Numb, detached, appears to be in a "daze"; unable to recall or partially able to recall events and/or unable to recall events sequentially.

  - Outward calm and collectedness; suppressing feelings in order to remain in control in reaction to an out-of-control situation or out of immediate profound anger.

- **Subsequent Acute Reactions**

  - Fears, "jumpiness", irritability, flashbacks, nightmares, panic/anxiety attacks, pre-occupation with the assault and persistent re-experiencing of the trauma, distress upon exposure to reminders of the trauma, and self-blame.

  - Isolation and avoidance of situations that arouse recollections of the trauma (e.g., reluctance to participate in interviews with law enforcement and medical personnel); unexpected reactions to people resembling the perpetrator, similar cars, etc.

  - Insomnia, problems with concentration, exaggerated startle response, decreased appetite, loss of weight, headaches, stomachaches, anger, suicidal thoughts, substance abuse, depression, shame, guilt, irritability and low tolerance for issues surfacing in relationships.

- **Long Term Reactions**

  - Depression, anxiety, mood swings, feelings of shame, humiliation and guilt, anger, suicidal thoughts, decreased self-esteem, feelings of worthlessness, and inability to trust.

  - Loss of weight, headaches, stomachaches, and continuing medical problems.

  - Persistent re-experiencing of the trauma (recurrent, intrusive thoughts and distressing dreams, acting or feeling as if the sexual assault is happening again, and extreme distress when exposed to something that resembles or is symbolic of the traumatic event).

  - Persistent avoidance of people or situations associated with the trauma and hypervigilance.

- Social isolation and lack of interest in participating in activities; feeling detached or estranged from others; a sense of a foreshortened future; loss of self-confidence.

- Loss of interest in sexual activity; or, in some instances becoming sexually promiscuous.

- **Considerations and Effects for Specific Populations**

  - **Individualized Responses**

    Individuals react differently to extremely stressful circumstances. These individualized responses are based on temperament, coping style, life experience, previous life traumas, presence or lack of a family/friend support system, history of mental illness, retardation, or personality disorder. Within this context, considerations and effects for specific populations are described next.

  - **Impact on Adolescents**

    Additional behavior demonstrated by adolescents includes cutting school, outbursts of anger or rage, generalized self-destructive behavior, sexual promiscuity, beginning or increased drug/alcohol use, cutting and self-mutilation, exaggerated adult behavior, high frequency of suicide attempts, and persistent anger.

  - **Impact on Children**

    Children are at risk for anxiety, depression and Post-Traumatic Stress Disorder.

  - **Impact on the Elderly**

    The elderly are at risk for anxiety, depression, a sense of hopelessness, and Post-Traumatic Stress Disorder. They are also at risk for declining health from injuries or from the psychological aftermath. Whereas they may have lived independently in their own home or apartment, they may no longer be able to do so.

  - **Survivors with Disabilities**

    Survivors with mental, developmental and physical disabilities are at risk for anxiety, depression and Post-Traumatic Stress Disorder. The emotional impact of a sexual assault may exacerbate existing life challenges for persons with disabilities. If they had previously been living in an independent living situation, they may no longer be able to do so. For further information, see Creating Access: Serving Survivors of Sexual Assault with Disabilities published by CALCASA.

- **Male Victims**

  - (L)GBT and non-(L)GBT identified men can both be victims of sexual assault.

  - Male survivors may be reluctant to disclose sexual assault for several reasons such as:

    - societal beliefs that a man should be able to defend himself, especially against a sexual assault;
    - fear that their sexual orientation may be questioned or changed as a result of the assault;
    - men are taught to be in control of their feelings and fear that disclosure will release overwhelming emotions;
    - fear that no one will understand; and,
    - fear that seeking help or that the assistance given will make them appear weak or vulnerable.

  - (L)GBT identified survivors may also be reluctant to disclose a sexual assault for additional reasons:

    - Fear that law enforcement may not consider them worthy of concern;
    - Fear that they will be subjected to ridicule and further humiliation;
    - Fear that disclosure will release overwhelming emotions; and
    - Concerns that rape crisis center resources, with an historic emphasis on serving female survivors and possible political orientation, are not really designed to meet their needs.

  - Male survivors are more likely to show a highly "controlled" style of reaction after a sexual assault. This is likely to mask significant hidden psychological trauma. This traumatic experience may produce acute and/or longer-term stress disorder symptoms. Male survivors tend to act out their feeling with a great deal of anger toward those close to them, however, the targets of their anger may not understand why.

- **Cultural/Ethnic Issues**

  Reactions to sexual assault may hold different historical and cultural meaning among various cultural and ethnic groups. Sometimes, cultural origins and belonging to a distinctive cultural group will exacerbate the feeling of shame. Cultural beliefs about sexual assault may create additional anxiety for the survivor as she fears the reactions of family and friends, her future place in the group, and repercussions for the future.

- **Adults Molested as Children (AMACs)**

  Research shows that AMACs are more vulnerable to subsequent victimization through rape/sexual assault and abusive relationships. They may demonstrate a highly stressful reactive style to the sexual assault; or, they may show a false indifference because of a past history of victimization. The false indifference covers significant feeling about this life event in the context of their entire life. It is a distinctive coping style that requires understanding. AMACs may also demonstrate "protective denial" repressing some or all of the past abuse. This may cause significant memory gaps that can last months or even years. They may also turn to substance abuse, self-mutilation, and eating disorders as a means of coping. Some report pain or physical problems that cannot be detected by medical professionals.

4. Underserved Populations

Traditionally underserved populations include, but are not limited to: homeless people, alcohol and drug abusers, undocumented immigrants, the LGBT community, and HIV positive survivors.

- Enhanced reactions for underserved populations may include: increased depression and/or anxiety; feelings of helplessness/hopelessness; increased self-blame and shame; fearful of family, friends, and community reaction; and avoidant reactions about reporting the crime out of a belief that they will not be considered seriously or worthy of attention. Undocumented immigrants, for example, may fear deportation as a result of reporting the crime.

- Special efforts should be undertaken to extend Center services for individuals who experience the full impact of powerlessness and personal devastation and then experience a sexual assault in the context of already difficult and challenging lives.

Unit B – Discrimination and Oppression

1. Correlation Between Discrimination/Oppression and Sexual Violence

- Sexual violence is a method of expressing hatred, anger, disdain, power, control, contempt, or discrimination directly toward a member of the population groups described below; or, indirectly by degrading the women of a culture. The perpetrator indirectly attacks the males of the culture by degrading "their women".

- Historical examples: war (initiated for land acquisition and resources or ethnic/racial fighting), slavery, populations experiencing discrimination (e.g. based on religion, appearance, ethnicity, race, or country of origin), disabled persons, gays and lesbians. Sexual violence is part of this history.

- Contemporary examples: sexism, homophobia, power/control dynamics between individuals, racism, ableism (attitude of disregard or indifference by able bodied persons) and other forms of discrimination. Sexual violence is part of this history.

- Models of understanding sexual violence in the culture:

  - Sexual assault is a tool of oppression by the dominant male culture of a society. Laws are not enforced or priorities established to stop sexual violence because it serves the purpose of keeping women in a lower status than men in society.
  - These cultural attitudes are expressed in various ways (e.g. television, movies, print media, and video games).
  - Inter-connectedness of violence. Violence exists on a continuum ranging from manipulative behavior to achieve power and control to overt types of behavior to achieve power and control.
  - Sexual violence is a human rights issue, and freedom from its reach should be a universal cultural value.

- Development of cultural awareness requires introspective work and is an on-going process. In addition, **training needs to maintain a focus on the client as an individual**. Avoid global, broad approaches and stereotypical methods of presenting this information through panel presentations and role-playing. For further discussion regarding development of cultural competency, refer to the California SART Manual published by CALCASA.

2. Awareness and Understanding of Groups That Have Experienced Discrimination

- Perspective of not being in a dominant cultural group coupled with experiencing sexual violence.

- Groups that have experienced discrimination include, but are not limited to: lesbians, gays, bi-sexual, transgender, racial/ethnic groups, elderly, religious groups, persons

with disabilities, homeless, Deaf/hard of hearing, sex industry workers, immigrants, and undocumented residents.

- Centers should assess and identify the presence of these groups in their community and provide additional information on these populations.

- Topics for discussion should include, but not be limited to: unlearning racism, identifying biases, hate crimes, and privilege.

3. Cultural Considerations in Providing Services

- Focus first on the person and their needs, and then in the context of their family and culture.

- Work with sexual assault survivors within their cultural traditions/belief systems, or physical and mental disabilities (e.g. victim/significant others, community, family, clan, tribe responses).

- Identify barriers to accessing support and resource systems (e.g. individual, traditional, and societal; access and barriers to obtaining services; attitudes towards seeking service; language barriers, including discussing sexual assault; stairs vs. access ramps; and sensitivity level in the community.

4. Community Referrals

- Actively engage in research and outreach in your community to maintain up to date information and referrals for groups who have been discriminated against.

- Issues impacting undocumented sexual assault survivors. See Support for Survivors: Training for Sexual Assault Counselors published by CALCASA.

These topics require in-depth discussion of past and recent events, awareness, and outreach. The history of discrimination and oppression varies from community to community as well as the open, often violent expression of hatred toward the LGBT community and various ethnic/cultural groups.

Unit C – Child Sexual Abuse

1. Definitions, Types and Characteristics of Child Sexual Abuse

Child sexual abuse may consist of a single incident or many acts over a long period of time (chronic sexual abuse) with a progression of contact. Victims range in age from less than one year through adolescence. An estimated 1 in 4 girls and 1 in 7 boys are victims of child sexual abuse based on reliable sampling research.

- **Sexually Abusive Conduct**

  Genital exposure, kissing, fondling genitals, masturbation, oral genital contact or penetration, genital or vaginal contact or penetration, anal contact or penetration, dry intercourse between the legs or buttocks, child pornography, and child prostitution.

- **Perpetrators**

  Approximately 75 to 90 percent of the perpetrators are known to the child, and most perpetrators are male. Pedophiles are persons who are solely attracted to children for purposes of sexual gratification. Other types of adult and adolescent sex offenders are aroused by children under certain circumstances, and may also have sexual relations with their peers. Children who sexually abuse are considered to be "abuse reactive" in response to their own victimization. Perpetrator strategies include coercion, psychological pressure, exertion of adult authority, misrepresentation of normal behavior, gifts or rewards, or force and threats. The term "grooming behavior" refers to the giving of gifts, toys, attention, and progressive physical closeness to break down the resistance of the victim.

- **Child Sexual Victimization**

  - **Intrafamily Child Sexual Abuse or Incest**

    The most common perpetrators of child sexual abuse are male family members (e.g. fathers, stepfathers, grandfathers, uncles, cousins and siblings). Some adolescents and children as young as five years of age have also been identified as perpetrators, usually as a result of past or current abuse. Female family members are rarely the perpetrators.

  - **Sexual Abuse by Non-Family Members**

    Children are sexually abused in childcare facilities, family day care, school, after-school activity groups, and at church. Adults use these positions of special trust and/or authority to abuse and exploit children.

- **Forcible Child Sexual Assault**

  Two to five percent of cases involve forcible sexual assault. Typically, the victim does not know the perpetrator. Enticement ("come and see the ducks") or abduction are used to separate and isolate the child from family and friends.

- **Child Sexual Exploitation**

  This term is used to describe pornography, prostitution, sex-rings, or circumstances involving organized abuse of multiple victims by multiple offenders. The perpetrators may include an association of both family and non-family members. Financial gain is the principal motivation for pornography, prostitution, and sex-rings. Abuse of multiple victims by multiple perpetrators, sometimes involving ritualistic practices, is a phenomenon under study.

- **Other Types of Child Abuse**

  Sexually abused children may also concurrently experience physical abuse; emotional abuse; physical, medical, and/or educational neglect; and/or be exposed to chaotic family lives as a result of being raised in drug manufacturing homes, other forms of substance abuse, or domestic violence.

- **Indicators of Child Sexual Abuse**

  - **Physical signs and symptoms:** presence of semen; sexually transmitted disease; pregnancy; genital discharge or infection; anal or genital pain, itching, swelling, bruising, bleeding, lacerations, or abrasions, especially if unexplained or inconsistent; pain on urination/defecation; difficulty in walking or sitting due to genital or anal pain; stomachaches, headaches, and other psychosomatic symptoms.

  - **Sexual behaviors:** detailed and age-inappropriate understanding of sexual behavior (especially by younger children); inappropriate, unusual, or aggressive sexual behavior with peers or toys; compulsive masturbation; excessive curiosity about sexual matters or genitalia (self and others); unusually seductive behavior with classmates, teachers, and other adults; prostitution or promiscuity.

  - **Non-specific behavioral indicators in younger children that may indicate sexual abuse in the context of other variables:** bed-wetting; fecal soiling; eating disturbances (overeating, undereating); fears, phobias, overly compulsive behavior; school problems or significant change in school performance (attitudes and grades); age-inappropriate behavior (pseudomaturity or regressive behavior such as thumb sucking); inability to concentrate; and/or sleep disturbances, e.g., nightmares, fear of falling asleep, fretful sleep pattern, and sleeping long hours.

- **Non-specific behavioral indicators in older children and adolescents that may indicate sexual abuse in the context of other behaviors:** withdrawal; clinical depression; overly compliant behavior; poor hygiene; poor peer relations and social skills, inability to make friends; acting out, runaway, aggressive, or delinquent behavior; alcohol or drug abuse; school problems, frequent absences, sudden drop in school performance; fear of home life demonstrated by arriving at school early or leaving late; refusal to dress for physical education; non-participation in sports and social activities; fear of showers/rest rooms; suddenly fearful of other things (going outside, participating in familiar activities); extraordinary fear of males; self-consciousness of body beyond that expected for age; sudden acquisition of money, new clothes, or gifts with no reasonable explanation; suicide attempt and/or self-destructive behavior; crying without provocation; fire setting; and/or sleeping during the day or unusual sleep patterns.

- **California Penal Code Sections on Child Sexual Abuse**

  See website: California Law (www.leginfo.ca.gov/calaw.html)

- **Victim Risk Factors**
  Children from all socioeconomic levels in all types of settings can be at risk for sexual abuse by a person known to them.

2. Effects of Sexual Abuse on Children

- Child Sexual Abuse Accommodation Syndrome describes the coping process that a child experiences in adapting to and accommodating chronic sexual abuse.

- Sexually abused children experience fear, anxiety, depression, guilt, shame after the abuse is disclosed, Post-Traumatic Stress Disorder, low self-esteem, inability to trust, blurred boundaries and sexual behavior confusion.

- Several periods of crisis follow initial disclosure (e.g. family reactions, removal from the home, medical examination, discovery that a sibling is also a victim, court appearances, parental rejection, visitation with the alleged perpetrator if there is no criminal prosecution, beginning or change in the level of visitation with the alleged perpetrator, and change from supervised to unsupervised visits with the alleged perpetrator, etc.).

- Boys typically externalize behavior (e.g. aggressive, hyperactive, difficult to manage) and girls typically internalize behavior (e.g. depression, decreased sense of self-worth).

- Subsequent reactive behavior may include runaway, truancy, prostitution, substance abuse, suicidal thoughts, school problems, and involvement in the juvenile justice and criminal justice system.

