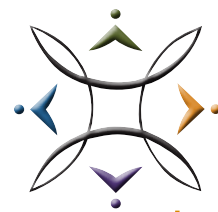


SV 101:

*Understanding and
Responding to
Sexual Violence*

April 2019



mcdsv

Missouri Coalition Against
Domestic and Sexual Violence

Contents

Chapter 1:	1
The Dynamics of Sexual Violence	
a. Sexual violence continuum	
b. Types of sexual violence	
c. Consent, force, coercion: What's the difference?	
d. Factors that contribute to sexual violence	
e. Drug-facilitated sexual assault (DFSA)	
f. Sexual violence on campus	
g. Sexual violence in prison	
h. Perpetrators of sexual violence	
i. Trauma and a survivor's experience	
Chapter 2:	19
Empowerment Through Trauma-Informed Advocacy	
a. Core activities of advocacy	
b. The LIFE process of assisting survivors of sexual violence	
c. The role of sexual violence programs	
d. Providing trauma-informed care	
e. A guide to working with individuals in crisis	
f. Empowerment is the core of advocacy	
g. Safety planning with survivors of sexual violence	
h. Considerations for providing inclusive services	
Chapter 3:	39
The Medical System	
a. Emergency contraception	
b. Medication to prevent sexually transmitted infections	
c. Sexual assault forensic examination (SAFE)	
Chapter 4:	43
The Justice System	
a. Sexual violence laws	
b. The civil justice system	
c. The criminal justice system	
d. Collaboration: the roles of community partners	
Chapter 5:	68
Prevention as Social Change	
a. The STOP SV Framework	
b. Health equity and community wellness	
c. Progress is occurring	
Chapter 6:	73
Recommended Websites	
The Mission and Purpose of MCADSV	74

This project is supported in part by Grant No. 2017-MU-AX-0009 awarded by the Office on Violence Against Women, U.S. Department of Justice. This project was also supported by funding made available through the Victims of Crime Act Fund administered by the Missouri Department of Social Services, Division of Finance and Administrative Services. The opinions, findings, conclusions and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Missouri Department of Social Services, the U.S. Department of Justice or the Office on Violence Against Women.

The women, children or men pictured in this publication are models and are used for illustrative purposes only.

Chapter 1.

The Dynamics of Sexual Violence

More than 40 years after the first rape crisis centers opened their doors, sexual violence remains alarmingly pervasive. According to the National Intimate Partner and Sexual Violence Survey, 1 in 3 women and 1 in 6 men have experienced an act of sexual violence in their lifetime.

Survivors from every walk of life suffer from the trauma of sexual violence. Our society often normalizes and minimizes their experiences, and this type of response has left many with few options with which to seek help. Our justice systems are not always able to hold perpetrators accountable. Our schools, workplaces and communities do not always keep survivors safe either. Many sexual violence programs have developed over time, and there is more support for survivors than ever before—yet many survivors continue to face daunting challenges when they choose to disclose what happened to them.

Survivors always have been the central focus of this work. Stemming from the Women’s Liberation Movement and early efforts to address sexual violence, the first rape crisis centers were founded in the 1970s. The mission of these grassroots programs was to support survivors and demand accountability for perpetrators. Recognizing that there are underlying systems of oppression that support and sustain sexual violence, the movement also has worked in innovative ways to promote social change and equality.

Sexual violence is any non-consensual conduct of a sexual nature. It encompasses a large continuum of acts beginning with unwanted obscene comments, sexual harassment, voyeurism and exposure. These acts become increasingly violent on the continuum and include sexual exploitation, sexual assault, rape, forcible sodomy, incest, child sexual abuse, ritual abuse, statutory rape, drug-facilitated sexual assault, sex trafficking and intimate partner sexual assault. All of these acts are connected by the underlying fact that they are perpetrated without consent. It is important to note that trauma is subjective and that the harm from any of these acts will vary depending on the survivor’s experience.

SEXUAL VIOLENCE IS UNLIKE OTHER CRIME

Sexual violence is an intensely traumatic offense. It is a devastating psychological and/or physical attack that can leave a survivor feeling a wide array of emotions. These include fear, humiliation, loss of control, vulnerability, embarrassment, guilt, shame or anger. Some survivors might not identify what happened to them as a crime; some might feel as if they did something to deserve it. Unlike victims of other crimes, sexual violence survivors are often not believed and are blamed for acts of violence that were committed against them and were completely beyond their control.



The fact is, rape is utterly commonplace in all our cultures. It is part of the fabric of everyday life, yet we all act as if it's something shocking and extraordinary whenever it hits the headlines. We remain silent, and so we condone it... Until rape, and the structures –sexism, inequality, tradition –that make it possible, are part of our dinner-table conversation with the next generation, it will continue. Is it polite and comfortable to talk about it? No. Must we anyway? Yes.

–Desmond Tutu,
South African Archbishop

Tutu, D., Lief, J., & Abdulali, S. [2013, April 26]. To protect our children, we must talk to them about rape. Retrieved from <https://www.theguardian.com/commentisfree/2013/apr/26/protect-children-talk-rape-desmond-tutu>

About the use of pronouns

The greatest single common denominator among victims of sexual violence is that the overwhelming majority are women.



According to the National Intimate Partner and Sexual Violence Survey, women are almost three times more likely than men to experience rape or attempted rape in their lifetime. For this reason, gendered pronouns are often used when referring to victims and perpetrators of sexual violence. However, because some victims are men, transgender or gender non-binary, this publication uses gender-neutral pronouns to be inclusive of all survivors.

Smith, S. G., Basile, K. C., Gilbert, L. K., Merrick, M. T., Patel, N., Walling, M., & Jain, A. [2017]. National intimate partner and sexual violence survey (NISVS): 2010-2012 State report.

USE OF LANGUAGE

Sexual violence is perpetrated by and against all types of people. Although the majority of perpetrators are men and the majority of victims are women, anyone can be victimized or perpetrate sexual violence—regardless of age, gender identity, sexual orientation, ability, appearance, ethnicity, education, race, socioeconomic background or religion.

As social norms of gender evolve, more men, transgender and gender-nonbinary survivors are coming forward. This publication uses gender-neutral pronouns and terminology in order to be inclusive of all survivors.

Several words are used to describe individuals who experience sexual violence and those who commit it. Individuals who commit sexual violence are often called “perpetrators” or “assailants.” Individuals who have been assaulted are sometimes referred to as “victims,” a term generally used in judicial and law enforcement systems. These individuals also are referred to as “survivors,” a term generally used by advocacy service providers. Some individuals do not identify with either of these terms and do not feel these labels adequately convey their personal experience of sexual violence. When possible, allow individuals to use terminology with which they are most comfortable. When talking to survivors, it is important to listen to and respect their feelings about the person who hurt them, which can be confusing, particularly if it was someone they had a relationship with. Be sensitive to the words survivors choose to describe their experiences. Use these same words. All survivors are first and foremost individuals—with their own history and experiences. Sexual violence may be only one part of their multifaceted life.

EMPOWERING SUPPORT IS ESSENTIAL

Survivors need and deserve to determine for themselves what occurs after an act of sexual violence. They are the experts on their own situations. They know more about their priorities than anyone else possibly could and have the best sense of whether they should speak with the police, share their story with family or keep what happened to themselves. Anyone seeking to help a victim of sexual violence should respect the choices they make. This empowering support will help survivors regain the sense of control that was shattered by their experience of sexual violence.

A survivor will tell you their story to seek your support, learn about services, gather information and resources, investigate their options and be encouraged by a nonjudgmental, helpful person. It is vital that they feel believed and respected. An empowering approach for anyone who works with survivors of sexual violence can be summarized as follows:

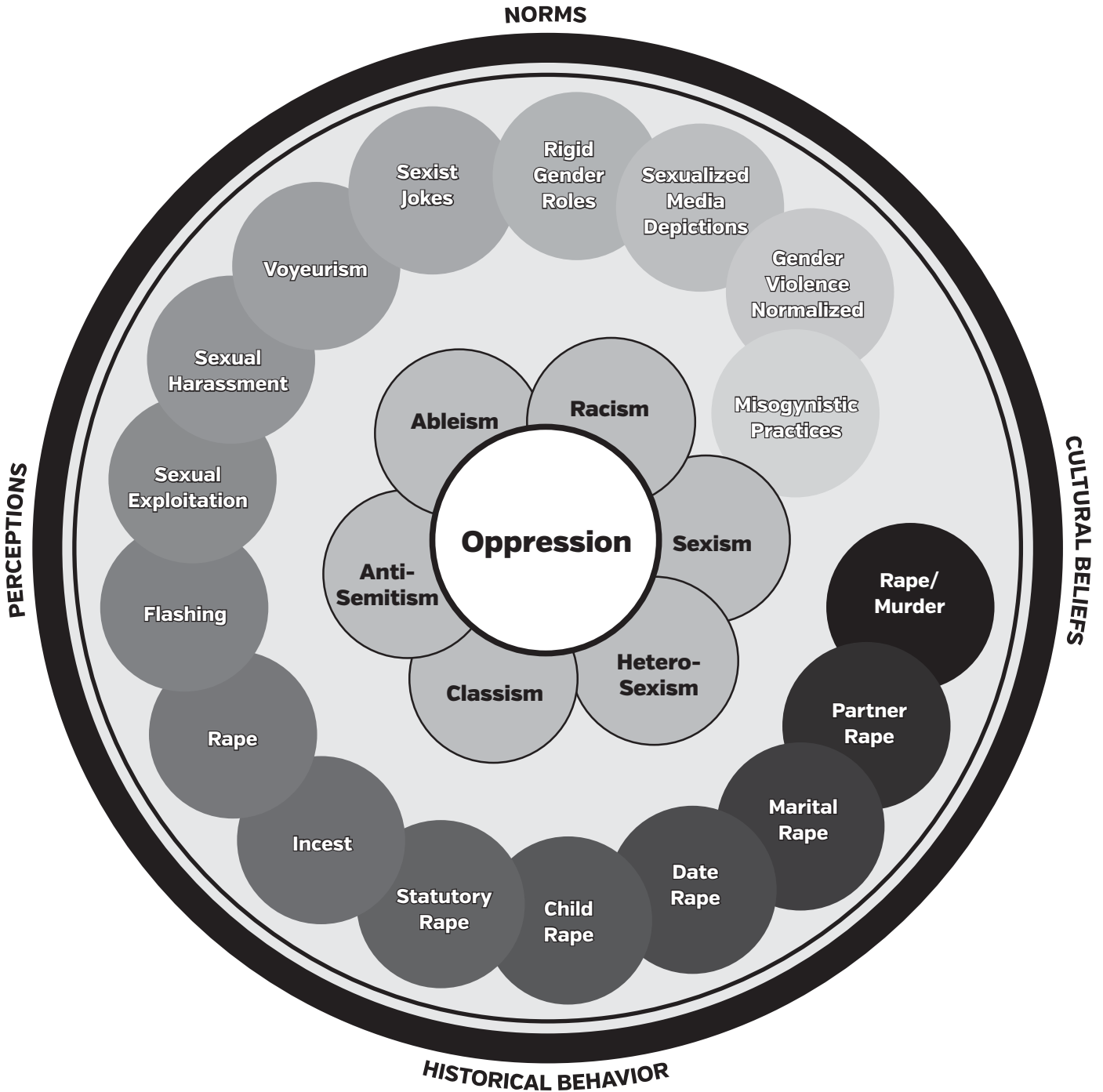
- Help them regain a sense of safety.
- Listen, believe and acknowledge their experience.
- Affirm the injustice of the violence they experienced.
- Respect their autonomy.
- Promote their access to community resources.
- Respect and safeguard their confidentiality.

These principles are elaborated upon on the “Empowerment Through Advocacy Wheel” found on page 26.



SEXUAL VIOLENCE CONTINUUM

The continuum of sexual violence describes a series of nonconsensual sexual behaviors that are connected to each other and escalate in severity as the continuum progresses. These behaviors are supported by multiple forms of oppression that inform and perpetuate the violence. The ring around the outside of the continuum represents dominant cultural norms, attitudes and beliefs that also support sexual violence.



Adapted from materials developed by the Washington Coalition of Sexual Assault Programs.



We all have a role to play in ending sexual violence

The truth is that people commit sexual violence, and people can stop it. By its very nature, the work to address sexual violence is an ethical endeavor to ease suffering, promote justice and bring about lasting social change.

Types of sexual violence

Sexual violence can take many forms. While many types are not commonly thought of as violent or might not necessarily be illegal, they can have devastating effects on survivors. To commit sexual violence, a perpetrator might use a combination of tactics and might engage in multiple violent and coercive behaviors.

Types of sexual violence include:

SEXUAL HARASSMENT

Sexual harassment refers to unwelcome sexual advances, requests for sexual favors or any other form of inappropriate conduct of a sexual nature. This behavior can occur in many settings, including a workplace or school. Sexual harassment includes sexual conduct by someone in a position of authority, such as a professional with a student, client or patient.

The intent or motivation of the perpetrator does not excuse behaviors that make a victim feel uncomfortable or threatened. The following behaviors, provided they are unwelcome, are examples of sexual harassment:

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

SEXUAL ASSAULT

The term "sexual assault" is used in several ways and has multiple meanings. Most often, it refers to a physical act of sexual violence. Sexual assault might be used to describe rape, incest, molestation, unwanted fondling or unwanted sodomy. Sometimes the term "sexual assault" is used interchangeably with the word "rape;" other times it is used to describe a range of unwanted sexual contact.

In this publication, sexual assault is used to refer to nonconsensual sexual touching and nonconsensual sexual penetration.



RAPE

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

In this publication, rape is used to refer to nonconsensual sexual penetration.

INCEST

Incest is sexual touching or penetration between two people who are related. It is often used to refer to nonconsensual sexual acts perpetrated on a minor child by a relative.

SEXUAL ABUSE

Sexual abuse is perpetrated by a person in a position of trust or authority, a person who has more power or social capital than their victim. It can refer to sexual violations of children. It also can refer to sexual violations of an adult that are committed by a person in a position of trust or authority, such as a professional with a student, client or patient. Individuals with disabilities are especially vulnerable to sexual abuse. Sexual abuse might involve a variety of nonconsensual sexual acts, including rape, and often involves manipulative planning or “grooming” of the victim in order to gain control and promote secrecy.

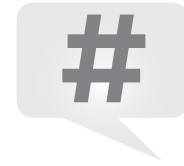
SEX TRAFFICKING

Sex trafficking refers to when force, fraud or coercion is used to engage a victim in commercial sex acts. These acts include prostitution, pornography or other sex work done for money, drugs, food, shelter or other items of value. Sex work that is consensual and does not include an element of force, fraud or coercion is not considered sex trafficking.

Perpetrators of sexual violence

The overwhelming majority of those who commit sexual violence are men. According to the Centers for Disease Control and Prevention (CDC), men commit more than 97 percent of sexual assaults against women. Men also are the primary perpetrators of sexual assault against other men—perpetrating 86 percent of these assaults.¹

More often than not, perpetrators of sexual violence are someone the survivor knows, such as a friend, acquaintance, family member, partner or co-worker. Almost 89 percent of adult victims report that they knew the person who raped them, and nearly half say the perpetrator was a current or former intimate partner—someone they once trusted and loved.



Perpetrators of sexual violence

- Men commit 97.3 percent of rapes against women.
- Men commit 86.5 percent of rapes against men.
- 88.2 percent of survivors who are women reported that they knew the person who raped them.
- 45.1 percent of survivors were raped by a current or former intimate partner, 18.3 percent by a family member, and 8.2 percent were raped by a person of authority.

Smith, S. G., Basile, K. C., Gilbert, L. K., Merrick, M. T., Patel, N., Walling, M., & Jain, A. (2017). National intimate partner and sexual violence survey (NISVS): 2010-2012 state report.

The people harmed by sexual violence

- 36 percent of women, or 1 in 3, report having experienced sexual violence involving physical contact, and 22 percent of women, or 1 in 5, experienced rape in their lifetimes.

- 17 percent of men, or 1 in 6, reported having experienced sexual violence involving physical contact, and 1.5 percent, or a little more than 1 in 100, experienced rape in their lifetimes.

Smith, S. G., Basile, K. C., Gilbert, L. K., Merrick, M. T., Patel, N., Walling, M., & Jain, A. (2017). National intimate partner and sexual violence survey (NISVS): 2010–2012 state report.

- In the U.S., approximately 10 million girls and 791,000 boys experience rape or attempted rape before the age of 18.

Tomlinson, T. A., Mears, D. P., Turanovic, J. J., & Stewart, E. A. (2018). Forcible rape and adolescent friendship networks. *Journal of Interpersonal Violence*.

- Rates of sexual violence are high in the LGBTQ community: 46 percent of lesbian women, 75 percent of bisexual women, 40 percent of gay men and 47 percent of men who are bisexual have experienced a form of sexual assault in their lifetimes.

Walters, M. L., Chen, J., & Breiding, M. J. (2013). National intimate partner and sexual violence survey (NISVS): 2010 findings on victimization by sexual orientation.

- 47 percent of people who identify as transgender report having experienced sexual assault in their lifetimes.

James, S. E., & Herman, J. (2017). *The Report of the 2015 U.S. Transgender Survey: Executive Summary*. National Center for Transgender Equality.

Sexual violence is purposeful, violent behavior. Perpetrators of sexual violence target their victims, choosing individuals they perceive to be vulnerable and/or least likely to report. The perpetrator uses a victim's vulnerabilities to their advantage. While only a small minority of people perpetrate sexual violence, the violent acts committed by these perpetrators have an enormous impact on a large number of survivors.

There has been tremendous progress in how many people in our society view sexual violence. Yet many of these changes have not been widely adopted, and many misconceptions about rape, sexual assault and sexual violence continue. Progress within the justice system has occurred, although it has also been slow. Few perpetrators of sexual assault are ever prosecuted, and even fewer are convicted.

Stranger and non-stranger sexual violence

It is a common misconception that most sexual assaults are committed by strangers. In reality, sexual assault can be perpetrated by anyone. A person is more likely to be assaulted by someone they know—a friend, partner, date, classmate, neighbor or relative—than by a stranger in a dark alley. Familiar people and places often can be more dangerous than anywhere else.