- **Characteristics of Disclosure**

  - **Disclosure**

    The single most important indicator is disclosure to a friend, classmate, teacher, friend's mother, or other trusted adult. Twenty-five percent of disclosures are told to friends who tell their mothers.

  - **Process of Disclosure**

    Delay in disclosure by children is common. Partial and unfolding disclosures are also common. Rarely will a child sit down to tell you the "whole story". Disclosures may be direct or indirect, e.g., "I know someone". The disclosure process includes tentative disclosure, active disclosure, and a possible recantation with later reaffirmation. Young children rarely describe explicit sexual activity unless they have experienced or witnessed it. Children will often give out partial information to "test the waters" to see whether they will be supported or not.

3. Mandated Reporting Procedures and Agency Policy

- Rape crisis center peer counselors are **not** mandated by law to report suspected child abuse and neglect. They are, however, required by law to report child abuse when, as a result of providing rape prevention education at a school presentation, a child reports to them that they are a victim of child abuse. (California Penal Code Section 11166). Discuss Center's procedures for mandated reporting.

- Mandated reporters **do** include the following professionals: physicians, psychiatrists, psychologists, dentists, medical residents and interns, podiatrist, chiropractors, licensed nurses, physician assistants, dental hygienists, optometrists, social workers, marriage/family therapists, teachers, school custodians, photo processing businesses. (California Penal Code Section 11165.7 et seq.)

- The obligation of mandated reporters to make a report to a child protective agency arises when they, in their professional capacity, have knowledge of or observe a child who they know or reasonably suspect has been the victim of child abuse and neglect. A licensed professional (e.g. social worker, psychologist) working as a volunteer on a rape crisis or other hotline is still considered to be subject to the terms of the child abuse reporting law, according to an informal assessment of the question by the California Attorney General's Office. Consult legal counsel.

- Child abuse reporting laws pertain to adolescents as well as children. For teenagers, sexually transmitted disease and pregnancy can be considered possible indicators of child abuse.

- **Confidentiality/Child Abuse Reports**

  Written reports required by the child abuse reporting law are confidential and can only be released to child protective agencies; multidisciplinary personnel teams (defined in subdivision (d) of Section 18951 of the Welfare and Institutions Code); persons or agencies responsible for the licensing of facilities that care for children; hospital SCAN (Suspected Child Abuse and Neglect) teams; and, coroners and medical examiners.

Additional Topics To Consider Include:
➢ Risk reduction/prevention strategies ➢ Sexual offenders (types and motives)

Unit D – Teen Sexual Assault/Abuse

1. Developmental Considerations

- Emotional, physical and intellectual developmental differences.

- Perception of teenagers as children or as adults by society, by professionals, and by the teenagers themselves.

- Egocentricism defined as self absorption, with little insight. This may not have been previously demonstrated in child's character and development, and may be transitory.

- Lowered self esteem and lowered self-assurance that begins in junior high when identity issues move to the forefront in otherwise healthy, confident, active middle schoolers.

- Belief in invincibility results in risk-taking behavior.

- Transition to autonomy. Adolescent behavior during this period may cause conflict within the family as the teenager becomes non-communicative, emotionally distant, does not observe curfew, and spends more time with friends than family.

- Ability to perceive coercion and manipulation is flawed due to over-riding need to fit into the group. Easily influenced, coerced and manipulated into high-risk behavior due to group influence; teenagers believe they are making independent choices when they engage in this behavior.

2. Teen Culture and Risk Factors

- Peer pressure and the power of the group; friends become more important than family; internet (chat rooms and instant messaging); media (television, movies, music videos, computer games); substance abuse, including voluntary and involuntary alcohol and drug abuse; sexual experimentation; sex trading for drugs, low self-esteem; attitudes of invincibility both within the individual and within the group; desire to take risks to feel alive and in control of their lives; poor parental supervision and involvement; unsure parents taking rigid positions or giving up after numerous battles and becoming permissive.

- **Grooming Approach to Victimization**

  Grooming involves breaking down any resistance through the development of a relationship, facilitating and normalizing an accommodation of various types of behavior, and creating a dependency between the victim and the perpetrator. The approach is to provide the victim with something they need or want (e.g. relationship, money and material goods). Teenagers are vulnerable to this behavior because it

makes them feel like an adult; they may gain enhanced status in the group due to money and material goods; and, "breaking the rules" creates a feeling of exhilaration and daring.

- **Code of Silence**

  The code of silence is very strong among teenagers, and involves being silent about what they know to protect each other from adult intervention. Teenagers who break the code of silence can be shunned by their peers for long periods of time or can be completely rejected by the group. A teenager can lose an entire social group of friends if they reveal alcohol or and drug use or other types of behavior not approved by parents and society.

3. Legal Issues

- Unlawful sexual intercourse (statutory rape) means a person under the age of 18 having sexual intercourse. See California Penal Code Section 261.5

  - Policies regarding investigation and prosecution for unlawful intercourse between older teenagers (sometimes referred to as "teens in love") vary. However, if there is a significant age difference between the male and female, the matter is viewed differently and prosecution may result. Consult the local County District Attorney's Office.

  - Consensual student/teacher relationships with students under the age of 18 are unlawful and subject to prosecution under California Penal Code Section 261.5.

  - Sexual intercourse between persons in authority and persons under the age of 18 are unlawful and subject to prosecution under the sexual assault and/or child sexual abuse statutes, depending upon the circumstances of the case.

- Minors, 12 years of age and older, may consent to the provisions of medical care related to:

  - the diagnosis or treatment of a sexual assault and the collection of evidence (Family Code Section 6927);

  - the prevention or treatment of pregnancy (Family Code Section 6925); and

  - the diagnosis or treatment of sexually transmitted diseases (Family Code Section 6926).

- Consent given by a minor cannot be negated or taken away by an adult (Family Code Section 6921).

- Professional personnel rendering medical treatment for sexual assault to a minor are required to attempt to contact the minor's parent(s) or legal guardian of the minor, and to note in the minor's treatment record the date and time the attempted contact was made and whether the attempt was successful or unsuccessful. This provision is not applicable when the professional person reasonably believes the parent(s) or guardian of the minor committed the sexual assault on the minor (Family Code Section 6928).

- A minor, 12 years of age or older, may consent to mental health treatment or counseling on an out patient basis, or to residential shelter (runaway house or crisis resolution center) services, or both. The professional person counseling the minor can legally exclude the minor's parent or guardian from the counseling, if the involvement is deemed inappropriate. If so, the parent is not liable for payment of services (Family Code Section 6924).

- Consult agency policy on sheltering minors.

- See California Law (www.leginfo.ca.gov/calaw.html) Family Code Sections 6920-6929 for specific description of minor's rights.

4. Counseling Issues and Concerns

- Loss of trust in others and themselves for the choices that they make.

- Emotional reactions (e.g. feeling responsible, feeling guilty, altered sense of themselves as different from others, fear and anxiety, regressive and dependent behavior, irritability and anger, suicidal ideation, post-traumatic stress reactions).

- Behavioral reactions (e.g. sexualized behavior, victim to perpetrator cycle to cope with their own sense of vulnerability and trauma, running away, self-harm (cutting or burning), criminal activity, substance abuse, hyperactivity, sleep problems, eating problems.

- Fear of going back to school, if perpetrator attends the same school.

- Fear of family reactions. Types of family reactions include: normally involved parents; non-involved parents who do not provide any support; reactive and controlling parents who become very strict and rigid in response to the sexual assault or deny access to services needed by the teenager. Some parents actively seek to breach confidentiality privileges to which the teenager is entitled.

5. Juvenile Survival Sex/Sex Trading

- Some teenagers engage in sex trading for material goods regardless of socio-economic status. Peer pressure may increase their vulnerability. Gang initiation rites may also be a factor.

- Some teenagers who are runaways, throw-aways, deserted or homeless engage in survival sex or sex trading for money, drugs, and shelter. Often, sexual abuse, physical abuse, emotional abuse, domestic violence, substance abuse, homelessness, or other type of dysfunction existed in the family to cause the child or teenager to leave home.

- Some teenagers become homeless as a result of disclosing their sexual orientation (i.e. "coming out") to parents or guardians who may have disdain toward the LGBT community. As a result, many may end up on the street or trading sex for money, shelter, food, etc.

- Some teenagers are involved with a pimp who provides them with comfort, affection, understanding, protection, shelter, clothing, food, and money. Psychological manipulation, isolation, fear, and sometimes extreme physical and sexual brutality are used to keep the minor child under control.

- See website: www.HumanTrafficking.com or the California-based Coalition to Abolish Slavery and Trafficking (CAST) at www.castla.org for further information on sex trading and trafficking.

Unit E – Crisis Intervention

1. Principles and Techniques

- **Emphasize that crisis intervention is not therapy**. Crisis intervention involves providing supportive assistance; responding to feelings expressed by the survivor and staying with her emotional focus; validating feelings and concerns; identifying and supporting strengths and healthy coping skills; helping the survivor anticipate the next steps; discussing decisions to be made; and providing educational information to address any misconceptions the survivor may have about sexual assault (e.g. self-blame).

- Review the techniques of active listening and mirroring speech, speaking in a supportive voice, avoiding rapid speech, ensuring attentive body language, and making eye contact.

- Emphasize an empowerment approach to facilitate survivors regaining control over their lives, yet show awareness that persons overwhelmed by crisis are not always able to think clearly and make decisions.

- Emphasize using good judgment in working with survivors by using a calm, non-judgmental, thoughtful, non-reactive approach to situations; and, utilizing an empowerment versus a rescuing approach by recognizing strengths.

- Recognize hesitancy and barriers to disclosure (e.g. alcohol/drug use, marital status, extent of sexual assault).

- Review counselor safety and self-care, and agency protocol.

- See Support for Survivors: Training for Sexual Assault Counselors and Counseling Tools for the Prevention and Reduction of Post-Traumatic Stress Reactions published by CALCASA.

2. Needs/Safety Assessment and Options

- **Review Needs Assessment**

  - Assess physical needs for safety, emergency needs, medical care, food, clothing, shelter, and transportation resources.

  - Assess personal strengths, vulnerabilities, and family and friend support system.

  - Assess personal functioning (e.g. whether under the voluntary or involuntary influence of alcohol or drugs).

- Assess personal capabilities (e.g. physical, developmental, and mental disabilities).

- Assess language and the need for a translator. If advocate is bi-lingual, explain philosophy for not translating during any law enforcement or medical interviews. Do not use family, friends, or children as translators. Request law enforcement and/or hospital to provide a translator.

- **Review Options**

  - Reporting the crime to a law enforcement agency versus non-reporting. Include information regarding evidence preservation (e.g. rapid deterioration of evidence, not showering to preserve evidence, and collection of clothing, etc.) See ***Appendix C*** Call-out Process: Survivor Contacts Rape Crisis Center.

  - Medical options include medical/evidentiary exam as well as medical evaluation and treatment (e.g. injuries, pregnancy, sexually transmitted diseases, and payments.).

  - Need for legal options (e.g. protective orders, civil remedies).

  - Clarify need and desire for continued advocacy, support, and counseling; and what services can be provided.

- **Discuss Development of an Action Plan**

  - Prioritize short term and long-term action plans based on survivor needs and decision-making.

  - Emphasize a holistic approach to meeting the survivor's needs and utilizing community resources to solve problems outside the domain and resources of the rape crisis center.

  - Discuss how follow-up can be achieved and where.

  - Review how to access community services.

- **Discuss Agency Protocol for Making Referrals to Therapists**

  - Describe the counseling resources available through the rape crisis center.

  - Review indicators that the survivor's needs exceed the capabilities of the center. Discuss how to determine when and how to make appropriate referrals to local therapists and mental health counseling agencies.

  - Emphasize importance of monitoring the situation for emergence of mental health problems (e.g. major depression, suicidal ideation) and to make appropriate referrals.

3. Suicide Lethality Assessment and Intervention

- **Assessment:**
  - Discuss listening for indicators of despair, hopelessness, a desire to "end it all", and how to ask about the possibility of suicide.
  - If survivor has thoughts of suicide, ask if s/he:
    - has a plan and how they would carry this out (e.g. overdose of pills, gun, etc.);
    - has thought about suicide before, if they have tried it, and what happened; and
    - is currently on any medications and the purpose of the medication.
  - Review agency policy and procedures regarding a survivor with a specific suicidal plan.
- **Intervention**
  - Review agency protocol and options for responding to these situations.
  - Discuss option of making a suicide prevention contract and the responsibilities involved in a contract.
  - Emphasize how all calls should be taken seriously; hints should be explored, not ignored.
  - For suicide only callers, discuss how to explore the connection of whether the caller may have been sexually assaulted or sexually abused as a child. If this history is present in their life, explain that survivors can move through these feelings and not have their lives defined by what happened to them in the past.
  - Discuss follow-up plan.

> - **Utilize the local suicide intervention team for this training when possible.**
> - **See <u>Support for Survivors: Training for Sexual Assault Counselors</u> published by CALCASA.**

- **Staff Debriefing and Self-Care for Counselor**
  - Validate how difficult these calls are to handle.
  - Discuss counselor self-care.
  - Emphasize importance of consulting with coordinator on these situations.

4. Confidentiality

- Generally, anything said by a sexual assault victim to a sexual assault counselor is confidential. Refer to California Penal Code 1035-1036.2.

- There are some limitations to confidentiality. Some of these limitations apply only to therapists. Circumstances that could cause the counselor/advocate to reveal information to someone else are:

  - The survivor signs a release of confidentiality.

  - Another person is present during the communication (California Penal Code 1035.4).

  - A judge issues an order (California Penal Code 1035.4).

  - Survivor is a danger to herself (see previous section on suicide) or to others (California Evidence Code 1024).

  - Suspected child or elder abuse is revealed (see Unit C).

- Refer to legal counsel for more specific information.

- Review agency policy on counselor/advocate's requirements to maintain confidentiality and agency procedures regarding confidentiality.

- For more detailed information on confidentiality in this Guide, consult:

  - Part II Community Collaboration, Section C. Law Enforcement, Rights of the Victim/Survivor

  - Appendix B: Victim's Rights

  - Appendix N: Subpoenas

  - Appendix O: Release of Information

5. Crisis Intervention with Significant Others

- Emphasize importance of discussing with the survivor who needs to be told about what happened; helping her anticipate their reactions; providing assurance that she is not responsible for their reactions; and, affirming that her main objective is to move through the crisis to recovery.

- Recognize that family and friends may experience the stages of a crisis reaction.

  - Acute reactions include shock, disbelief, anxiety, fear, rage, sadness, and numbness.

  - Partners, especially male, or family members, in particular, may experience homicidal fantasies, fear over the survivor's safety in the present and in the future, thoughts of guilt for not having protected the survivor, engage in victim blaming, experience continuing rage fantasies, and feel shame and embarrassment over what happened to a member of their family.

- Discuss how to respond to significant others' issues, concerns, and feelings.

  - Provide educational materials about sexual assault, survivor needs and feelings, keeping confidentiality, and the possible range of their reactions.

  - Emphasize how the survivor's ability to recover can be enhanced or impaired by family member's or friend's reactions.

  - Counsel partners and significant others that it takes time for the survivor to recover. Sometimes, after partner's reactions and needs subside, they expect the survivor to be on the same timeframe for crisis resolution; and, they become frustrated with the survivor for not returning to being themselves.

  - Directly discuss the issue with family and friends when their reactions conflict with survivor recovery and to redirect their focus to the needs of the survivor.

- Discuss the indicators for making referrals to a counselor for family members and friends, if their needs for services exceed the capability of the rape crisis center, or continue to conflict with survivor recovery.

6. Continuing Support

- Discuss the importance of continuing support.

- Continuing support is integral to the healing process for survivors and reduces the impact of post-traumatic stress reactions. It may mean continued assistance in problem solving logistical issues (e.g. shelter, transportation), individual counseling, group counseling, support groups, or family counseling. Continuing support involves going the extra mile to support the survivor achieve recovery, increasing access to community resources, and working through barriers to assistance. A balance is needed between encouraging the survivor to engage in problem solving and avoiding being defeated when they encounter typical problems in seeking assistance.

- Review making referrals to community resources, if the needs of the survivor can be more effectively addressed by another agency (e.g. emergency food and housing). Referring a survivor should involve a "hand to hand" process; unless the survivor is

fully capable of making calls, dealing with voice mail mazes, responding to unhelpful people by asking for assistance from someone else or a supervisor, and addressing eligibility criteria.

- Emphasize being creative about providing continuous support (e.g. meeting at a coffee shop or local police department; or giving phone cards).

Additional Topics To Consider Include:
• Secondary/vicarious traumatization (e.g. compassion fatigue, burn-out, boundaries, becoming overly involved with a survivor, self-care, safety issues for counselors) • Identifying and handling problem callers on the hotline. • Mental health issues requiring psychiatric assistance or in-depth therapy

Unit F – Referral Resources and Methods

1. Procedures to Access Local Resources and Referrals

- Explain the center's referral preferences for addressing common problems.

- Emphasize checking with the coordinator on how to address uncommon problems, giving three referrals when possible; and taking proximity to the survivor's residence into consideration when making referrals.

- The process for making a referral is:

  - Identify the issue;
  - Determine and discuss the options;
  - Access the options; and,
  - Make a plan.

- **Referral Considerations**

  - Provide advocates with a resource manual of community agencies. Some communities publish resource and referral manuals.

  - Identify agencies with whom there is a Memorandum of Understanding (MOU).

  - Describe any of the referral agency's limitations, resources and philosophy, and sliding scale payments.

  - Advise advocates as to whether any referrals require prior approval.

  - Ensure updated referral information, stay current on the quality of referral resources, and check whether referral agencies have publications, brochures, or website information that may be useful.

- See Support for Survivors: Training for Sexual Assault Counselors published by CALCASA.

2. Local Referrals and Supportive Services

- Healthcare facilities
- Social services
- Counseling services and support groups
- Victim Compensation Program
- Self-defense classes

Additional Topics To Consider Include:
• Discuss agency philosophy regarding empowerment model with regard to the extent to which the advocate assists the survivor in accessing referrals to services.

PART II – COMMUNITY COLLABORATION

Unit A – The Collaborative Response

1. **History and Goals of Collaborations Between Rape Crisis Centers, Medical and Criminal Justice System**

   - **Mission and Goal of Collaboration**

     Effective, competent, coordinated intervention to ensure the best possible outcome for survivors.

   - **Advantages of Collaboration**

     - Collaboration broadens ownership of the problem of sexual assault and defines it as a community problem.
     - Logistically, no one agency can successfully handle all aspects of a sexual assault and every agency has its strengths and limitations.
     - Effective inter-agency collaboration generates a competent, coordinated response to produce the best possible outcome for survivors.

   - **Describe Local Community Collaboration, Response Procedures, and Any Relevant History**

     - Who responds?
     - When do they respond?
     - Where do they respond?
     - What is the formal and informal structure?

   - **Discuss Protocol for Handling Conflict and Facilitating Resolution**

     See California SART Manual published by CALCASA.

2. **Role of the Advocate**

   - **Discuss Center's policy regarding continuity of care from the first contact to case closure, and the concept of advocacy and support:**

     - Provides emotional support, counseling, and advocacy to assist the survivor with the process of healing. Listens and empathizes with the survivor's feelings to

reduce the isolation of the experience, informs, explains, clarifies, supports, and ensures that the survivor's needs are met to the fullest extent possible; aides with practical issues and concerns; and assists the survivor in dealing with others such as family, law enforcement officers, forensic medical examiners, and legal personnel.

- Attends to the survivor, provides unconditional support and acceptance, remains neutral and nonjudgmental, and observes appropriate boundaries. The advocate is the only person not involved in investigating facts or collecting and packaging evidence.

- Respects and maintains survivor's confidentiality rights. Penal Code Sections 1035-1036.2 provide a client confidentiality privilege or "confidential communication" between the sexual assault victim counselor (who has completed 40 hours of required training) and the victim. The victim is the holder of the privilege. This means that sexual assault victim counselors cannot share information about the survivor with anyone without the expressed consent of the survivor or by order of the court following an in-chamber hearing by the judge. See ***Appendix B*** for exact statutory language.

  NOTE: If a third party such as a family member, friend, law enforcement officer, or forensic medical examiner is present, there is no confidential communication between the survivor and the rape crisis counselor.

- Provides accompaniment services to the forensic medical exam, to interviews involving the criminal justice system, to court proceedings; and, assists survivors in navigating these various systems. A victim of sexual assault has the right to have a victim advocate and a support person of the victim's choosing present at any interview by law enforcement authorities, district attorneys, or defense attorneys, unless it is determined by law enforcement authority or the district attorney that the presence of the individual would be detrimental to the purpose of the interview. A victim advocate means a sexual assault victim counselor. This right does not pertain to the initial investigation by law enforcement to determine whether a crime has been committed and the identity of the suspects. See ***Appendix B*** for the exact statutory language for California Penal Code Section 679.04.

- Participates in helping family members and friends to ensure that the survivor's needs are addressed.

- Solves problems appropriately, uses good judgment, and follows agency procedures.

- **Discuss boundary issues with professionals from other disciplines which include, but are not limited to:**

  - Do not assist the forensic medical examiner with packaging or labeling evidence, or holding rulers for photos.

- Do not assist the law enforcement officer in questioning the victim.
- Do not provide translation services for medical or criminal justice personnel, as their respective agencies are responsible for ensuring appropriate translation services.
- Other issues as defined locally.

Difference Between a Victim Advocate and a Support Person
➢ A "sexual assault victim counselor", as defined in California Evidence Code Section 1035.2, means a person working in a rape crisis center who has received a certificate evidencing completion of a training program in the counseling of sexual assault victims issued by a Center that meets the criteria for an OCJP-funded Rape Crisis Program grant pursuant to California Penal Code Section 13837. ➢ A support person means a friend or relative providing an emotionally supportive presence for the survivor. ➢ A rape crisis center advocate has professional standing recognized in various state laws, and has received specified training prescribed by statute. The victim advocate provides crisis intervention, information regarding criminal justice and forensic medical exam procedures, advocacy and emotional support.

Rape Crisis Center Counseling and Advocacy Processes
➢ Vertical means the advocate is responsible for responding to the survivor's needs from start to finish. ➢ Non vertical means that there is a "hand-off" process between advocates who serve various functions, (e.g. hotline advocate, accompaniment advocate, etc.

3. Role of Medical Service Provider

- Provides medical evaluation and treatment.
- Provides medical evidentiary examinations, also called forensic medical examinations.

4. Role of Law Enforcement

- Responds to secure safety of victim and crime scene.
- Immediately or subsequently involves a detective for interviews/investigation.

- Authorizes forensic medical examination.
- Prepares case for review by the prosecutor.

5. Role of Prosecutor

- Reviews cases to determine if charges should be filed and files indicated charges.
- Interviews survivor early in the process.
- Handles proceedings (e.g. preliminary hearing, plea bargaining, trial, sentencing).

Additional Topics To Consider Include:
Discuss other community partners and resources: ➢ Multiple Disciplinary Interview Centers for children to avoid repetitive interviewing. Some Centers also interview developmentally disabled victims of all types of crimes. ➢ Campus rape prevention programs. ➢ Ethnic and cultural agencies, gay and lesbian centers, and other community agencies and departments. ➢ Domestic violence shelters and centers, county victim/witness assistance centers, social service agencies, and crime laboratory. ➢ County jails, prisons, and Juvenile Hall.

Unit B -- Medical

1. Rights of the Victim/Survivor

- **Related to Medical Care**

  - Law enforcement agencies must notify the local rape crisis center if a victim of sexual assault is being transported to a hospital for any medical evidentiary or physical examination (California Penal Code Section 264.2). See ***Appendix B*** for exact statutory language.

  - Prior to the beginning of a medical evidentiary or physical examination, the victim must be notified orally or in writing by the medical provider that the victim has the right to have a sexual assault victim counselor and at least one other support person of the victim's choosing present during the examination. (California Penal Code Section 264.2)

  - A support person may be excluded from a medical evidentiary or physical examination if the law enforcement officer or medical provider determines that the presence of this person is detrimental to the purpose of the examination. (California Penal Code Section 264.2)

  - Sexual assault survivors have the right to consent to a medical evidentiary examination or to refuse all or part of a medical evidentiary examination. See California Protocol for Examination of Sexual Assault and Child Sexual Abuse and OCJP 923 Forensic Medical Report Form for Sexual Assault.

  - Sexual assault survivor's medical records maintained at a hospital are confidential due to hospital accreditation requirements, legal protections pertaining to evidence handling, and the Health Insurance Portability and Accountability Act (HIPPA) requirements regarding disclosure of patient information.

- **Crime-Related Injuries are Required to be Reported by Healthcare Providers**

  - Hospitals and health practitioners are required to report to the local law enforcement agency all cases in which medical care is sought where injuries have been inflicted upon any person in violation of any state penal law. The report must be made immediately by telephone and in writing within two working days of receiving the information. It must state the name of the injured person, if known, the current whereabouts, the character and extent of injuries, and the identity of the alleged perpetrator, if known (California Penal Code Section 11160). The failure of a hospital or health practitioner to report cases where injuries have been inflicted in violation of a state penal law is punishable by a fine not to exceed $1000, by imprisonment in the county jail for a period not to exceed six months, or both (California Penal Code Section 11162).

2. Religious and Cultural Issues as They Relate to Medical Procedures

- Some religious organizations accept medical treatment, but do not accept blood transfusion. They typically seek and accept medical care from among their members' nurses and doctors.

- Some religious organizations avoid medical treatment for illness, and instead tend to rely exclusively upon faith healing.

- Some cultures will not permit an intrusive examination that would violate a woman's hymen; and, others will not permit a woman to be disrobed in front of a man who is not their husband. In this situation, there can be no examination of the genitals by a man.

3. Forensic Medical Examination and Evidence Collection

Purpose of a sexual assault forensic medical examination is to obtain a patient history to guide the examination, conduct a complete physical examination, collect and preserve evidence, photograph injuries, document evidentiary exam findings on the required state form(s), package and submit evidence in the Sexual Assault Evidence Collection Kit also called the "rape kit". Evidence kits are provided to hospitals by the crime laboratories.

Basic elements of a sexual assault and child sexual abuse forensic medical examination are defined in California Penal Code Section 13823.5 which authorized the development of standardized forms and a protocol. The forms include detailed procedures on how to conduct the examination. The California State Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims contains guidelines and recommended methods for conducting the exam. Copies of the forms, instructions, and protocol can be obtained from www.ocjp.ca.gov. The use of the forms for adults, adolescents and children is listed on the next page.

Key Terms for Sexual Assault and Child Sexual Abuse Examinations	
Acute:	Less than 72 hours have passed since the incident (<72 hours) *
Non-acute:	More than 72 hours have passed since the incident (>72 hours) *

*** These terms are used to describe time frames, not a rigid standard; or, to suggest that after 72 hours a complete exam should not be done. It is not unusual to detect injuries or possible trace and biological evidence after 72 hours.**

Required State Forms and Usage
OCJP 923: Forensic Medical Report: Acute (< 72 hours) Adult/Adolescent Sexual Assault Examination History of acute sexual assault (<72 hours)* Examination of adults (age 18 and over) Examination of adolescents (ages 12-17) **OCJP 925: Forensic Medical Report: Non-acute (>72 hours) Child/Adolescent Sexual Assault Examination** History of non-acute sexual abuse (>72 hours)* Examination of children and adolescents under age 18 **OCJP 930: Forensic Medical Report: Acute (<72 hours) Child/Adolescent Sexual Abuse Examination** History of chronic sexual abuse (incest) and recent incident (<72 hours)* Examination of children and adolescents under age 18 *** These terms are used to describe time frames, not a rigid standard; or, to suggest that after 72 hours a complete exam should not be done. It is not unusual to detect injuries or possible trace and biological evidence after 72 hours.**

Evidence Collection Considerations

- DNA, used to identify or rule out suspects, is collected through the various evidence collection procedures.
- All clothing and shoes are collected. New clothing and footwear should be brought to the hospital by relatives, friends, or advocate.
- Chain of Custody refers to having all healthcare providers handling evidence sign off on specialized logs to record the transfer of evidence from person to person. Failure to document chain of custody creates the question of whether or not the evidence was contaminated.
- Evidence collection, preservation, packaging, and labeling of evidence; use of ultraviolet light (Wood's Lamp) to identify foreign materials; and photographing injuries are the key factors which distinguish a medical examination from a sexual assault forensic medical examination. Physical examinations, without evidence collection, are documented in the standard records prescribed by the hospital.

Patient Care Management Issues

- In most circumstances, the law enforcement officer, who brings the suspect to the hospital notifies the hospital staff in advance and authorizes the exam pursuant to the recommended state protocol for suspect exams. If the perpetrator is brought to the same hospital, ensure that hospital staff is aware of this matter if the law enforcement officer has not already done so. Check to ensure that the victim and perpetrator are

not placed in the same area and that special arrangements are made to ensure patient safety. See California Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims, Chapter XX Suspect Examinations.

4. Consent for a Forensic Medical Exam

Patient Rights

Patients have the right to refuse an examination for the purpose of collecting evidence. Consent for evidence collection, once given, can be withdrawn at any time during the examination. Patients have the right to refuse the collection of reference specimens, such as pubic and head hair; blood and/or saliva for typing; and blood and/or urine for toxicology.

These four consent items are on the OCJP 923: Sexual Assault Forensic Medical Report:
• I understand that a forensic medical examination for evidence of sexual assault at public expense can, with my consent, be conducted by a health care professional to discover and preserve evidence of the assault. If conducted, the report of the examination and any evidence obtained will be released to law enforcement authorities. I understand that the examination may include the collection of reference specimens at the time of the examination or at a later date. I understand that I may withdraw consent at any time for any portion of the examination.
• I understand that collection of evidence may include photographing injuries and that these photographs may include the genital area.
• I hereby consent to a forensic medical examination for evidence of sexual assault.
• I understand that data without patient identity may be collected from this report for health and forensic purposes and provided to health authorities and other qualified persons with a valid educational or scientific interest for demographic and/or epidemiological studies.