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

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

People can be, and are, sexually assaulted by their spouse, intimate partners or someone they are dating. No social relationship, including marriage, entitles a person to sex, and every person has the right to withdraw consent at any time if they change their mind about having sex. In addition, one form of consensual sexual contact does not automatically indicate consent to other sexual activities. Even among two people who have had sex before, one person does not have the right to force sex on the other. Studies show that almost half of women and a fifth of men who survive sexual assault were attacked by a former or current intimate partner.

If a victim does not know the perpetrator and they have no prior relationship, the attack is referred to as a stranger sexual assault.



Consent, force, coercion: What's the difference?

Sexual violence is distinguished from other forms of sexual behavior by the absence of consent. Consent is the act of giving permission or approval. It is an active event, not a passive assumption. For consensual sexual activity to occur, both parties must be able to give consent freely—without pressure or threat from another person.

Consent should be clear. Both parties must agree to the same sexual actions and avoid using vague, easily misinterpreted expressions (e.g., “Do you want to go back to my place?”) to imply intentions.

Consent should be specific. Consenting to one form of sexual activity does not imply consent to other forms, and agreeing to sexual activity at a given time and place does not imply consent to future contact.

Consent should be affirmative. Both parties must mutually agree upon engaging in sexual activity using a “yes means yes” standard of active consent. Silence, submission and/or compliant cooperation do not constitute consent and, in fact, are often survival tactics survivors use to stay safe during an attack.

Consent can be revoked at any time. Every person has the right to change their mind at any point during sex. Even if they have had sexual interactions before, are in an ongoing sexual relationship or are married, either party can choose not to participate and are free to revoke their consent at any time.

An act of sexual violence occurs when a victim does not consent to some type of sexual activity and it happens anyway. A perpetrator might use force or coercion to achieve control. Force refers to physical violence, compulsion or constraint exerted upon or against a person, or a threat that places a person in fear of death or injury of themselves or another. Coercion refers to the use of power to impose one's will on another. Other terms indicating coercion include pressure, duress, cajoling and compulsion. Coercion is achieved by using authority, threats, fear or manipulation.

Ultimately, sexual violence is defined by the absence of consent. It includes situations in which force or coercion might not have been present, but the victim is physically or mentally unable to consent. The victim might, for example, be unable to give consent because of their age, disability status or the influence of drugs, alcohol or medication. Perpetrators might force sexual contact when the victim is asleep or unconscious. A consent-based definition of sexual violence avoids some of the ambiguities that might be associated with the terms “force” or “coercion” because it emphasizes the victim's perspective and whether they have affirmatively agreed to engage in sexual activity. Behaviors that might not be viewed as coercive by a perpetrator could be highly coercive to a victim.



Difficulty defining sexual violence

It is often difficult for survivors to define what happened to them. Sexual violence programs and advocates are prepared to help any person who has felt violated in a sexual manner; services at these programs are not limited to survivors whose experiences meet the legal definitions of sexual violations.

The definitions in this publication are used by advocates to define survivors' experiences; they are not necessarily referring to the legal definitions of sexual violence.

Factors that contribute to sexual violence

There are many reasons why people perpetrate sexual violence. Some factors are related to the experiences of the individual offender, while others are related to conditions within our society and communities that support and excuse



The Origins of Theory: Risk and protective factors

The Violence Prevention Center at the Centers for Disease Control and Prevention developed a list of risk and protective factors for sexual violence victimization and perpetration based on evidence from social science research. Further information about this research is available at www.cdc.gov/violenceprevention/sexualviolence.

sexual aggression and violence. Racism, sexism and other forms of oppression continue to create a foundation for sexual violence. Members of oppressed groups are more vulnerable—they might have less access to resources or less influence over social systems and institutions that respond to sexual violence. Perpetrators take advantage of these vulnerabilities and commit acts of sexual violence with little fear of consequences. Dominant beliefs, traditions and practices produce a culture where rape and sexual violence remain a shared experience among women, people of color, young people, homeless people, disabled people and other members of vulnerable groups.

Through observing popular culture, families, schools and peer groups, we internalize views of femininity, masculinity, sexuality and violence. These attitudes and beliefs inform a culture in which some people, mostly men, perpetrate sexual violence and in which other people are not always able to hold them accountable.

RISK AND PROTECTIVE FACTORS

There are risk and protective factors related to sexual violence that exist within society, communities, relationships and individuals. These factors affect a person's vulnerability to sexual violence. A risk factor refers to a condition or circumstance that increases a person's vulnerability to sexual violence. A protective factor refers to a condition or circumstance that decreases a person's vulnerability to sexual violence.

Identifying risk and protective factors reveals modifiable conditions toward preventing sexual violence. Although risk and protective factors do not predict sexual violence with certainty, the correlation between these factors and sexual violence is helpful in understanding sexual violence. For example, if a person believes that men are entitled to sex from women, they might be more inclined to ignore the lack of consent and perpetrate sexual violence. Many people who commit acts of sexual violence hold this belief.

Risk factors for sexual violence include:

SOCIETY

- Norms that support social dominance, superiority and sexual entitlement
- Weak laws and policies related to sexual violence and gender equality
- High levels of other forms of crime and violence
- Rigid gender roles
- Notions of masculinity linked to dominance, honor or aggression
- Religious teachings that support male dominance
- Violence against women that is reinforced in media and entertainment
- Unhealthy and unrealistic attitudes toward sex and sexuality
- Blaming the victim for the assault
- Media and entertainment that are sexually exploitative



COMMUNITY

- General denial and minimization of sexual assault within the community
- Weak community sanctions against perpetrators of sexual violence
- Lack of resources for police and judicial systems
- Lack of resources for sexual assault services
- Lack of healthy sexuality education programs in schools

RELATIONSHIPS

- Experiencing intimate partner violence and/or family violence
- Traditional gender roles
- Association with sexually aggressive peers
- Toxic masculinity
- Pressure to have a lot of sex
- Limited support systems
- Bystanders who are passive in response to sexually violent behavior

INDIVIDUAL

- Sexist attitudes and behaviors
- Hostility toward women
- Viewing women as sex objects
- Lack of empathy
- Alcohol and drug use
- Aggressive behavior and acceptance of violence
- Early sexual activity or abuse
- Hypermasculinity

Protective factors for sexual violence:

COMMUNITY AND SOCIETY LEVELS

- Availability of services for survivors
- Effective offender accountability and sex offender management
- Environments that foster community support and belonging

RELATIONSHIPS

- Parental supervision and supportive family members
- Caring and respectful relationships
- Social supports



The Intern Resource Network

MCADSV's Intern Resource Network, www.mointernnetwork.org, is a web-based resource that serves as a clearinghouse of information on sexual harassment for students in internships, their campus advisors and best practices for employers working with students. The Intern Resource Project website has links to college and university Title IX Coordinators and MCADSV-member domestic and sexual violence programs. It can be used as a starting place to learn about preventing and addressing sexual harassment in the workplace.



Barriers and challenges

Survivors of DFSA face challenges that might cause them to choose not to report what happened to them to law enforcement. These challenges might include a lapse in time between the assault and making a report, impaired consciousness or loss of memory, and difficulty in convincing law enforcement that a crime actually occurred. A survivor might not disclose the full truth about voluntarily drinking or using drugs, particularly if they are underage, drove while intoxicated, were under the influence of an illegal drug or were using medication without a prescription. They might excuse the assault as a misunderstanding or miscommunication. Confirming that a survivor's experience was sexual assault can be extremely validating, although some survivors might resist being labeled in such a way. However a survivor chooses to define their experience, providing them with support and connection is important.

INDIVIDUAL

- Problem-solving skills
- Sense of self-efficacy or personal achievement
- Positive peer relationships
- Strong support system
- Empathetic

Drug-facilitated sexual assault (DFSA)

Drug-facilitated sexual assault (DFSA) is when a perpetrator sexually assaults someone while they are incapacitated or unconscious due to the effects of alcohol and/or illegal or legal drugs. The victim's impairment prevents them from consenting to sexual activity or being able to resist a perpetrator. It can cause them difficulty in remembering what happened afterward. Drug and alcohol impairment offers ideal circumstances for someone who is looking to commit sexual assault. The use of drugs and alcohol add complexity to a survivor's experience and affect the response they receive when they seek assistance.

DFSA is a complex social issue involving norms related to power and control, sexuality and sexual activity, drinking and drug use, and expectations of gender and how gender roles are strictly adhered to. Our society is simultaneously sexually obsessed and sexually repressed. Sex education for young people is inadequate or nonexistent in many communities while media outlets portray graphic sexual activity and pressure youths to participate in sex at younger and younger ages. Many young people use drugs and alcohol but are not taught strategies to protect themselves or to decrease their risk for DFSA.

Of the numerous types of drugs used in DFSA, alcohol is the most common. Perpetrators rely on alcohol to facilitate sexual assault because it is easy to obtain and victims will often consume it voluntarily. It decreases a victim's inhibitions, impairs their perceptions and causes a loss of consciousness and an inability to remember events as they occur. Common beliefs about who is allowed to party and have sex hold men who drink less responsible for their actions than women who drink. Men are pressured to initiate sex, whereas women are encouraged to be gatekeepers. When an assault occurs, people quickly ask what the victim did to cause it, rather than look critically at the perpetrator's violent behavior.