Minors: Consent Issues

- Minors, 12 years of age and older, may give consent to the:
  - provision of medical care related to the diagnosis or treatment of a sexual assault and the collection of evidence (Family Code Section 6927 and 6928);
  - provision of medical care related to the prevention of treatment of pregnancy (Family Code Section 6925); and
  - provision of medical care related to the diagnosis or treatment of sexually transmitted diseases (Family Code Section 6926).
- Consent given by a minor cannot be negated or taken away by an adult (Family Code Section 6921).
- For suspected child abuse cases, parental consent is not required to examine, treat or collect evidence. In the absence of parental consent or in case of parental refusal, minors must be taken into protective custody by a child protective agency (e.g. law enforcement agency or children's protective services) in order to perform the examination.

Minors: Non Consent Issues

- **Non-consent by minors**
  Since California law clearly establishes a minor's right to consent, the reverse is also true; they have the right to refuse consent. Questions regarding minors' rights should be directed to the District Attorney's Office or to hospital counsel.

- **Non-consent by children under age 12**
  The conventional and collective wisdom of child abuse experts is to never force a sexual abuse forensic medical examination upon a child. This can have the effect of terrorizing the child and rekindling the memories of victimization. It can also create fear of healthcare providers. For an acute exam or a non-acute exam when there is suspicion of a foreign body in the vagina or other medical concerns, sedation should be considered and the established sedation protocol followed. **Never hold a child down for an examination and never allow anyone else to hold a child down for an examination.**

Incapacity to Give Consent for a Sexual Assault Forensic Medical Examination

Patients may be considered temporarily incompetent for giving consent because of incapacitating injuries, sedation, alcohol or drug intoxication, hallucinations, delusions, mental retardation; acute organic brain syndrome from any cause; or permanently incompetent because of irreversible dementia.

- For purposes of consent for medical treatment, competency is defined as the ability to understand the nature and consequences of the illness, the proposed treatment, alternatives to treatment, and the ability to make a reasoned decision in this regard.
- For medical purposes, competency is required at the time consent is given. If consent or refusal was given by the patient during a period of competency, then that consent or refusal remains valid even if the patient later lapses into incompetency. If a patient is assessed to be incompetent, the basis for this must be documented in the patient's chart. If the patient is not competent to give informed consent, then another authorized party must approve the proposed treatment on the patient's behalf.
- In the case of sexual assault, in the absence of state law on this subject, it is recommended that specific procedures be developed in conjunction with law enforcement agencies, the District Attorney's Office, and hospital counsel. Without a protocol, obtaining sexual assault forensic medical evidence without appropriate consent procedures could subject an examiner or a hospital to serious legal liability. Strong views have been expressed on this issue, particularly involving a temporary incapacity to give consent.
- See California SART Manual published by CALCASA for an in-depth discussion of consent issues pertaining to incapacity to give consent.

5. Payment for Expenses

- **Forensic Medical Sexual Assault Examinations**

  These exams are required by law to be paid for by the law enforcement agency investigating the crime. (California Penal Code Section 13823.95)

- **Medical Treatment**

  This portion of the expenses is paid for by the patient's public (Medi-Cal or MediCaid) or private health insurance. The Victim Compensation Program can also reimburse out-of-pocket medical expenses.

- **Prescriptions**

  - Treatment for sexually transmitted disease and pregnancy prevention are often provided by the hospital facility pursuant to the California Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims.

  - Other types of prescriptions are paid by the patient's insurance or reimbursed by the Victim Compensation Program.

- **Follow Up Medical Treatment**

  Follow up medical treatment for injuries, wound healing, or sexually transmitted disease is paid for by the public or private insurance.

- **Crime Victim Compensation**

  Consult the Victim Compensation and Government Claims Board guidelines for information pertaining to immediate compensation.
  Website: www.boc.ca.gov/victims.htm or use internet search engine with key phrase: California Victim Compensation.

6. Survivor's Health Concerns

- Sexually transmitted diseases (STD)

- HIV/AIDS

- Pregnancy

- Prevention and Treatment

- See California Protocol for Examination of Sexual Assault and Child Sexual Assault Victims, Chapter XXI, Possibility of Pregnancy and Chapter XXII, Prophylaxis Against Sexually Transmitted Disease.

7. Local Procedures and Coordination with Other Service Providers

See California SART Manual published by CALCASA for a description of coordination procedures between rape crisis centers, law enforcement agencies, hospitals and forensic medical examination teams, crime laboratories, victim/witness assistance programs, and District Attorney's Offices. Notification and agency response procedures are diagrammed in the charts in the appendix.

8. Role of the Advocate During Medical Forensic Examinations

- Describe rape crisis center response time expectation for advocates.

- Describe advocacy role during the medical forensic exam:

  - Provide emotional support and clarifying information for the survivor during the interview and the exam.

  - Advocate for prompt medical examinations to ensure the well being of the survivor and to preserve evidence which can deteriorate rapidly.

  - Advocate for qualified health care providers trained in sexual assault forensic medical examination procedures to perform the exam.

  - Do not participate in the forensic examination process (e.g., handling evidence or even holding the ruler for the photographer). This prevents the advocate from attending to the survivor, creates role confusion for the survivor, and jeopardizes the survivor's confidentiality privilege because the advocate becomes part of the investigation process.

  - Distinguish between the advocate role in providing emotional support for the survivor and the need of the medical examiner to develop rapport with the patient. The medical examiner must be able to build rapport to interview the patient about the sexual assault, some of which may be very embarrassing for the patient to relate. This information is essential for the health care provider to obtain because the history guides the examination.

  - Follow agency policy regarding bringing a change of clothing for the survivor. Sometimes family or friends fill this need; or, some centers provide new sweatsuits for survivors and bring them to the hospital.

  - Describe agency policy to follow if the advocate is excluded from the process. See ***Appendix D*** for a recommended process for advocacy during the forensic medical exam and ***Appendix E*** for sample call-out process when the survivor presents at the emergency department.

- **Discuss Survivor Transportation After Forensic Medical Exam**

  Discuss Center's policies and procedures for transporting survivors to their home or to the residence of family or a friend. Options include: family member or friend provides transportation; rape crisis center advocate provides transportation, if the center has a liability policy for advocates; patrol officer waits on stand-by or another patrol officer is called to provide transportation; and cab vouchers.

Unit C—Law Enforcement

1. Rights of the Victim/Survivor

- **Right to Protection of Name and Address**

  - No law enforcement agency shall disclose the address of a person who is a victim of sexual assault pursuant to California Penal Code Section 293(c).

  - No law enforcement agency shall disclose the name of a sexual assault victim pursuant to California Penal Code Section 293(d). California Government Code Section 6254(f) protects the identity of crime victims and witnesses if release of information would endanger the safety of persons involved in an investigation, or if the disclosure would endanger the successful completion of an investigation or a related investigation.

- **Confidentiality**

  - Survivors of sexual assault have the right to confidentiality and this right must be protected by the rape crisis center, law enforcement agency, hospital, forensic medical examination team, District Attorney's Office, and the media (e.g. newspapers, television, and radio).

  - If the case goes to trial, the victim's name becomes part of the public record of the trial; however, the media does not include the victim's name in accounts of publicized trials. Occasionally and rarely, the victim's name is included in a newspaper article; this is usually due to extraordinary circumstances.

  - If a third party such as a friend or family member is present at an interview or meeting, the survivor's confidentiality can be breached by this person and there are no laws governing this person's conduct.

  - If a third party includes a sexual assault forensic medical examiner or a law enforcement officer, there is **no** confidential communication privilege between the survivor and the rape crisis counselor.

- **Minor's Rights to Participate in the Criminal Justice Process**

  Minors have the right to report the crime to a law enforcement agency and to cooperate with an investigation without parental consent. A crime is considered to be an offense against the State and persons **cannot** prevent the investigation and prosecution of a crime. This is why criminal indictments read, "People of California vs. John Smith".

- **Provision of Survivor Support at Interviews**

  - California Penal Code Section 679.04 authorizes the provision of survivor support at interviews either by a sexual assault victim counselor or a support person of the survivor's choice. The initial interview to determine whether a crime has been committed is not included in this provision. Support persons can be excluded if they are considered to be detrimental to the process by a law enforcement authority. See ***Appendix B*** for exact statutory language.

  - Staff from the Victim Witness Assistance Program can fulfill this role, but do not qualify for client confidentiality unless they are employed by a non-profit Center that meets the training criteria.

  - Law enforcement agencies sometimes have advocacy programs or chaplaincy programs. Communications to clergy are confidential.

2. Sexual Assault Laws

- **Notification of Rape Crisis Center by Law Enforcement Agency**

  California Penal Code Section 264.2. requires the law enforcement officer or agency to immediately notify the local rape victim counseling center, whenever a victim of an alleged violation of Section 261, 261.5, 262, 286, 288a, or 289 is transported to a hospital for any medical evidentiary or physical examination. The victim shall have the right to have a sexual assault victim counselor, as defined in Section 1035.2 of the California Evidence Code, and a support person of the victim's choosing present at any medical evidentiary or physical examination. See ***Appendix B*** for exact statutory language.

- **California Sexual Assault Laws**

  See website: California Law (www.leginfo.ca.gov/calaw.html), California Penal Code Sections 261-269.

- **Definition of Sexual Penetration**

  California Penal Code Section 263 states that "any sexual penetration, however slight, is sufficient to complete the crime."

3. Local Law Enforcement Agency Procedures

- **Notification Procedures**

  See ***Appendix F*** for a sample of a call-out process when law enforcement first receives the call from the survivor. See California SART Manual published by CALCASA.

- **Jurisdictional Issues**

  See ***Appendix G*** for a discussion of jurisdictional issues. See California SART Manual published by CALCASA.

- **Coordinated or Joint Interview Prior to Sexual Assault Forensic Medical Examination**

  - In a **joint interview**, the law enforcement officer is in charge of the interview process, and asks questions about the incident. The sexual assault forensic medical examiner and rape crisis center advocate are present during this part of the interview. The sexual assault forensic medical examiner asks questions relevant to conducting a medical forensic examination pursuant to the OCJP 923: Medical Forensic Report. After the sexual assault history is obtained, the patrol officer or detective is excused to enable the sexual assault forensic medical examiner to obtain the medical history and to perform the exam.

  - In a **coordinated interview** process, the law enforcement officer will have interviewed the victim and briefed the sexual assault forensic medical examiner about the sexual assault prior to beginning the forensic medical examination. The sexual assault forensic medical examiner conducts an interview pursuant to the patient history sections on the OCJP 923: Medical Forensic Report.

4. Factors Affecting Decision to Authorize a Forensic Medical Examination

- Forensic medical examinations should be considered standard procedure in any criminal investigation of sexual assault. The examination provides corroboration to the reported history of sexual assault and yields evidence linking the victim to the crime scene and to the perpetrator; or, a perpetrator can be ruled out as a suspect. Authorization for the examination should not be based upon whether an arrest can be made. Examinations must be authorized in person by a patrol officer or via telephone by a watch commander or detective.

- Many variables effect this decision which include, but are not limited to:

  - Law enforcement agency budget problems may effect tightening of criteria for examinations.

- Sexual assault took place over 2 weeks ago. Remember that sperm can remain in the cervix for up to 14 days, if there was vaginal penetration. Seminal fluid can be detected in the mouth and rectum for up to 12 hours. Injuries and bruises can be photographed for up to a week to ten days later, depending on the individual and extent of injury/bruising.

- Unclear history from the victim (e.g. not remembering exactly what happened).

- Victim was under the influence of drugs or alcohol at the time of the assault and the history is unclear about consent issues. The presence of alcohol and/or drugs are not supportable reasons for refusing to authorize a medical/evidentiary examination as drugs/alcohol may be administered to the victim and the circumstances may indicate lack of consent.

- The victim's history of sexual assault may not be credible to law enforcement and the case may not be investigated.

5. Investigation Procedures

- **Investigation Objectives**

  - To determine if a sexual assault occurred; determine who is responsible; collect and preserve evidence; identify and apprehend suspect(s); arrest where probable cause exists; assist the District Attorney in the prosecution of cases; and provide testimony and evidence in court.

  - See ***Appendix H*** for a description of the roles of the patrol officer as first responder, preliminary investigation report procedures, suspect handling procedures, and follow-up investigation procedures.

- See ***Appendix I*** for a description of the role and responsibility of the crime laboratory, its relationship to the law enforcement investigation and the sexual assault forensic medical examination, and the information given out by the sexual assault victim counselor to the survivor calling the hotline first.

6. Role of the Advocate During the Investigation

- The role of the rape crisis center advocate is to provide emotional support for the survivor during the law enforcement investigation and to facilitate communication between the law enforcement officer and the survivor. The rape crisis center advocate explains procedures that the survivor and family may feel uncomfortable asking about, or are not aware that they should be informed about.

- The advocate serves as a resource for survivors and their families if the law enforcement investigation does not meet their expectations. They facilitate survivors speaking to detectives and describing their feelings about how things are going from their point of view. This prevents frustration and reduces anxiety for survivors.

- The role of the advocate does not include providing translation services for the law enforcement officer. If allowed to happen, the advocate becomes part of the investigative process and cannot provide emotional support for the survivor, the advocate can be subpoenaed for court proceedings, client-confidentiality is breached, and, in subsequent court proceedings, the advocate would not be considered a certified language translator.

- See ***Appendix J*** for a description of a sample advocate process with law enforcement agencies.

Unit D – Legal and Court

1. Rights of the Victim/Survivor

- Victims of sexual assault cannot be held in contempt of court in California for refusing to testify in the prosecution of a case (California Civil Procedure Code Section 1219).

- Victims of sexual assault cannot be forced to take a polygraph test (California Penal Code Section 637.4).

- Victims of sexual assault cannot be forced to submit to a psychological evaluation (California Penal Code Section 1112).

- Crime victims have the right to speak at the sentencing hearing (California Penal Code Section 1191.1).

- Victim Support at Trial (California Penal Code Section 868.5). A victim of sexual assault is entitled to the attendance of up to two persons of her/his choosing for support, one of whom may be a witness at the preliminary hearing and at the trial, or at a juvenile court proceeding during the testimony of a prosecuting witness. Only one of those support persons may accompany the victim to the witness stand, although the other may remain in the courtroom during the witness' testimony.

- The court, at the request of the sexual assault victim, may order the identity of the alleged victim in all records and during all proceedings to be either Jane Doe or John Doe, if the court finds that such an order is reasonably necessary to protect the privacy of the person and will not unduly prejudice the prosecution or the defense (California Penal Code Section 293.5).

- Procedural safeguards regarding introduction of the sexual assault victim's previous sexual history are described in California Evidence Code Section 782. A motion must be filed with the court; judge reviews the information outside the presence of the jury; and, determines the relevance of the information.

2. Criminal Justice Process

See ***Appendix K*** for a diagram of this process and the California SART Manual for a description of the purpose for these proceedings.

- Suspect is Arrested and is in Custody
- Arrest and Arraignment at Municipal Court
- Statutes of Limitations for Filing Charges if Suspect Not Arrested
- Bail

- Case Filing Decisions
- Preliminary Hearing
- Grand Jury Alternative
- Arraignment in the Superior Court
- Plea Bargaining
- Trial
- Sentencing
- Appeals
- Role of Probation and Parole
- Parole Notification (California Penal Code sections 1048 and 288(d))
- Juvenile Court
- Statutes of Limitations

3. Common Defenses in Sexual Assault Cases

- In the consent defense, the defense acknowledges that the defendant engaged in sexual relations with the complainant but argues that the complainant consented.

- In the mistaken identification defense, the attorney acknowledges that the sexual assault may have occurred, but claims that the accused was not the attacker. It is commonly referred to as SODDI (Some Other Dude Done It).

- In the denial defense, the attorney argues either that the alleged acts do not constitute sexual assault or that no such acts occurred.

- Another approach, infrequently used, is that the defendant lacked the physical or mental capacity to engage in the acts alleged.

4. Role of the Advocate During Legal and Court Proceedings

- Explain the process and all of the possibilities (e.g. no charges filed, charges dropped, plea bargaining, trial).

- Keep the survivor informed during the process.

- Provide support and discuss transportation needs. Follow Center's policy and procedures pertaining to transportation.

- Follow procedures for collaboration with the Victim/Witness Assistance Program, if they are involved. See ***Appendix L*** for description of statutory requirements of a California Victim/Witness Assistance Program and ***Appendix M*** for description of eligibility for reimbursement for out-of-pocket expenses for counseling, emergency expenses, job rehabilitation, and medical expenses.

- Coordinate with the deputy district attorney handling the case and the victim/witness assistance advocate by visiting a courtroom, if indicated, and explaining the role of the judge, bailiff, court reporter, jury, and describing the location of the defense and prosecution tables.

- Explain basic legal terminology such as "objection" "overruled" "sustained" "Defendant".

- Give suggestions regarding appropriate dress for court and to expect the defendant released on personal recognizance to dress very well.

- Give suggestions, in coordination with the deputy district attorney, regarding where to sit in the courthouse.

- Describe styles of various prosecutors and judges so as to minimize their impact if there is noticeable stylistic behavior.

- Do not provide translation services for any aspect of legal and court proceedings. It is the responsibility of the Court to provide certified translators.

- For the sentencing hearing, help the victim prepare the Victim Impact Statement (VIS) and, if needed to do so, read the VIS for the survivor in court.

5. Response to a Subpoena

- Client records are confidential due to the client confidentiality privilege.

- Follow agency procedures for handling subpoenas.

- See ***Appendix N*** Handling Subpoenas for sample letters to attorneys, clients, subpoena authorization form, counseling agreement, and consent for release of information.

6. Civil Remedies

- **Civil Suits**

  - Differences in the burden of proof between civil and criminal actions

  - Rules regarding admissibility of evidence in civil matters

  - Difference in remedies

  - Statute of Limitations

- **Restraining orders**

  - Restraining orders needed during the criminal investigation and prosecution are initiated either by the law enforcement agency investigating the case or by the District Attorney's Office. These are called "stayaway orders".

  - Restraining orders, when there is no criminal prosecution, are filed through a civil process either through the Victim/Witness Assistance Program or by a private attorney.

Additional Topics To Consider Include:
• Crime Laboratory. See ***Appendix I*** for a description of the role of the crime laboratory and its interface with law enforcement and the forensic medical examiner. • Coordination with the County Victim/Witness Assistance Center. See ***Appendix L*** for a summary of the statutory requirements for these Centers, client confidentiality issues, and concept of complimentary advocacy. • California Crime Victim Compensation Fund. See ***Appendix M*** for a brief summary.

Unit E –Statistical

1. **Mandatory Documentation**

    - Discuss agency requirements
    - Discuss funding source requirements
    - Discuss Service Standards for Basic Operations of Rape Crisis Centers.

2. **Agency Procedures**

    - Discuss client record keeping requirements
    - Discuss appropriate and inappropriate documentation
    - Discuss how records are managed to maintain confidentiality.

APPENDICES

APPENDIX A

ALCOHOL AND DRUG FACILITATED SEXUAL ASSAULT

- **Alcohol** is the most prevalent date rape drug. It is sometimes used for delivery of the drugs listed below; in which case, the victim is subjected to a polydrug episode.

- **GHB, Rohypnol, and Ketamine** are drugs that are administered surreptitiously to incapacitate a potential victim. These victims are sometimes taken voluntarily, usually in a social setting or event, because of the "high" effect they can produce. This, however, can cloud a person's judgment and ability to give consent to sexual activity, possibly leading to a sexual assault.

  These drugs cause uninhibited behavior, impaired judgment, loss of consciousness, amnesia, respiratory distress, nausea, convulsions, dizziness, muscle relaxation, slowing of physical ability to respond, coma, and even death. Testing of survivors during the forensic medical examination is important to detect the presence of these substances for medical intervention and criminal justice apprehension purposes. For further information, see Searching for Answers: Understanding and Preventing Drug-Facilitated Sexual Assault published by CALCASA; www.projectghb.org; or, any internet search engine using keywords "drug facilitated sexual assault" contains extensive resources.

- **GHB**

  GHB is most often administered as a clear liquid that tastes salty. This drug causes intoxication followed by a deep sedation that lasts up to 8 hours. The victim may experience reduced inhibitions, nausea, convulsions, amnesia, and loss of consciousness. Mixed with alcohol, *GHB* can have a serious adverse impact upon the central nervous system. This may result in respiratory distress, coma or even death. Once administered, the drug affect begins within 15-30 minutes.

Street Names	
Grievous Bodily Harm	Cherry Meth
Liquid G or G	Easy Lay
Somatomax	Gamma 10
Liquid Ecstasy	Liquid X
Blue Nitro	G-juice

- **Rohypnol**

  Rohypnol is a drug that leaves no detectable taste, odor or color. Its effects are impaired judgment, lowered inhibitions, dizziness, motion difficulty, respiratory depression, amnesia, muscle relaxation, and a slowing of responses. The drug effect begins within 15- 60 minutes. Victims report not being able to remember what happened or where they have been. When

combined with alcohol, marijuana, or cocaine, it produces a rapid and very dramatic "high." Even when Rohypnol is administered alone, users can appear extremely intoxicated, with slurred speech, no coordination, swaying, and blood-shot eyes. When taken repeatedly, it can lead to physical and psychological dependence, which is thought to increase with both doses and duration of use.

Street Names	
Being under the influence of Rohypnol is to be:	
"roached"	Mind Erasers
Roofies or ruffies	Roche' (the manufacturer is Hoffman-LaRoche)
Roach	
R-2	Roaches
Forget pills	Circles, Rib and rope

❖ **Ketamine**

Ketamine is a fast-acting general anesthetic used for both humans and animals. It is also popular in clubs, bars and "raves" because of its euphoric effect. The drug Ketamine causes impaired judgment, paranoia, numbness, amnesia, convulsions, and respiratory depression. Large drug doses can lead to oxygen starvation to the brain and muscles. The drug effects typically last for about an hour; however, it is not uncommon for the drug effects to last for 4-6 hours. The user will not completely recover from the long-term effects for 48 hours after administration.

Street Names	
Cat Valium	Purple C and Super C
Keller	Special K
Ket or K	Vitamin K
Kit Kat	

APPENDIX B

VICTIM RIGHTS

- **Notification of Rape Crisis Center**

  Penal Code Section 264.2. (a) Whenever there is an alleged violation or violations of subdivision (e) of Section 243, or Section 261, 261.5, 262, 273.5, 286, 288a, or 289, the law enforcement officer assigned to the case shall immediately provide the victim of the crime with the "Victims of Domestic Violence" card, as specified in subparagraph (G) of paragraph (9) of subdivision (c) of Section 13701 of the Penal Code.

  (b) (1) The law enforcement officer, or his or her agency, shall immediately notify the local rape victim counseling center, whenever a victim of an alleged violation of Section 261, 261.5, 262, 286, 288a, or 289 is transported to a hospital for any medical evidentiary or physical examination. The victim shall have the right to have a sexual assault victim counselor, as defined in Section 1035.2 of the Evidence Code, and a support person of the victim's choosing present at any medical evidentiary or physical examination.

  (2) Prior to the commencement of any initial medical evidentiary or physical examination arising out of a sexual assault, a victim shall be notified orally or in writing by the medical provider that the victim has the right to have present a sexual assault victim counselor and at least one other support person of the victim's choosing.

  (3) The hospital may verify with the law enforcement officer, or his or her agency, whether the local rape victim counseling center has been notified, upon the approval of the victim.

  (4) A support person may be excluded from a medical evidentiary or physical examination if the law enforcement officer or medical provider determines that the presence of that individual would be detrimental to the purpose of the examination.

- **Counselor Client Privilege**

  Penal Code Sections 1035-1036.2 provides a client confidentiality privilege or "confidential communication" between the sexual assault counselor and the victim. The victim is the holder of the privilege. Eligibility to participate in the client confidentiality privilege is conferred upon those who work in a rape crisis center, have completed 40 hours of training, and have received a certificate evidencing completion of the required training program. This client confidentiality privilege does not currently extend to survivors of domestic violence served by sexual assault victim advocates. Domestic violence advocates have a separate counselor client privilege training requirement which can create issues if the patient is both a sexual assault and domestic violence survivor. Until there is a change in state law, consult the District Attorney's Office for guidance.

- **Provision of Client Support at Interviews**

  California Penal Code Section 679.04. (a) A victim of sexual assault as the result of any offense specified in paragraph (1) of subdivision (b) of result of Section 264.2 has the right to have victim advocates and a support person of the victim's choosing present at any interview by the law enforcement authorities, district attorneys, or defense attorneys. However, the support person may be excluded from an interview by law enforcement or

the district attorney if the law enforcement authority or the district attorney determines that the presence of the individual would be detrimental to the purpose of the interview. As used in this section, "victim advocate" means a sexual assault victim counselor, as defined in Section 1035.2 of the Evidence Code, or a victim advocate working in a center established under Article 2 (commencing with Section 13835) of Chapter 4 of Title 6 of Part 4.

(b) (1) Prior to the commencement of the initial interview by law enforcement authorities or the district attorney pertaining to any criminal action arising out of a sexual assault, a victim of sexual assault as the result of any offense specified in Section 264.2 shall be notified orally or in writing by the attending law enforcement authority or the district attorney that the victim has the right to have victim advocates and a support person of the victim's choosing present at the interview or contact. This subdivision applies to investigators and agents employed or retained by law enforcement or the district attorney.

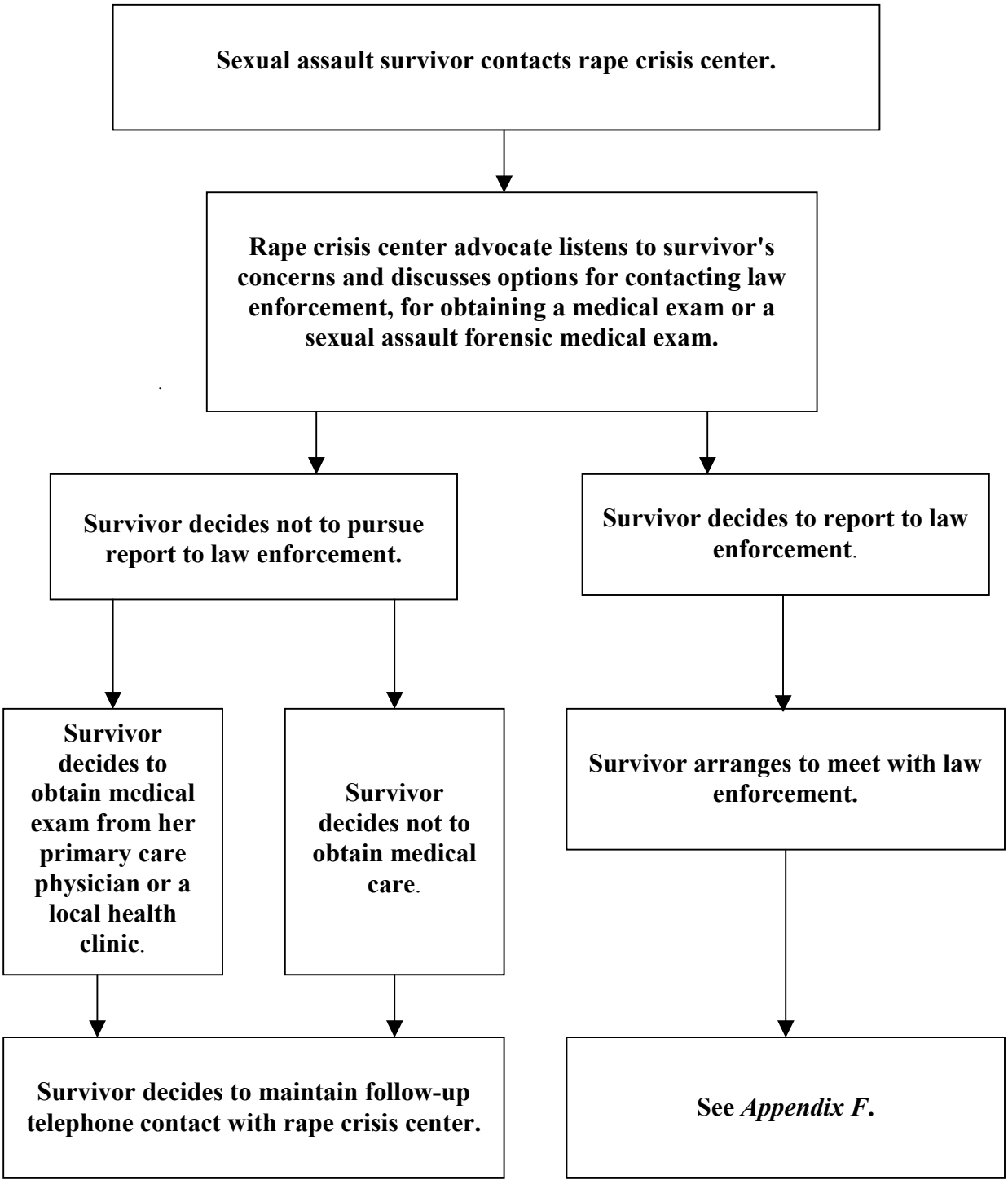
(2) At the time the victim is advised of his or her rights pursuant to paragraph (1), the attending law enforcement authority or district attorney shall also advise the victim of the right to have victim advocates and a support person present at any interview by the defense attorney or investigators or agents employed by defense attorney.

(c) An initial investigation by law enforcement to determine whether a crime has been committed and the identity of the suspects shall not constitute a law enforcement interview for purposes of this section.

Prior to the commencement of the initial interview by law enforcement authorities or the district attorney pertaining to any criminal action arising out of a sexual assault, a victim of sexual assault, as the result of any offense specified in Section 264.2, shall be notified orally or in writing by the attending law enforcement authority or district attorney that the victim has the right to have victim advocates and a support person of the victim's choosing present at the interview of contact. This subdivision applies to investigators and agents employed or retained by law enforcement or the district attorney.
(2) At the time the victim is advised of this or her rights pursuant to paragraph (1), the attending law enforcement authority or district attorney shall also advise the victim of the right to have victim advocates and a support person present at any interview by the defense attorney or investigators or agents employed by the defense attorney.
(c) An initial investigation by law enforcement to determine whether a crime has been committed and the identity of the suspects shall not constitute a law enforcement interview for the purposes of this section.