Alcohol conceals predatory and sexually inappropriate behavior. Because society normalizes alcohol use and it is a common social activity, survivors face additional challenges in reporting alcohol-facilitated sexual assault to law enforcement. Victims of DFSA are likely to blame themselves for what happened and choose not to report it to police because they do not recognize the assault as a crime or they are afraid that they won't be believed. This is particularly true among high school and college students who are reluctant to report DFSA when they are under the legal drinking age or were drinking on a dry campus.



Perpetrators use drugs and alcohol to facilitate sexual assault in many ways. Victims might consume drugs or alcohol involuntarily through deceit or coercion. This includes having drugs slipped into their drinks, consuming drinks that contain more alcohol than they are aware of, and mixing alcohol, drugs, prescription medication and/or over-the-counter medications that result in more pronounced effects of impairment. The victim might also consume drugs or alcohol voluntarily, after which the perpetrator takes advantage of their vulnerability. In some cases, a perpetrator might encourage or coerce the victim to consume drugs or alcohol or misrepresent the impact they will have. DFSA occurs when the victim is unconscious, the victim is incapacitated but conscious, or the victim is too intoxicated or impaired to give consent.

If drugs were consumed involuntarily, signs of DFSA include:

- Feeling unexplainably hung over
- Feeling more impaired than expected based on how much was consumed
- Experiencing memory loss and/or disheveled clothing
- Unexplained pain
- Bleeding
- Bruising

Other signs include difficulty breathing, nausea, dizziness, disorientation or unexpected changes in body temperature. Many drugs leave the system quickly, within 12 to 72 hours. If a person suspects that they have been drugged, they should receive medical attention as soon as possible.

When a perpetrator drinks alcohol or uses drugs, they might feel they can have sex with someone regardless of whether they received consent. However, alcohol and drugs do not cause DFSA—rather they provide an ideal environment for sexual assault to be committed. This behavior is illegal regardless of whether drugs and alcohol are involved. Perpetrators harbor beliefs about their entitlement to sex whether they are sober or not. Survivors of DFSA often experience intense shame and worry that others are blaming them for drinking or using drugs and because they were impaired, they were “asking for it.” They fear that they will not be believed if they confide in another person or if they report the sexual assault.

Survivors of DFSA need support that acknowledges the complexity of their experience without judgment or blame. In order to respond to survivors in a way that is trauma-informed and empowering, advocates, friends and family of victims must not project their personal biases related to sexual violence and substance use on survivors of DFSA.

Drug-facilitated sexual assault

- A national study found that 22 percent of all rape incidents were facilitated by drugs or alcohol and approximately 50 percent of these incidents involved drugs or alcohol without any other elements of force.

Kilpatrick, D. G., Resnick, H. S., Ruggiero, K. J., Conoscenti, L. M., & McCauley, J. (2007). *Drug-facilitated, incapacitated, and forcible rape: A national study*. Charleston, SC: National Criminal Justice Reference Service.

- At least half of sexual assaults on college campuses occurred after the perpetrator, victim or both perpetrator and victim had consumed alcohol.

Corbin, W.; Bernat, J.; Calhoun, K.; McNair, L.; Seals, K. (2001) Role of Alcohol Expectancies and Alcohol Consumption Among Sexually Victimized and Nonvictimized College Women. *Journal of Interpersonal Violence*, 16, 297-311.

- Survivors of sexual assault who were unconscious due to drugs or alcohol are statistically more likely to withdraw from an investigation and/or prosecution of the case.

Kelley, K. D., & Campbell, R. (2013). Moving on or dropping out: Police processing of adult sexual assault cases. *Women & Criminal Justice*, 23(1), 1-18.

- Among college women who experienced rape or attempted rape, the perpetrator was known to the victim in nearly 90 percent of cases—most commonly a classmate, friend, boyfriend or ex-boyfriend.

Fisher, B.S., Cullen, F.T., & Turner, M.G. (2000). *The sexual victimization of college women*. Washington, DC: U.S. Department of Justice.



What is Title IX?

Title IX, “Title Nine,” is a federal civil rights law that protects students from sex discrimination at publicly funded educational programs and activities. It is part of the Educational Amendments of 1972 which state: “No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving federal assistance.” During the past 40 years, court decisions have further refined what Title IX means to students who are victims of sexual harassment and sexual assault. Because women are disproportionately affected by sexual violence, schools must investigate and protect students in order to provide equal access for men and women participating in educational programs and activities as required by Title IX.

Sexual violence on campus

College students experience high rates of sexual violence on campus. Local programs near campuses can provide services that many colleges are not able to offer. Advocates have stricter standards for confidentiality than is possible with college staff and faculty, many of whom are subject to internal reporting policies.

Colleges have Title IX offices or other officials who are responsible for handling sexual assault cases on campus. Colleges and universities are required by federal law (Title IX and the Clery Act), to create policies and respond to sexual assault on campus. Colleges generally will have security or police officers who operate independently from city or county law enforcement agencies. Community advocates are available to support survivors throughout sexual assault investigations on campus.

Missouri law requires colleges and universities to have Memoranda of Understanding (MOUs) with local law enforcement agencies describing procedures for responding to sexual assault, dating violence, intimate partner violence and stalking. MOUs are written agreements that specify what each organization commits to doing. Creating an MOU can be an entry point for community-based sexual violence programs to provide advocacy or sexual violence services on campuses.

Sexual violence in prison

Sexual violence occurs in prison alarmingly often. The Bureau of Justice Statistics estimates that incarcerated individuals experience sexual assault at a rate nearly 30 times higher than the general population.² Inmates who are young, LGBTQ or struggle with mental health are especially vulnerable and experience even higher rates of sexual violence. More than 30 percent of inmates victimized by sexual violence report being assaulted three or more times during their incarceration.³

Staff do not have the capacity to fully prevent or respond to the range of sexual violence within the prison. Because prisons are often overcrowded and understaffed, staff and inmates who perpetrate sexual violence are not always held accountable for their actions. There are not enough treatment programs or supportive services for all survivors.

The Prison Rape and Elimination Act (PREA) is a federal law that seeks to address sexual assault in detention facilities by implementing new funding, research and policies that protect inmates and prevent further acts of sexual violence from occurring. For more information on PREA and the role of local programs in supporting incarcerated survivors, see MCADSV’s publication *The Resource: Rape is Not Part of an Inmate’s Sentence: Sexual Assault Advocacy with Incarcerated Victims*.



Trauma and a survivor's experience

Sexual violence causes profound trauma in the lives of survivors and their loved ones. The impact of a sexual assault can affect survivors in many ways for years to come. The healing process can be long and difficult. Professionals, friends, family members and partners often fail to understand survivors' experiences and sometimes respond in ways that are not supportive or are harmful. At the same time, the assault can have an impact on family members who feel that they should have protected the victim. For others it triggers memories and reactions stemming from their own victimization.

The Substance Abuse and Mental Health Services Administration defines trauma as “an event or series of events that a person experiences as emotionally or physically harmful that has a lasting adverse impact on their ability to function and their overall well-being.” It is an emotional response to a threatening event that can happen directly to a person or to someone they love. It can happen to an individual person, a couple or a group of people. It can be a response to an isolated event, an ongoing situation or a set of circumstances. Trauma is subjective; what one person experiences as traumatic, another person might not. Although the impact of trauma can be severe and long-lasting, it is not irreversible. With supportive trauma-informed care, survivors can overcome many symptoms of trauma and restore their sense of safety and well-being.

Familiarity with common reactions to sexual violence is essential to providing a trauma-informed response. Advocates can help survivors process what happened to them by connecting some of the reactions they are having to the trauma they experienced. When a survivor asks for help, they need to hear that how they are feeling is normal and that they are not alone.

Every survivor will respond differently to the violence they have experienced. A survivor's response could be based on a range of things such as their life experiences, their prior knowledge or perceptions about sexual violence, factors unique to their assault, responses from others and many other factors—each unique to the survivor. They might exhibit behaviors and emotions that seem counterintuitive to someone unfamiliar with common responses to sexual violence.

Trauma responses are better understood due to research that confirms how the human brain functions in threatening and violent situations. These findings are helpful to survivors as they seek to understand what happened to them and are looking for ways to heal. Advocates can help by providing basic information about neurobiology and brain function as it relates to trauma.

TRAUMA AND THE BRAIN

People experiencing intensely threatening situations act differently than they would under normal circumstances. The human brain responds to threats in ways that protect us and keep us safe from harm. During a traumatic event, we make split-second decisions about how best to survive. This process can happen quickly and unconsciously, without a person having the ability to control it.



How does one integrate such a monumental event as rape into their life? At first I took a very critical, very logical view. I had a number of symptoms that I needed to address, and I was going through therapy, but it just wasn't working for me fast enough. The symptoms just kept holding on—until I began reading about other women's experience with rape. What a relief to learn how well people had come through their experiences.

—Sexual assault survivor

Lauer, T. (2002). *The truth about rape*.
Gold River, CA: RapeRecovery.com.



Trauma effects on daily life

Sexual violence can cause personal difficulties for survivors and sometimes affects their relationships with the people around them.