APPENDIX C

CALL OUT PROCESS:
SURVIVOR CONTACTS RAPE CRISIS CENTER



APPENDIX D

SAMPLE ADVOCATE PROCESS AT MEDICAL FACILITY

A. Upon arrival to the hospital, advocates:
   1. Notify registration that they have arrived.
   2. Inquire as to the whereabouts of the survivor.
   3. Inquire as to whether or not the survivor has been registered.
   4. Inquire as to whether the perpetrator is at the hospital and what arrangements have been made to ensure that the patient and perpetrator are in separate areas.

B. When meeting the survivor, advocates:
   1. Introduce themselves and the organization they represent.
   2. Explain why they were contacted, including the survivor's right to an advocate.
   3. Offer to contact a support person if the survivor is alone.
   4. Inquire if there is anything the survivor needs before beginning.
   5. Inform the survivor that anything (s)he says to the advocate is strictly confidential and cannot be repeated to anyone without her/his permission.
   6. Provide emotional support.
      a. Reassure the survivor that (s)he is safe now.
      b. Provide empathy and support.
      c. Validate the survivor's responses.
      d. Encourage the survivor to talk about what happened.
      e. Discourage feelings of guilt and self-blame.
      f. Listen.
   7. Explain to the survivor that (s)he has the right to ask any questions (s)he may have at any time before, during, and after the medical exam. Explain to the patient, if this is consistent with local policy, that the patient may have the right to a partial exam. Define partial exam.
   8. Be prepared to clarify any questions regarding the sexual assault forensic medical exam.
      a. Explain why it is important that the survivor have a medical exam performed:
         (1) To determine if any physical injuries have occurred.
         (2) To evaluate the possibility of pregnancy and discuss treatment options.
         (3) To evaluate the possibility of contracting a sexually transmitted disease and provide prophylaxis.
         (4) To collect forensic evidence for possible prosecution.
      b. Clarify, if necessary, the questions that medical personnel will ask and why it is important that the survivor answer them to the best of her/his ability.
      c. Describe forensic medical exam procedures.
         (1) Explain the consent form allowing photographs to be taken.
         (2) Explain why the collection of clothing worn during the attack is important for forensic analysis and possible prosecution.
         (3) Explain that the first part of the exam is to check for any physical injuries and that it is important to tell the medical examiner about any pain, tenderness, or discomfort the survivor feels.

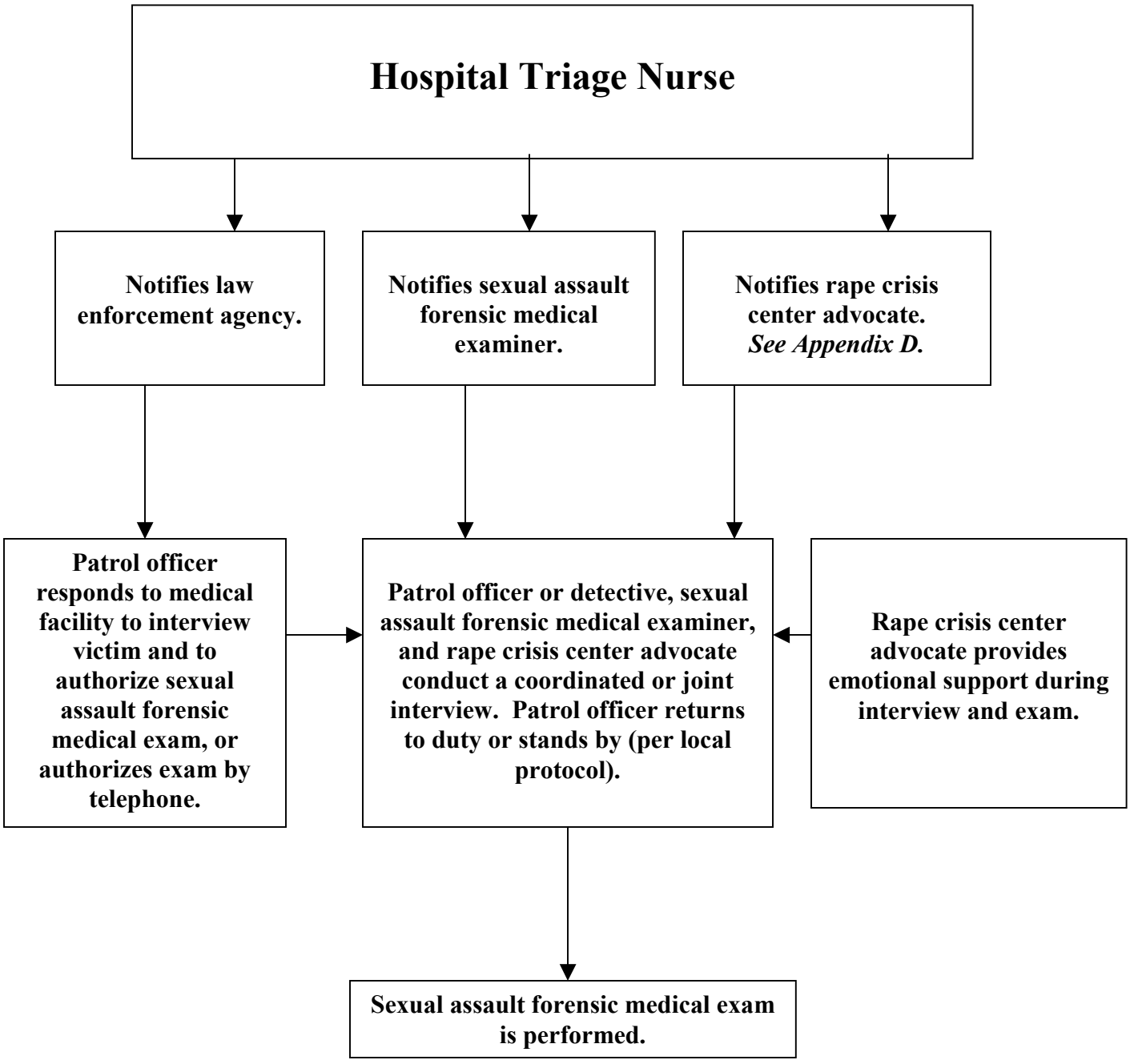
(4) Explain that the second part of the exam will be to collect any physical evidence that may be present.
   (a) Explain the oral exam and the swabs collected.
   (b) Explain the pelvic exam and the swabs collected.
   (c) Explain the rectal exam and the swabs collected, if required.
   (d) Explain the collection of pubic hair brushings.
   (e) Explain the collection of head hair.
   (f) Explain the Wood's Lamp (ultraviolet light) exam.
   (g) Generally describe the purpose of blood and urine collection for toxicology analysis and blood for reference samples, per local protocol.
   (h) Generally describe prophylaxis for sexually transmitted disease.
   (i) Generally describe pregnancy prevention options.
   (j) Explain the urine test for pregnancy.
   (k) Regularly inquire if the survivor has any questions.

9. Coordinate explanations regarding medical and forensic exam procedures and follow-up with the sexual assault forensic medical examiner. Consult the suggested follow-up schedule in the California Medical Protocol for the Examination of Sexual Assault and Child Sexual Abuse Victims and the chapters on the possibility of pregnancy and sexually transmitted disease. Assess the survivor's needs for housing, shelter, transportation, food, and child care for children.
10. Encourage the survivor to make a follow-up appointment in two weeks with her/his personal physician. Together with the survivor, make an action plan.
11. Leave a business card, and information on how to access rape crisis center services, including the 24-hour hotline number, and a card with case information and contact numbers.
12. Inform the survivor about rape crisis center services, and that (s)he will be contacted within 72 hours.

C. When working with survivors:
   - Be empathic, non-judgmental, and neutral in all explanations of procedures or in assisting the survivor with decision-making.
   - Focus on the needs of the survivor; stay with her expressions of concern.
   - Avoid role confusion between the advocate role and the forensic medical examiner role.
   - Avoid role confusion by agreeing to translate for medical and law enforcement personnel. It is their responsibility to arrange for translators. Survivors need the advocate to be there for them.

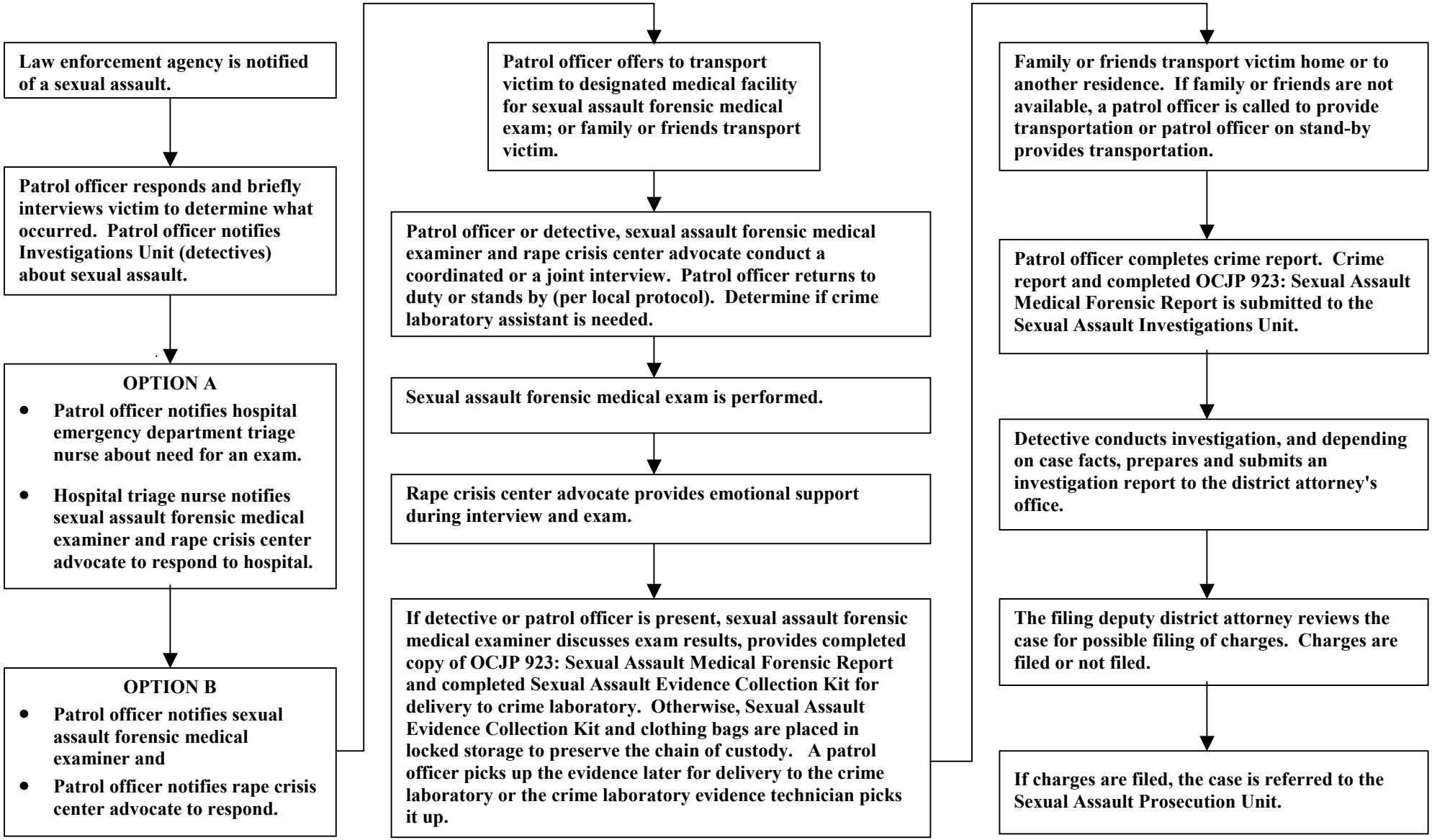
APPENDIX E

SAMPLE CALL OUT PROCESS: SURVIVOR PRESENTS AT EMERGENCY DEPARTMENT



APPENDIX F

SAMPLE CALL-OUT PROCESS: LAW ENFORCEMENT FIRST RECEIVES THE CALL



APPENDIX G

JURISDICTIONAL ISSUES

Jurisdictional issues are important to understand because where the crime began and occurred determines which law enforcement agency has the authority to investigate the case. Establishing working relationships with all of the possible investigative authorities in the region is essential for smooth operations.

Sexual Assault in State Parks and Lands
If a sexual assault is committed in a state park, the investigation is the responsibility of the State Park Ranger. If a sexual assault is committed in a state building or state parking lot, the California Highway Patrol has legal jurisdiction. The California Highway Patrol and the State Park Ranger have the option of investigating the crime, or contacting the local city police department or sheriff's department. This is done in recognition of the experience these agencies have with sexual assault investigations. In these cases, victims are typically brought to the designated hospital in the county jurisdiction for the forensic medical examination.

Sexual Assault in Federal Parks and Lands
The U.S. Park Service has legal jurisdiction over crimes committed on Federal parks and lands. The park ranger will turn the case over to the Bureau of Land Management Criminal Investigations Unit. Most often, they contact the county sheriff's department in the county where the national park or lands are located to conduct the sexual assault criminal investigation. Under some circumstances, the Federal Bureau of Investigation (FBI) may be called upon for the investigation. Victims are typically brought to the designated hospital for that California county nearest the national park or wilderness area.

Sexual Assault on Native American Lands
Criminal offenses committed on Native American lands are investigated by the local law enforcement agency having jurisdiction (Public Law 280). This is usually the sheriff's department. Tribal police officers are not usually sworn peace officers. Victims are typically brought to the designated hospital in the California county nearest the reservation lands.

Sexual Assault on Military Bases
The Military Police have legal jurisdiction over crimes committed on a military base. If the perpetrator is a member of the military, the crime is investigated and prosecuted in the military courts. If the suspect is non-military and the assault takes place on a military base, the suspect is turned over to the local authorities. Some military bases have a base hospital and trained personnel to perform sexual assault forensic medical exams. Other bases make arrangements with the designated hospital in the California county nearest to the military base for the performance of sexual assault forensic medical examinations. Some military bases have arrangements with local rape crisis centers to provide counseling services for victims. Other bases use their own counseling centers.