- Approximately 70 percent of sexual assault victims experience moderate to severe traumatic distress, a larger percentage than for any other violent crime.
- 38 percent of victims of sexual violence experience problems at work or school, including significant problems with a boss, co-worker or peer.
- 37 percent of survivors experience problems with family or friends, including getting into arguments more frequently than before, not feeling able to trust them or not feeling as close to them as before the sexual assault.

Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. [2014] Socio-emotional Impact of Violent Crime.

During a traumatic event, a person's brain will attempt to protect their body from physical and emotional attacks. A stress hormone known as cortisol is released into the body causing temporary damage to the cells in the prefrontal cortex, which is the part of the brain that controls rational thinking. These hormones can override a person's ability to think in "IF this, THEN that" patterns. Instead, the brain relies on primary instincts instead of allowing time to sort through information to make decisions. This can cause some survivors to say they "couldn't think straight" or they don't know why they acted the way they did during a sexual assault. Some survivors report feeling numb, unaffected or detached from what was happening to them. Others say they felt sleepy during the attack. Trauma responses can include feeling paralyzed, removed from the body, screaming, crying or fighting back.

The brain interprets and stores information differently when experiencing trauma. The amygdala is the part of the brain that makes us act at our most basic levels and causes the body to act reflexively to protect itself. When the amygdala signals other parts of the brain that danger is present, stress hormones flood the body. The release of stress hormones can cause reactions that seem counterintuitive to survivors and those to whom they turn for help. They might have a flat affect or appear unemotional. Stress hormones act in a protective manner by numbing pain and blocking harmful thoughts, feelings and memories. Some survivors respond to trauma by acting excited or hyper. This reaction is caused by the release of serotonin, a hormone that the brain releases to increase happy feelings and prevent intense feelings of fear or despair. This range of trauma responses can cause many people to doubt or distrust survivors, even though they are acting in ways that are directly related to the trauma they experienced.

FIGHT, FLIGHT, FREEZE AND FAWN

Until recently, the common understanding of people's response to trauma was "fight" or "flight." However, researchers confirmed other responses are "freeze" and "fawn." The freeze response is caused by the threat-induced release of stress hormones that act as a damper on the body's energy. Victims who experience a freeze reaction might dissociate from their bodies, go numb, feel sleepy or find it hard to move. Some survivors describe feeling like a rag doll during the assault. They either can't move, or their brains don't let them try. Some survivors feel confused about the way they froze or shut down during an assault and blame themselves for not reacting. They might say, "But I didn't fight back," or "I didn't say 'no,' so how can it be rape?" Advocates can help survivors deal with their feelings of self-blame or guilt by explaining that a freeze response to trauma is a survival-based, physical reaction that is as natural as the fight or flight responses. A person's brain knows that if they were to try to run or fight back, it could incite more violence.

A victim whose body freezes up—or who becomes sleepy, feels foggy or dissociates from their body—is exhibiting the same survival instincts as a victim who tries to push the perpetrator away. This type of trauma-induced paralysis is referred to as tonic immobility. Collapsed immobility is a related experience and refers to when a victim's heart rate and blood pressure drop and they become lethargic, passive and sleepy.

The fawn response is when a victim complies with the demands made upon them—not because they want to, but because it is their best chance of surviving.



TRAUMA AND MEMORY

A person experiencing trauma records information in their brain differently than under other circumstances. This allows a person to process information related to their immediate survival. For this reason, they might not recall information about what happened to them. Many survivors' memories of sexual violence are based on the senses—such as a physical sensation, sight or smell. Survivors might recall these sensory-based memories easier but might not remember other details. The human brain does not necessarily store memories from a traumatic event in a linear order, and survivors might have fragmented, sensory-based memories of what happened to them.

COMPLIANCE IS NOT CONSENT

A victim of sexual violence might comply with a perpetrator as a strategy for surviving the assault. This could happen instinctually or by their conscious choice among the limited options for safety available to them. By complying with a perpetrator, they might minimize the threat of further violence or harm, shorten the duration of the attack or find a way to escape. In the presence of threats, fear or the unknown, a victim's compliance is not consent.

THE BODY'S NATURAL RESPONSE

Some survivors might feel confused if their body's response is to become sexually aroused during or after an assault. It can lead to extreme feelings of guilt, confusion and shame. Survivors often experience natural, physical reactions to sexual assault, including arousal, erections and orgasms, without consenting to sexual activity. These reactions happen without conscious control and are not an indication of consent.

¹ Smith, S. G., Basile, K. C., Gilbert, L. K., Merrick, M. T., Patel, N., Walling, M., & Jain, A. [2017]. National intimate partner and sexual violence survey (NISVS): 2010-2012 State report.

² Beck, A. J., Berzofsky, M., Caspar, R., & Krebs, C. [2013]. Sexual victimization in prisons and jails reported by inmates, 2011-12. *Washington: US Bureau of Justice Statistics*.

³ Ullman, S. E., & Peter-Hagene, L. [2014]. Social reactions to sexual assault disclosure, coping, perceived control, and PTSD symptoms in sexual assault victims. *Journal of Community Psychology, 42*(4), 495-508.



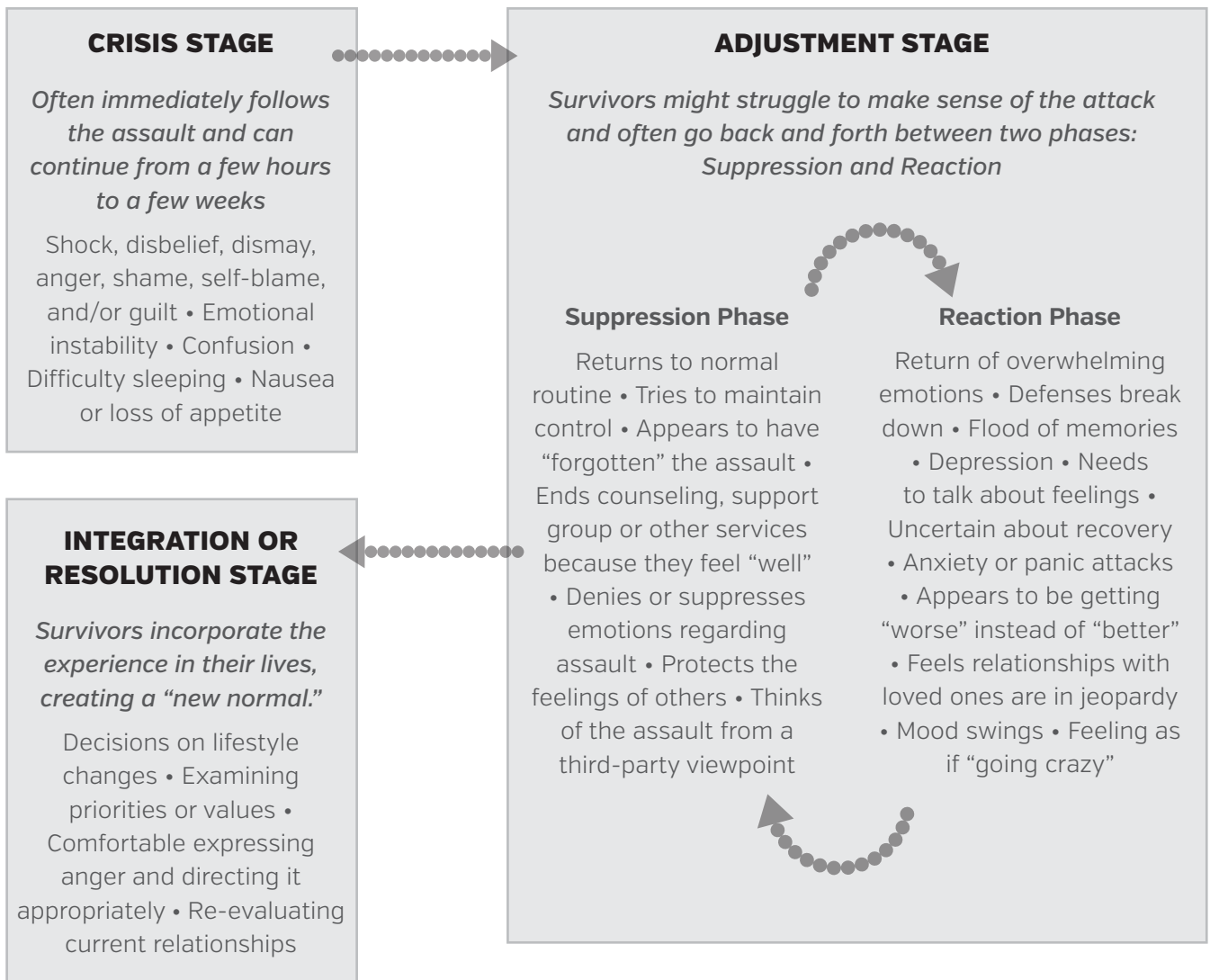
I just want to sleep. A coma would be nice. Or amnesia. Anything, just to get rid of this, these thoughts, whispers in my mind. Did he rape my head, too?

–Laurie Halse Anderson,
author

Anderson, L. H. [2019].
Speak 20th Anniversary Edition.
New York: Farrar, Straus and Giroux.

Common responses to sexual assault

This model helps to illustrate how some survivors reorganize their thoughts and feelings after sexual victimization. It is important to remember that each survivor will work through what happened to them in their own way. Not every survivor will experience all of the stages described here or necessarily experience them as distinct in a step-by-step process. However, many survivors find information about common responses to sexual assault to be helpful.



MEETING SURVIVORS' NEEDS

Survivors' needs vary with each stage they experience after sexual victimization. The suggestions below should not be viewed as a step-by-step process but rather as guidelines to help meet survivors where they are in their own healing.

DURING THE CRISIS STAGE, YOU CAN SUPPORT SURVIVORS WHEN YOU:

- Believe them.
- Let them know that the violence was not their fault.
- Accept whatever emotional responses they have.
- Do not give the impression that you are proud of how “strong” they are or how “well” they are handling the situation. Doing so puts an unfair responsibility for your feelings on survivors.
- Reframe the assault in terms of the actions the perpetrator took, not what the survivor did.
- Inform them of available options.
- Allow them to regain control by making decisions about:
 - Whether to tell or involve other people, including intimate partners, family or friends.
 - Whether to report to police.
 - Whether to seek medical attention.

DURING THE SUPPRESSION PHASE OF THE ADJUSTMENT STAGE, YOU CAN SUPPORT SURVIVORS WHEN YOU:

- Support their decisions, including the decision to end counseling or other services.
- Understand the need to reorganize their lives as they feel it is necessary.
- Allow them to cope with their experiences at their own pace.
- Keep lines of communication open.
- Do not pressure them to “deal with it.”

DURING THE REACTION PHASE OF THE ADJUSTMENT STAGE, YOU CAN SUPPORT SURVIVORS WHEN YOU:

- Allow them to talk about their experiences without interrupting.
- Assure them that they are not “crazy” and that they are reacting normally to an abnormal situation.
- Continue to reframe the assault in terms of the actions taken by the perpetrator.
- Help them identify supportive people and healthy methods of coping during flashbacks, periods of anxiety, etc.
- Provide or encourage them to seek out factual information about sexual violence or writings by other survivors.
- Help them work through the grief process.
- Acknowledge that they might feel they have lost part of themselves (such as innocence, trust in others or a sense of safety).
- Help them convey to people around them that healing is a process.
- Provide referrals to counseling, support groups and other services.
- Address any unmet medical needs (such as testing for a sexually transmitted infection) if they choose.

DURING THE INTEGRATION/RESOLUTION STAGE, YOU CAN SUPPORT SURVIVORS WHEN YOU:

- Reaffirm their decisions.
- Provide continued support and acknowledgement of any loss of support from people they might have traditionally relied upon.
- Plan an ending to counseling, advocacy or support group services as the survivor no longer needs them.



MODERATING FACTORS IN A SURVIVOR'S RESPONSE

A survivor's response to sexual violence will differ based on a number of factors. These questions can help advocates understand factors related to a survivor's experience.

PERSONAL FACTORS

- The survivor's age at the time of the assault
- The survivor's identity such as race, gender, ethnicity, immigration status, socioeconomic status, religion or ability status
- History of trauma, including other acts of sexual violence
- The survivor's relationship to the perpetrator
- Positive support available after the survivor's experience of assault
- The response survivors received from others

EVENT FACTORS

- Frequency of the violence. One-time occurrence, more than once or ongoing?
- Severity of the physical, psychological and sexual assault
- Duration of the assault
- Type of assault experienced

ENVIRONMENTAL FACTORS

- The place and space where the assault occurred
- Sense of safety and control the survivor regained since the assault
- Sense of safety and control the survivor had before the assault
- Prevailing attitudes and values about sexual assault in the survivor's community, social circles, family, etc.
- Access to support after the assault
- Quality of support after the assault

RESPONSE FACTORS

- Timing of the response. Too soon or too late
- Appropriateness of the response
- Respect for survivor's privacy. Was the response invasive or disempowering?
- Competency of professional response
- Survivor's sense of control throughout the response

Adapted from the Colorado Coalition Against Sexual Assault's Sexual assault advocacy and crisis training guide and based on Koss, M., & Harvey, M. [1991]. The rape victim: Clinical and community interventions. Newbury Park, CA: Sage Library of Social Research.



Chapter 2.

Empowerment Through Trauma-Informed Advocacy

When a person is violated in any kind of sexual way, the perpetrator takes their power and sense of control through force, coercion or threats. The process of empowerment restores a survivor's sense of personal power and affords them the opportunity to restore control over their lives. Survivors are strong, resilient individuals who draw on considerable personal strength and resources to navigate their complex situations. As advocates offer nonjudgmental support to survivors, it is important to remember that not everyone has the same needs or shares the same definition of healing and success.

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

Labels that are applied to people victimized by sexual violence in particular moments of their lives do not reflect the total complexity of their experiences. People who work with survivors should keep in mind that they can and do harness enormous power to heal and move beyond the violence they experienced. *More information about empowerment is available on page 26, "Empowerment is the Core of Advocacy."*

SOCIAL CHANGE ADVOCACY

While some sexual violence programs provide direct services, many are also actively working to end rape and abuse in other ways. The skills required for direct service advocacy at the individual level are similar to skills required for advocacy at the community and society levels. Survivors and advocates alike have a powerful role to play in bringing about social change. A comprehensive approach to social change advocacy includes:

Individual. Advocates work with individual survivors to provide support and information that is useful to the process of healing.



Empowerment affords victims of sexual violence the opportunity to see themselves as strong survivors who can actively advocate for themselves. Empowerment restores a survivor's power and control over their own life.





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

—Sexual assault survivor

Lauer, T. [2002]. *The truth about rape*.
Gold River, CA: RapeRecovery.com.

Institutional. Advocates seek to improve the way that institutions respond to sexual violence. This can include law enforcement, the justice system and other social services. Institutional advocacy can include changing systems and/or establishing new partnerships to coordinate institutional responses to sexual violence.

Cultural. Advocates work to change the root causes of violence in culture and society. This means changing traditions, social norms and beliefs that create and perpetuate violence.

Core activities of advocacy

The Advocacy Learning Center outlines six core activities to social change advocacy. This process is effective in providing advocacy and in improving the way systems such as law enforcement and courts respond to sexual violence.

1. **Connect** with survivors and supportive networks to strengthen community and create solidarity.
2. **Understand** the nature of sexual violence and how it affects survivors, individually and collectively.
3. **Analyze** what it is that will alleviate the problems caused (for individuals and for survivors as a group) and prevent them from occurring in the future.
4. **Strategize** a course of action (steps, details and preparation) to create change.
5. **Implement** the strategy: Take the collective actions and steps necessary to create the change.
6. **Reflect and adapt** in relation to shifting conditions, success or failure of strategies used, and intended or unintended consequences.

The LIFE process of assisting survivors of sexual violence

Listening, informing and educating can lead to empowerment for a victim when the LIFE process of assistance is used. Through this process, survivors gain knowledge, and knowledge is power.

LISTEN

- Provide a safe place for a survivor to talk and tell their story.
- Afford sufficient time for them to become comfortable and able to discuss the details of their assault.
- Begin with their story, history, concerns and questions. Affirm their experience and what they are saying. Clarify anything you do not or they do not understand.



- Identify their hopes and fears and the resources they are currently using or might need.
- Help them create a personalized safety plan.

INFORM

- Tell them about available resources.
- Explore their circumstances and discuss the worst- and best-case scenarios as they relate to each option available to them.
- Assist in identifying a survivor's inherent strengths.

FACILITATE

- Help them to critically assess their chosen course of action (including their safety plan) and to understand the likely consequences of each action.
- Schedule specific times and dates for ongoing contacts or follow-up.
- Explore all contingency plans.

EMPOWER AND ASSIST

- Support them so they can advocate for themselves, thereby taking control of their life and making it safer for themselves and their children.

The role of sexual violence programs

There are more than 60 community-based programs in Missouri that provide services to survivors of sexual violence. Program staff advocate for survivors through the medical, social service, criminal and civil justice systems. They also provide crisis intervention services, therapy and support groups. Most programs have 24-hour hotlines to ensure that there is always an advocate available to respond to survivors. Hotlines allow programs to serve multiple counties by providing support, advocacy and information about resources, even from a distance. Some programs provide shelter, and others have outreach staff who work with survivors outside of residential settings. Advocates are available to connect survivors to other service providers in the community so all the needs of the victim may be addressed.

SEXUAL VIOLENCE PROGRAM SERVICES

Community-based programs provide a wide range of services that are available to survivors of sexual violence. These include:

- **Hotline:** Crisis intervention, information and referrals provided 24 hours a day, seven days a week on a telephone line answered by qualified, trained staff or volunteers.
- **Crisis intervention:** Interactions and activities performed by telephone, text, email or other types of communication, or in person by qualified, trained staff or volunteers with an individual in crisis to stabilize



Qualified minors

Services at sexual violence programs are available to minor children—those younger than 18—with the consent of their parent or legal guardian. They also are available to qualified minors. A qualified minor is someone who is 16 or 17 years old, experiencing homelessness and supporting themselves as their parent or legal guardian has given them expressed or implied consent to live independently. Implied consent is any action that indicates the parent or guardian no longer intends to provide care for their child. These qualified minors are able to access counseling, court advocacy, financial assistance, shelter and other advocacy services provided by sexual violence programs without being accompanied by or having the consent of their parent or legal guardian.