APPENDIX H

BASIC ELEMENTS OF LAW ENFORCEMENT INVESTIGATION

Responsibilities of the Patrol Officers as First Responders:

- Ensure victim's safety;
- Evaluate the need for emergency medical care;
- Evaluate the need for additional units and supervisor;
- Check(s) for possible suspect(s) and consider the need for Crime Broadcast;
- Locate and identify witness(es);
- Conduct brief, preliminary interview of the victim to determine whether and what crime(s) may have occurred;
- Apprise the victim of her legal right to have a victim advocate and a support person at any interview by law enforcement officers, district attorneys, or defense attorneys. The initial investigation by law enforcement to determine whether a crime has been committed and the identifying of the suspects shall not constitute a law enforcement interview. (California Penal Code Section 679.04 (a);
- Apprise the victim of her legal right to have her name kept confidential (California Government Code Section 6254);
- Determine the need for sexual assault forensic medical examination;
- Notify the local rape victim counseling center whenever a victim of any alleged violation of sexual assault is transported to a hospital for any medical evidentiary or physical examination (California Penal Code § 264);
- Notify the sexual assault victim of the right to have a sexual assault victim counselor and at least one other support person of the victim's choosing present at any medical evidentiary or physical examination (California Evidence Code § 1035.2);
- Notify hospital triage nurse, or forensic medical exam team (per local protocol);
- Evaluate the need for response from Investigations Unit (detectives);
- Evaluate the need for crime scene processing and arrange for the proper personnel to respond (i.e., photos, criminalist, prints). Secure the crime scene, if indicated;
- Document, collect, and preserve all crime scene related evidence at the earliest appropriate time (i.e., victim's clothing, bedding, etc);
- If drug facilitated sexual assault is suspected, collect the first available urine sample, if the victim must urinate prior to arrival at the hospital. Some jurisdiction's patrol cars carry urine cups for this purpose;
- Transport the victim to the hospital or permit the victim to be transported by family or a friend;
- Request private waiting area for sexual assault victim, if one is not designated;
- Stand-by during medical forensic exam or return to duty (per local protocol);
- Per local protocol, provide transportation for the victim home or to another residence after the completion of the exam, if a family member or friend is not available; or, another patrol officer is called if the initial officer has returned to duty to provide transportation for the victim; and
- Receive Sexual Assault Evidence Kit and deliver it to the Crime Laboratory (per local

protocol) or ensure that evidence is placed in locked storage at the hospital (preserving the chain of custody of evidence) for later pickup by a patrol officer, or the Crime Laboratory evidence technician. Per local protocol, patrol officer may take other evidence (e.g., clothing bags, shoes, etc.) to the law enforcement agency storage facility.

Prepare Preliminary Investigation Report:

- Memorialize statements made by victim and witness(es);
- Describe distinctive characteristics about the suspect;
- Document victim(s) condition;
- Document condition of clothing (e.g., torn, stained);
- Document outward appearance of the victim and other evidence of trauma;
- Describe observations about the crime scene; and
- Describe any evidence collected from the crime scene.

Initial Handling Procedures for Suspect(s), if Immediately Located:

- Separate suspects when there are more than one;
- Do not permit suspect(s) into the crime scene area;
- Prevent communications between all involved parties;
- Inform person(s) of their rights, if questions are being asked about the crime and they are in custody;
- Record statements;
- Photograph suspect(s) physical appearance, physical injury, torn or stained clothing; and
- Consider need for Sexual Assault Suspect Forensic Medical Examination.

Detective Follow-Up Procedures:

- Detective or Investigations Unit Supervisor is notified of a sexual assault. Depending upon the circumstances, a detective may respond to the scene or to the hospital or the sexual assault forensic medical exam facility. Typically, detective(s) are assigned to the cases the following day.
- Reviews crime report and the OCJP 923 Forensic Medical Report.
- Makes contact with the victim, provides support and transportation when necessary.
- Interviews victim and verifies or clarifies the contents of the preliminary investigation.
- Interviews witnesses.
- Submits request to Crime Laboratory to analyze physical evidence. Consults with crime laboratory on the outcome of the analysis.
- Checks crime scene and obtains appropriate photographs.
- If suspect is unknown, attempts to identify suspect.
- If suspect is identified and the elements of the crime exist, submits follow-up investigation report to the district attorney's office or city attorney's office, and follows procedures related to the arrest of a suspect.
- Prepares and submits all preliminary and follow-up investigation reports to the district attorney's office.
- Provides assistance to the deputy district attorney and victim through the court process. In some jurisdictions, after the case is filed by the deputy district attorney, the case is assigned to an investigator in the district attorney's office for follow-up investigation. The detective or law enforcement officer is involved by request.
- Ensures that victims are informed about their legal rights, especially with regard to any media attention and the right to have an advocate present.
- The role of the rape crisis center advocate in all phases of the investigation is to provide accompaniment, emotional support, information, and advocacy for the survivor.

APPENDIX I

CRIME LABORATORY: RELATIONSHIP TO LAW ENFORCEMENT INVESTIGATION AND THE SEXUAL ASSAULT FORENSIC MEDICAL EXAMINATION

The crime laboratory analyzes and interprets evidence collected by medical and law enforcement personnel. Its objective is to provide information useful for identifying or eliminating persons suspected of committing the crime, and reconstruction of the events in question. The crime laboratory has a close working relationship with area law enforcement agencies and the District Attorney's Office. Consult the California Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims published by OCJP for a list of crime laboratories and a complete description of evidence collection and analysis.

- **Impact of DNA Typing**

  - Collection and analysis of DNA makes it possible to obtain identifying information from a wide variety of biological evidence. This information allows evidence collected from the survivor, suspect, or crime scene to be linked. Genetic information can be obtained from very small or old evidence samples. A much higher success rate is now possible for typing small evidence such as fingernail scrapings, blood, and saliva samples due to DNA typing.

  - DNA typing results can be used to identify or exclude potential perpetrators in sexual assault investigations by using the California Department of Justice DNA Laboratory databank of DNA profiles from convicted offenders. It is now possible to search a DNA profile from an evidence sample (collected from a patient or crime scene) against the databank to help identify the perpetrator of a crime.

Types of Evidence Analyzed by the Crime Laboratory:	
• Clothing/bedding • Stains, secretions, semen, bloodstains, and urine • Trace evidence, sometimes called foreign materials (e.g., grass, sand) • Potential weapons or debris from the crime scene	• Photographs of injuries and crime scene • Bite marks • Oral, vaginal, rectal samples • Hair combings (head and pubic) • Fingernail scrapings
NOTE: Advise survivors not to bathe, shower, douche, brush teeth, or change clothing prior to sexual assault forensic medical exam; otherwise, important evidence may be lost. If clothing has been changed, bring original clothing and shoes to the medical facility.	

Why Does the Crime Laboratory Want to Know the Answers to These Questions:

- Previous Consensual Sexual History,
- Previous and Post Assault Drug/Alcohol Use, and
- Hygiene Since the Sexual Assault. See California SART Manual published by CALCASA for further discussion.

APPENDIX J

SAMPLE ADVOCATE PROCESS WITH LAW ENFORCEMENT AGENCIES

A. Upon arrival at the hospital and law enforcement is present, advocates:
   1. Introduce themselves and the organization they represent.
   2. Explain why they were contacted.
   3. Inquire as to whether or not the officer has any requests.
   4. Encourage the survivor to file a police report if this decision has not been made.
      a. Explain the importance of filing a police report.
      b. Explain the questions that law enforcement personnel will ask and why it is important that the survivor answer them to the best of her/his ability.
      c. Offer to attend all follow-up interviews with the survivor.
   5. Support the survivor's decision regarding whether or not to file a police report.

B. Advocates:
   Inquire as to which detective is handling the case.
      a. Inquire if the detective has any requests.
      b. Inquire as to any insights the detective may have on how far the case may be investigated.
   Review the case file.
      a. Prepare a list of possible needs the survivor may have and which agencies and community resources can best aid the survivor with those needs.
   Within 72 hours, advocates:
      a. Contact the survivor.
      b. Explain why the survivor is being contacted.
      c. Explain that the advocate is available for supportive services and follow-up interviews.
      d. Provide emotional and technical support.
      e. Inquire if there is anything else the advocate can do at this time.

C. When requested by law enforcement to be present during follow-up interviews, advocates:
   Contact the survivor and inform her/him of the interview.
   Inquire if the survivor will feel comfortable with an advocate present.
   Inquire if the survivor has any special requests.

D. When requested by the survivor to be present during follow-up interviews, advocates:
   Contact the detective and inform her/him of the survivor's requests.
   Inquire if the detective has any requests.

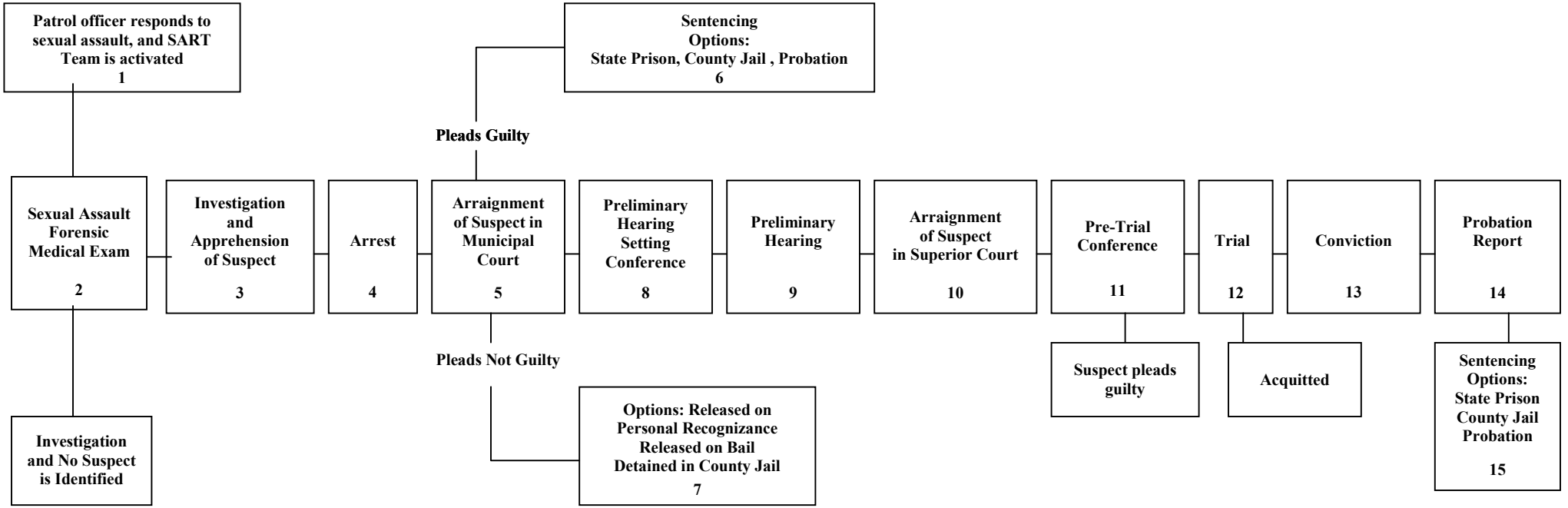
E. Perform a needs assessment and develop an action plan, including follow up.
   Assess and ask about the survivor's needs for accompaniment, support for herself, family and friends, housing, home repair, if this was an in-home assault, child care needs, food, transportation. Develop an action plan to address these needs using the resources of the rape crisis center and public and private community agency resources.

F. Handling unforeseen circumstances
   Expect the unexpected, and if indicated, consult with the rape crisis center coordinator on how to handle unexpected, unusual, or complicated situations. Present a calm demeanor and process the event later with the coordinator or another advocate.

G. Arrest of a suspect: anticipate survivor's emotional reaction
For stranger or acquaintance assaults, news of the arrest will, at first, be greeted with relief, and reduction of fear and anxiety. The initial reaction will be followed by anxiety about retaliation if the suspect is let out on bail or possibly by the suspect's friends. In cases of sexual assault by a person known to the victim (e.g. date, friend, relative, family friend, etc.), news of the arrest may generate anxiety, embarrassment or shame as people begin to learn what happened, and a tendency toward social isolation. The victim's family and friends, out of rage and anger, may talk about revenge and retaliation plans which will cause even greater anxiety for the victim as the prospect of more people being hurt or involved creates another dimension of emotion.

H. Exclusion of the advocate during the investigation process
The advocate should stay in tune with the victim's needs and carefully explain state law regarding the right of the victim to have an advocate present. The victim's needs and expressed preferences should prevail without generating a tension filled situation. If indicated, contact the advocate coordinator to place a call to the watch commander or sergeant in charge of detectives at that time or the next business day to work out these procedures.

APPENDIX K – CRIMINAL JUSTICE SYSTEM



1. Patrol officer briefly interviews victim.
2. Patrol officer, sexual assault forensic medical examiner, rape crisis center advocate, and victim meet at medical facility. Forensic medical exam conducted.
3. Investigation and suspect is apprehended.
4. Arrest is made. Deputy district attorney has two days to evaluate case and file charges.
5. Arraignment in Municipal Court. Suspect is appointed a public defender, if needed; informed of charges against him; and bail is set.
6. If suspect pleads guilty to the charges, case does not go to trial. Sentencing Hearing is scheduled.
7. If suspect pleads not guilty to the charges, there are three options. Suspect is released on personal recognizance; suspect is released on bail; suspect is detained in custody (considered dangerous or a flight risk).
8. Preliminary Hearing Setting Conference. Prosecutor and Defense Attorney meet in judge's chambers to discuss possible settlement (disposition) of case.
9. Preliminary Hearing is held approximately two weeks after the first court appearance. The primary purpose of this hearing is to determine whether there is sufficient evidence to bind the case over to trial.
10. Arraignment of suspect in Superior Court. Suspect is informed of original and any amended charges against him. Suspect can enter a plea. If plea is not guilty, judge will set date for a pre-trial conference and a trial date.
11. Pre-Trial Conference. Various motions can be filed and heard, special reports ordered, and discussion of evidence.
12. The prosecution and the defendant choose a court trial or a jury trial. If defendant is found guilty, a sentencing date is set. Before sentencing, the case will be sent to the Probation Department for preparation of a pre-sentencing report.
13. Conviction. The suspect is placed into custody, if not already, pending the Sentencing Hearing.
14. Probation Department conducts background investigation, interviews defendant, and interviews victim to prepare a report to submit to the judge regarding a recommended sentence.
15. Sentencing Hearing is scheduled approximately one month after trial. At the Sentencing Hearing, victim can present written and/ or verbal victim impact statement to Judge. Judge may accept or reject recommendation and choose his/her own sentence. Sentences may involve commitment to state prison, or to a term of probation that usually includes commitment to county jail.

APPENDIX L

CALIFORNIA VICTIM/WITNESS ASSISTANCE PROGRAMS

California Penal Code Section 13825.5 describes the services that Victim/Witness Assistance Programs must offer:
• crisis intervention; resource and referral counseling; and counseling on problems resulting from the crime; • emergency assistance (e.g., food, housing, clothing, cash); • assistance in the processing and filing of the application for reimbursement for out-of-pocket expenses and verifying crimes; • assistance in obtaining return of the victim's property when used as evidence; • orientation to the criminal justice system and court escort services; • training of criminal justice system agencies and public presentations; • monitoring court cases to inform victims and witnesses regarding case status; • notification of friends, relatives, and employers of the occurrence of the crime, upon request of the victim; • intervention with employers to prevent loss of pay or other benefits resulting from the crime or participation in the criminal justice system, upon request of the victim; and • assistance in obtaining restitution for economic loss and providing this information to the probation department, district attorney, and court prior to the imposition of the sentence, upon request of the victim.