A guide to working with individuals in crisis

- Remain calm
- Listen
- Provide space
- Let people decide their own pace
- Explain information thoroughly
- Do not impose your own values
- Don't convey disappointment about a survivor's choices
- Encourage each individual to take control of their future
- Set aside your anger, anxiety and frustration
- Minimize educational, social and economic differences as much as possible

emotions, clarify issues and provide support and assistance to help explore options for resolution of the individual's self-defined crisis and needs.

- **Shelter:** Emergency housing and related support services provided in a safe, protective environment for adult individuals and their children who have been victimized by sexual violence.
- **Transitional housing:** Non-emergency housing for a length of stay of more than six months that is free or low-cost subsidized and directly available through the program.
- **Support groups:** Interactive group sessions that might be non-directed, topic-oriented or informational and educational and that are facilitated by a qualified, trained staff member or volunteer.
- **Services for children:** Structured programs that include information, activities, support and assistance provided to children.
- **Professional therapy:** Individual or group therapy delivered by an individual who is in compliance with state licensure rules and regulations pertaining to a psychologist, counselor or social worker and who has specific training in addressing sexual violence.
- **Case management:** Tangible, goal-directed interactions, advocacy and assistance provided to aid a survivor in obtaining needed services and developing short- and long-term resource and safety plans.
- **Court advocacy:** Provision of information, support, assistance, accompaniment and intervention with any aspect of the civil or criminal legal system on behalf of a service recipient.

Shelters and other sexual violence programs will not always be able to accommodate a survivor and their children. Shelters are sometimes filled to capacity. Some shelters only serve survivors of domestic violence, not sexual violence. Even if a program cannot offer services to a survivor, they will provide referrals to other supportive resources in the community.

Providing trauma-informed care

Understanding trauma and the ongoing effect it has on individuals who have experienced sexual violence is essential to providing meaningful advocacy. Trauma-informed care recognizes signs and symptoms caused by trauma and uses this to guide and inform a program's policies, procedures and practices. It seeks to understand how a survivor's experience might cause them to act in certain ways or need specific accommodations. In other words, trauma-informed care is about asking, "What happened to you?" rather than "What is wrong with you?"

Trauma-informed care is focused on avoiding potential triggers and minimizing risks that could be retraumatizing to survivors. Relationships are valued and advocacy is approached as a partnership. Time and resources are invested toward developing trust and lasting connections between advocates,



survivors and other program participants. Advocates consider what they know about trauma and use this to understand a survivor's choices and behaviors. Trauma-informed care attends to both the physical and emotional safety of survivors and supports healing that sets survivors on a path toward wellness.

The concept of trauma-informed care originated with mental health professionals in the late 1990s. It is now used throughout many types of health, mental health and social service programs. Whether it was sexual assault or another type of abuse, trauma exposure is the one thing that unites every survivor seeking advocacy services. Understanding trauma and providing trauma-informed care has become a priority for most programs available to survivors of sexual violence.

Incorporating trauma-informed care into sexual violence advocacy begins with recognizing signs of trauma exposure and connecting them to what a survivor has experienced. Survivors might not associate their thoughts, feelings or behaviors to what happened to them, and these insights can be validating. It can reduce shame and guilt that survivors project onto themselves. Listed below are some common responses to trauma that survivors of sexual violence have. An individual survivor might experience all, some or none of these reactions to trauma.

- Shock and denial
- Intrusive thoughts and visual images of the traumatic event(s)
- Nightmares and insomnia
- Loss of memory
- Loss of ability to concentrate, inability to focus
- Inability to control and manage emotions
- Social withdrawal, loss of interest in other people and things
- Inability to get along with other people
- Inability to trust other people
- Overwhelming feelings of sadness, hopelessness, guilt, shame or self-hatred
- Irrational or exaggerated fear
- An inability to imagine a positive future
- Unexplainable physical pain felt throughout the body
- Feeling numb or unresponsive
- Paranoia and hypervigilance
- Panic attacks
- Mood swings, loss of self-esteem, depression and suicide
- Substance use
- Self-harm (cutting, burning or otherwise hurting oneself)
- Loss of interest in sex (not being able to perform sexual acts)
- Hypersexuality (elevated sexual activity)



After a traumatic experience, the human system of self-preservation seems to go onto permanent alert, as if the danger might return at any moment.

–Judith Lewis Herman,
author and psychiatrist

Herman, J. L. [1992]. *Trauma and recovery*. New York: Basic Books.



Compassion provides us the breathing room we need to keep on keeping on. It also allows us to evolve: When we lack compassion, we become significantly stifled in our ability to connect with ourselves, with others, and with our lives.

—Laura Van Dernoot Lipsky,
Advocate

Van Dernoot Lipsky, L. (2010). *Trauma stewardship: An everyday guide to caring for self while caring for others.*

LONG-TERM SIGNS OF SEXUAL TRAUMA INCLUDE:

- Cognition and communication problems
- Agitation
- Outbursts of anger
- Hypersensitivity and defensiveness
- Disorientation and confusion
- Diminished relationships
- Overly critical of self and others
- Rigid worldview, lacking compassion for others

PRINCIPLES OF TRAUMA-INFORMED CARE

The guiding principles of trauma-informed care can be adapted based on a survivor's priorities and the mission of an advocacy program. These principles are:

- **Safety:** Establish a safe environment by listening to survivors and responding compassionately without judgment. Trauma-informed advocacy supports survivors in sharing their experiences with whomever they choose. Services are tailored to meet the emotional and physical safety needs of each survivor's unique situation.
- **Trustworthiness and transparency:** Survivors might be cautious with new relationships because they have been hurt or treated badly in the past. Trust develops over time as a result of proven support and direct, honest and kind communication. Trauma-informed advocacy builds trust by being transparent about policies, procedures and practices.
- **Collaboration and connection:** Shared power fosters connection and is essential to trauma-informed care. Advocacy is approached as a partnership—the advocate's role is to provide support and information while recognizing that a survivor's decisions are theirs alone to make. Advocates facilitate connections that decrease isolation and increase supportive relationships.
- **Empowerment, voice and choice:** Survivors are leaders throughout the trauma-informed advocacy. Autonomy and self-determination are valued. Advocates inspire hope and maximize options available to survivors. Survivors' choices are respected.
- **Cultural, social and historical issues:** Advocates create welcoming environments that are accessible to all survivors of sexual violence. Accommodations are made for survivors based on their cultural and physical needs. Issues related to societal oppression and historical trauma are incorporated into advocacy services.

BEARING WITNESS TO TRAUMA

The impact of trauma is wide-reaching, and a trauma-informed approach tends to the safety and well-being of advocates as well as survivors. The act of bearing witness to the suffering of others takes a toll on advocates. Vicarious trauma, also referred to as secondary trauma, compassion fatigue or burnout,



is an inevitable response to providing empathetic care to survivors of trauma. It refers to cumulative changes that occur over time. Additional stresses in life can exacerbate symptoms of vicarious trauma, many of which mirror a survivor's exposure to trauma. Recognizing vicarious trauma and having a plan to manage it are necessary for advocates to sustain supportive sexual violence advocacy. Advocates are encouraged to take steps to maintain a balance between work and life activities and to develop supportive connections with colleagues, friends and family.

PREVENTING TRAUMA

Advocates at local sexual violence programs are available to develop safety plans with survivors in order to prevent further acts of trauma and abuse. A safety plan is tailored to each survivor's unique situation and is based on their individualized needs and priorities. A safety plan should always start by asking, "What does the survivor want?" Multiple options and resources should be explored to identify the best course of action to take.

The safety planning tool on page 28 can assist survivors throughout the safety planning process.