- **Client Confidentiality Issues for Victim/Witness Assistance Programs**
  Currently in California, 37 Victim/Witness Assistance Programs are located in District Attorney's Offices, 15 are located in Probation Departments, and 5 are non-profit organizations. For those located in a District Attorney's Office, the program is considered an "agent" for the District Attorney. This means that the Victim/Witness Assistance Programs staff person must give information relevant to the prosecution to the Deputy District Attorney. Once information is given to the Deputy District Attorney, the information is discoverable by the defense. Most programs try to facilitate the victim reporting the information to the Deputy District Attorney, rather than the staff person. Programs located in Probation Departments face a similar, but not identical dilemma because they are public agencies. They are not "agents" of the District Attorney, but are considered responsible for disclosure of relevant information. The five non-profit organizations are eligible for the same client-confidentiality privilege as rape crisis centers, if their volunteers/staff undergo 40- hours of required sexual assault training. For further information about client confidentiality provisions and restrictions, contact the local Victim/Witness Assistance Programs.

- **Complimentary Advocacy: Interagency Collaboration**
  Each center has an important role in serving sexual assault victims. Some client services provided by Victim/Witness Assistance Programs and rape crisis centers are similar, some are unique, and all are complimentary. Achieving collaboration means looking at the strengths and opportunities that each organization brings to the community table and adopting coordinating strategies.

APPENDIX M

VICTIM COMPENSATION PROGRAM AND GOVERNMENT CLAIMS BOARD

A. Eligibility For Reimbursement of Expenses

- A California resident or out-of-state resident injured in California who suffers physical injury and/or threat of physical injury, or death. Victims of sexual assault are presumed to have suffered physical injury.

- Family members (e.g., spouse, sibling, child, parent, foster parent, fiancé, etc.), are also eligible for benefits whether or not they are California residents. They are described as "derivative victims" for purposes of filing applications for the reimbursable expenses listed below.

- Crime victims must cooperate with the criminal justice system.

B. Losses that are Covered

Out-of-pocket medical and dental expenses, mental health treatment or counseling, physical therapy expenses, funeral and burial costs, wage or income loss, loss of support, job retraining expenses for a disabled victim, home or vehicle modifications for a disabled victim, home security improvements, and moving/relocation expenses.

C. Reimbursable Expenses

Victims of crime are eligible to receive a maximum of $70,000. Each of the losses described above may have its own limit. Consult the State Victim Compensation Program for further information at 1-800-777-9229.

D. Submitting an Application for Reimbursement of Expenses

Victims (18 years old or older at the time of the crime) must file an application with the Board within one year from the date of the crime. Victims (under 18 years of age at the time of the crime) must file an application with the Board before their 19th birthday. An additional 2 years may be allowed if the delay was for "good cause."

E. Filing Claims

- Survivors can file directly with the State Victims of Crime Program by downloading the form from the website.

- Rape crisis center advocates and staff at the Victim/Witness Assistance Center can provide assistance to survivors to submit the claim.

- Survivors may also be assisted by a private attorney in filing claims. California Government Code Section 13965(d) provides that the Board shall pay private attorney fees of 10 percent of the approved award up to a maximum of $500. These fees are not deducted from the applicant's award.

- A common misconception about eligibility for this program is that the case has to be prosecuted in order for the victim to be eligible for benefits. This is not accurate information; only proof of the crime in the form of a police report, a medical report, a children's protective services report, or an adult protective services report is needed.

F. Limitations

The Victims of Crime Program is the "payer of last resort." Other sources of reimbursement such as health or disability insurance must be used first. Consult local Victim/Witness Assistance Programs for further information, or, call the State Victim Compensation Program at 1-800-777-9229 or the Crime Victim's Resource Center at 1-800-VICTIMS.

G. Appeals Process

If the Victim Compensation Board denies a claim, or partially denies a claim, a claimant can either request reconsideration and provide additional information; or, file an appeal in court ("petition for writ of mandate"), requesting a judge to find that the Board abused its discretion. Reconsideration requests or court appeals must be filed within 60 days of the denial.

H. Emergency Funds

Emergency funds are available for various purposes.

I. Importance of Filing Claims

The Victim Compensation Program is a benefit program for eligible crime victims. The fund is based on fines and penalties paid by persons convicted of criminal charges and corporations ordered by the court to pay civil penalties for violation of civil laws (e.g. corporations). From time to time, the fund is low on funds due to complications in the collections process. These problems are eventually worked out and payments are made to victims. Always file a claim to ensure that the sexual assault survivor has access to the Fund's benefits and to show public policymakers the extent of the need for the fund.

Website: www.boc.ca.gov/victims.html or go to an internet search engine and type in: California Crime Victim Compensation Program

APPENDIX N

HANDLING SUBPOENAS

Sample Policy and Procedure for Responding to Subpoenas for Records and/or Testimony

____(*agency name)*____ and/or its employees may be asked via subpoena to provide information and/or records related to a civil or criminal proceeding involving a sexual assault victim who has obtained assistance from our agency. By following the steps below, we can ensure that we respond promptly and appropriately to these subpoenas:

1. If you receive a subpoena, notify your direct supervisor immediately.

2. As soon as possible, supervisors should turn over the subpoena to the Executive Director ("Keeper of the Records").

3. At the Executive Directors' discretion, ___(*agency name)*___ may consult an attorney to assist in evaluating and/or responding to the subpoena.

4. The Executive Director and/or attorney will evaluate each subpoena on a case-by-case basis, in accordance with a prewritten checklist, to:

    a. Determine if the subpoena involves a civil or criminal action and whether federal or state law applies;
    b. Ensure the subpoena comports with applicable law and requirements;
    c. Determine whether the victim has waived any applicable privilege;
    d. Protect the victim's confidential information from disclosure to the extent possible under the law; and
    e. Based on the results of this evaluation, respond to the subpoena according to the law.

I have read and understand the above policy for responding to subpoena records and/or testimony.

_____ _____

Name Date

_____

Signature

Sample Letter to Subpoenaing Attorney for Sexual Assault Records

DATE

SUBPOENAING ATTORNEY NAME
ATTORNEY ADDRESS

Dear *SUBPOENAING ATTORNEY NAME*:

This letter is in reference to a subpoena served for a request for records on *DATE SERVED* to the *NAME AND ADDRESS OF RAPE CRISIS CENTER*. The case name is *CASE NAME*, and case number *CASE NUMBER*.

Please be advised that all information and / or records in regard to *NAME OF RAPE CRISIS CENTER* clients are confidential pursuant to §§1035 through 1036.2 inclusive of the California Evidence Code. As such, we are unable, per state law, to release any information and / or records about any possible contact with any client unless the client, or in the case of a minor, the client's legal guardian, provides a written release to *NAME OF RAPE CRISIS CENTER* instructing us to release this information.

As of this date, we do not have any such authorization, and cannot release any information until *NAME OF RAPE CRISIS CENTER* obtains a written authorization from the individual you believe received services from *NAME OF RAPE CRISIS CENTER*.

Please contact the undersigned with any questions.

Sincerely,

Jane Smith
Director of Counseling Services
NAME OF RAPE CRISIS CENTER

Sample Letter to Subpoenaing Attorney – Sexual Assault Oral Deposition and/or Records

DATE

SUBPOENAING ATTORNEY NAME
ATTORNEY ADDRESS

Dear *SUBPOENAING ATTORNEY NAME*:

This letter is in reference to a subpoena served for the oral deposition of *NAME OF PERSON TO BE DEPOSED* and / or a request for records on *DATE SERVED* to the *NAME AND ADDRESS OF RAPE CRISIS CENTER*. The case name is *CASE NAME*, and case number is *CASE NUMBER*.

Please be advised that all information and / or records in regard to *NAME OF RAPE CRISIS CENTER* clients are confidential pursuant to §§1035 through 1036.2 inclusive of the California Evidence Code. As such, we are unable, per state law, to release any information and / or records about any possible contact with any client unless the client, or in the case of a minor, the client's legal guardian, provides a written release to *NAME OF RAPE CRISIS CENTER* instructing us to release this information.

As of this date, we do not have any such authorization. Accordingly, the person designated in the deposition must refuse to answer any questions seeking the content of any confidential communications and / or any possible records cannot be released. Please note upon review of the applicable code sections that the subject matter of the protected communications is extremely broad.

Based on the foregoing, it would appear to make the most sense for all concerned to not compel the deponent to appear on the date presently scheduled until *NAME OF RAPE CRISIS CENTER* obtains a written authorization from the individual you believe received services from *NAME OF RAPE CRISIS CENTER*.

Please contact the undersigned with any questions.

Sincerely,

Jane Smith
Director of Counseling Services
NAME OF RAPE CRISIS CENTER

Sample Letter to Client – Sexual Assault General

DATE

CLIENT NAME
CLIENT ADDRESS

Dear CLIENT:

This letter is to notify you that on DATE SERVED, the *NAME OF RAPE CRISIS CENTER* was served with a subpoena for copies of your records and files maintained by *NAME OF RAPE CRISIS CENTER*. In this regard, you should have received a "Notice to Consumer" of this request. The subpoena was issued by *SUBPOENAING ATTORNEY* pertaining to case *CASE NAME*, case number *CASE NUMBER*.

On *DATE REPSONDING TO ATTORNEY, NAME OF RAPE CRISIS CENTER* wrote a letter to *SUBPOENAING ATTORNEY* advising the attorney that *NAME OF RAPE CRISIS CENTER* is under an obligation not to disclose any communications with any client without the express written authorization of the client. Specifically, the attorney was told the following:

> "all information and / or records in regard to *NAME OF RAPE CRISIS CENTER* clients are confidential pursuant to §§1035 through the 1036.2 inclusive of the California Evidence Code. As such, we are unable, per state law, to release any information and / or records about any possible contact with any client unless the client, or in the case of a minor, the client's legal guardian, provides a written release to *NAME OF RAPE CRISIS CENTER* instructing us to release this information."

It is important that you contact *NAME OF RAPE CRISIS CENTER* immediately to inform the agency what further steps you would like us to take. If we do not hear from you, *NAME OF RAPE CRISIS CENTER* will maintain confidentiality pursuant state law. Alternatively, if you desire the communications to be revealed, you must come to *NAME OF RAPE CRISIS CENTER* and sign a "Subpoena Authorization Form" authorizing the release of this information and / or records. In the case of records, *NAME OF RAPE CRISIS CENTER* **strongly recommends** that it is in any client's best interest to review the contents of her or his file before authorizing its release. Finally, please note that if the attorney seeking the deposition files a motion with the court to compel the production of records that you should consult with an attorney regarding opposing that request.

Please notify me immediately as to the necessary course of action you would like to take.

Sincerely,

Jane Smith
Director of Counseling Services
NAME OF RAPE CRISIS CENTER

Sample Letter to Client: Sexual Assault Oral Deposition and/or Records

DATE

CLIENT NAME & ADDRESS

Dear *CLIENT*:

This letter is to notify you that on *DATE SERVED*, the *NAME OF RAPE CRISIS CENTER* was served with a subpoena for the oral deposition of NAME OF PERSON TO BE DEPOSED. The subpoena also requested that said person bring certain records and files maintain by *NAME OF RAPE CRISIS CENTER* relating to treatment, counseling, or other services provided to you. In this regard, you should have received a "Notice to Consumer" of this request. The subpoena was issued by *SUBPOENAING ATTORNEY* pertaining to case *CASE NAME*, case number *CASE NUMBER*.

On *DATE RESPONDING TO ATTORNEY, NAME OF RAPE CRISIS CENTER* wrote a letter to *SUBPOENAING ATTORNEY* who served the subpoena advising the attorney that *NAME OF RAPE CRISIS CENTER* is under an obligation not to disclose any communications with any client without the express written authorization of the client. Specifically, the attorney was told the following:

> "all information and / or records in regard to *NAME OF RAPE CRISIS CENTER* clients are confidential pursuant to §§1035 through the 1036.2 inclusive of the California Evidence Code. As such, we are unable, per state law, to release any information and / or records about any possible contact with any client unless the client, or in the case of a minor, the client's legal guardian, provides a written release to *NAME OF RAPE CRISIS CENTER* instructing us to release this information."

It is important that you contact *NAME OF RAPE CRISIS CENTER* immediately to inform the agency what further steps you would like us to take. If we do not hear from you, the named person, if still affiliated with *NAME OF RAPE CRISIS CENTER*, will attend the deposition, and refuse to answer any questions pursuant state law. Alternatively, if you desire the communications to be revealed, you must come to *NAME OF RAPE CRISIS CENTER* and sign a "Subpoena Authorization Form" authorizing the release of this information and / or records. In the case of records, *NAME OF RAPE CRISIS CENTER* **strongly recommends** that it is in any client's best interest to review the contents of her or his file before authorizing its release. Finally, please note that if the attorney seeking the deposition files a motion with the court to compel the testimony or production of records that you should consult with an attorney regarding opposing that request.

Please notify me immediately as to the necessary course of action you would like to take.

Sincerely,

Jane Smith
Director of Counseling Services
NAME OF RAPE CRISIS CENTER

NAME OF RAPE CRISIS CENTER

Subpoena Authorization Form

Survivors of sexual assault and domestic violence are granted some protection by law for their confidential communications with "Sexual Assault Victim Counselors" and "Domestic Violence Counselors." (California Evidence Codes §§1035 to 1036.2 inclusive and §§1037 to 1037.7 inclusive, respectively) These laws cite you, the Survivor (or your guardian or conservator), as the holder of the privilege. If *NAME OF RAPE CRISIS CENTER* is subpoenaed for our written records or for counselor testimony regarding our communications with you, we must have written authorization from you in order to comply with the subpoena.

A subpoena has been served upon *NAME OF RAPE CRISIS CENTER* by _____ in the case entitled _____, case # _____.

_____ **I do not give my authorization to *NAME OF RAPE CRISIS CENTER* to comply with the subpoena.**
(Initial)

_____ **I authorize *NAME OF RAPE CRISIS CENTER* to comply with the subpoena for:**
(Initial)

(Initial all that apply)

_____ a copy of my file records

_____ Personal testimony re: my communication with _____

_____

_____

Date authorization will terminate: _____

_____ _____
Signature **Date**

_____
Print Name

APPENDIX O

SAMPLE AUTHORIZATION FOR EXCHANGE / RELEASE OF INFORMATION

AUTHORIZATION is hereby given for verbal / written information regarding _____ to be exchanged / release between *AGENCY NAME* and _____. Only information specifically indicated by the client may be released. This release is not an authorization *AGENCY NAME* representatives to provide testimony in court. This authorization is valid until _____ (6 months).

_____	_____	_____
Client Signature	Date	Witness Signature

APPENDIX P

SEXUAL ASSAULT TRAINING STANDARDS RESOURCES

PART I SEXUAL ASSAULT SURVIVOR SERVICES

I-UNIT A: OVERVIEW

VID .400
20 min. Learning our legacy. Sacramento, CA: California Coalition Against Sexual Assault, [2001].

VID .082
15 min. Watch what you drink. New York: ABC news 20/20 Report.

VID .142 .c1
26 min. Acquaintance rape, drugs, and you. New Orleans, LA: Syndistar, Inc.

VID .309 .p1
1 hour, 11 minutes and 14 seconds and Odom, Inez. Post-Sexual Assault: A team response, Part 1. Sacramento: POST and Inez Odom, [1999].

VID .309 .p2
1 hour, 25 minutes and 18 seconds and Odom, Inez. Post-Sexual Assault: A team response, Part 2. Sacramento: Post and Inez Odom, [1999].

VID .322
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HV 6561 .C35 2001
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(no materials which specifically address agency procedures and statistical record keeping)