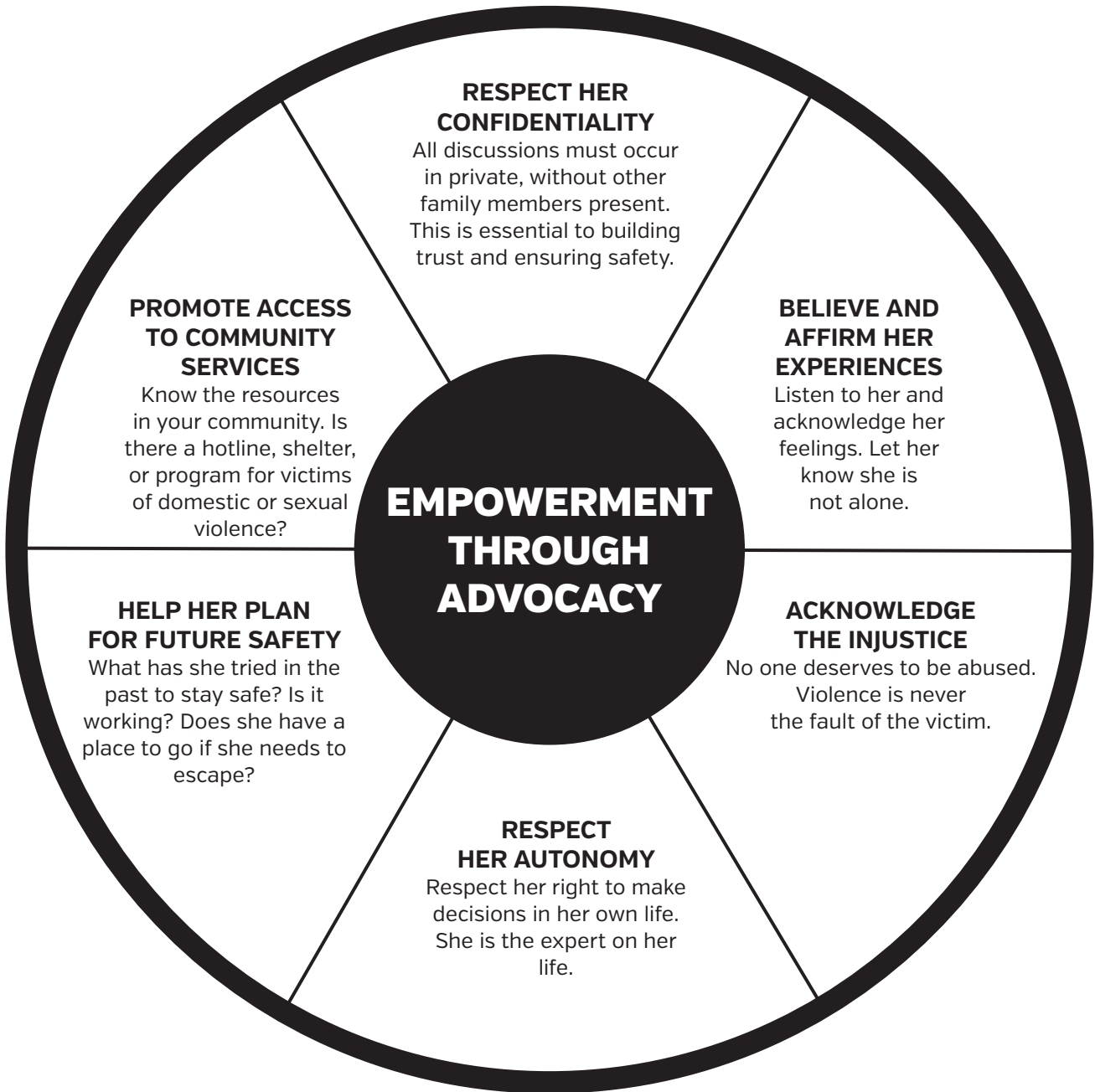


Trauma-informed care

Trauma-informed care is about asking, "What happened to you?" rather than "What is wrong with you?"

EMPOWERMENT IS THE CORE OF ADVOCACY

In the empowerment model, a survivor seeking help needs understanding, concrete information, support and resources to make changes.



This is an adaptation of the "Empowerment Wheel" developed by the Domestic Violence Project, Inc., in Kenosha, WI, and is based on the "Power and Control and Equality Wheel" developed by the Domestic Abuse Intervention Programs in Duluth, MN.



A GUIDE TO WORKING WITH INDIVIDUALS IN CRISIS

Remain calm

Be well-informed on procedures and resources. Know yourself and learn to gauge your own emotional reactions, and get to know the individual you are working with so you can help them separate objective reality from their immediate sense of fear.

Let people decide their own pace for change

Allow individuals you are helping to decide on their own plan of action. Some people in crisis have never recognized their own resources. Others have lost touch with their resources. Respect and believe in a person's capacity to heal.

Explain all kinds of information thoroughly

Don't assume that everyone knows about their rights or available services. Don't talk down to anyone, but do be thorough in explaining information about your services and other community resources. If someone looks or sounds confused, ask if they have any questions. Listen to them.

Do not impose your own values

This does not mean you cannot express concern about a person's choices, but it does mean you must be careful not to reject them even if you disagree with their behavior.

Encourage each individual to accept responsibility for their future

There might be a tendency for you to want to do things for people that they can do for themselves. Even though you can and should help them, they will become stronger and more self-sufficient as they assume responsibility for their own lives.

Don't convey disappointment about a survivor's path to healing

They will have enough conflicts. They might feel like they are failing you. You can point out your concerns about their well-being while still accepting them. Respect their decisions and remind them that you are available if they need you in the future. Always work with them to create a safety plan for their physical and emotional health.

Be able to tolerate your own anger and the survivor's anger

Have some personal outlets for your anger, anxiety and frustrations. You will be better equipped to help people in crisis if you can avoid "burnout" and overwhelming stress. Talk to other staff members if you need help dealing with your anger or a survivor's anger about the violence they have survived.

Minimize educational, social and economic differences as much as possible

Avoid focusing on your own personal history. If you are distant, however, the person you are trying to help might feel hurt. Strive for a comfortable balance. Answer questions about yourself with minimal detail and turn the conversation back to their life. Convey warmth, respect and concern.



Personalized safety plan - Sexual Violence

Safety plans help survivors anticipate the physical and emotional dangers they might face. A safety plan is an adaptable tool to help increase your safety and well-being in an ever-changing situation.

The following safety plan is designed to assist survivors of non-intimate partner sexual violence. You might need to modify the following safety plan depending on whether the person who assaulted you is a family member, friend, stranger or an acquaintance. For more information on safety planning when the person who assaulted you is an intimate partner, please see MCADSV's safety plan for domestic violence survivors in *DV 101: Understanding and Responding to Domestic Violence*.

WHEN TO USE A SAFETY PLAN

Safety plans can be made for a variety of situations: for dealing with an emergency, such as immediately after a sexual assault has occurred; for how to be safe if you again have contact with or see the person who assaulted you; or for ongoing physical and emotional needs after an assault. Over time, your circumstances, needs and resources will change, resulting in changing and evolving safety plans, as well.

USE WHAT YOU ALREADY KNOW

If you have been sexually assaulted, you probably know more about safety planning than you might realize. Experiencing sexual violence—and surviving—requires considerable skill and resourcefulness. You might already have anticipated some ongoing physical and emotional safety needs and identified ways to meet those needs—this is safety planning.

THINK IT THROUGH

It can be a helpful strategy to evaluate risks and make safety plans in a more intentional way. Whether you were sexually assaulted by a stranger or someone you know, and whether you choose to seek medical care, use available services or to involve the police, there are certain things that are helpful to consider in planning for your future safety.

EVALUATE YOUR OPTIONS

Only you can judge whom it's safe to tell about your situation and whom to ask for help. Sometimes, people who don't have good information about sexual violence respond in ways that aren't helpful, even when they mean well. On the other hand, you might feel comfortable asking for help from someone you know. It's your decision. The important thing is for you to identify all the people who might be willing and able to help you. Make a list of their phone numbers and attach it to your safety plan for easy reference.

SEEKING MEDICAL CARE

Seeking medical care after a sexual assault is an important personal decision. Seeing a healthcare professional immediately after a sexual assault can result in quick treatment and prevention of health concerns. It can also, with your permission, result in evidence collection and contact with law enforcement and/or a sexual assault victim advocate. If possible, it is important to refrain from washing or bathing before you see a doctor so that physical evidence can be collected. Even if you're not interested in contacting law enforcement right away, it might be possible to have physical evidence of the sexual assault collected and preserved for future use should you change your mind. You have the right to interrupt or refuse any medical procedure you don't wish to undergo.



KEEP YOUR PLAN IN A SAFE PLACE

Only you can decide if it is safe to have a written safety plan. If you decide to keep a written plan, find a place to keep it where the person who assaulted you won't find it. Ask a friend to keep a copy for you. Whether it's safe to write down your plan or not, it's still important to make one.

SAFETY AND HEALTHCARE OPTIONS

- I can call the local sexual assault program hotline to talk to an advocate or call another trusted person about getting medical care and/or a sexual assault forensic exam.
- I can seek medical care through an emergency room, primary care physician, urgent care, community or free clinic, campus health facility or other healthcare provider.
- I can ask the medical professional for a step-by-step explanation of what the exam will be like and how I can interrupt or refuse any procedures I don't wish to undergo.
- I can ask for emergency contraception and treatment/prevention medication for possible sexually transmitted infections (STIs).
- I can see a medical professional for any ongoing medical concerns or needs I have, even if I do not seek treatment right after the assault.

PHYSICAL SAFETY AT HOME

- If I feel afraid to be alone, I can ask someone I trust to come stay with me or ask to stay at their home.
- I can, or ask my landlord to, change the locks on my doors and windows.
- I can, or ask my landlord to, replace wooden doors with metal ones.
- I can, or ask my landlord to, install security systems, including additional locks, window bars, poles to wedge against doors, etc.
- I can, or ask my landlord to, install outside lighting.
- If I know who assaulted me, I can request the court to issue an Order of Protection to prohibit the person from coming to my home, workplace, school or anywhere near me. I can call a rape crisis advocate to learn more about how to do this.
- If I know who assaulted me, I can provide my onsite property manager and/or trusted neighbors with information about the person who sexually assaulted me and ask them to notify the police if they see them near my home.
- If I was assaulted in my current home, I can ask a sexual assault program advocate for information about my rights to break my lease or move to another apartment or place in public or subsidized housing.

EMOTIONAL SAFETY AT HOME

- I can rearrange furniture or rooms in my home to increase my sense of personal well-being, especially if the layout of certain furniture or rooms is triggering to me.
- If I experience nightmares, flashbacks, intrusive memories or feelings of anxiety when I'm in my home, I can call the local sexual assault program hotline or _____ for support.
- I can identify another place to stay temporarily, should I need time to feel comfortable in my home again or make arrangements to make a more permanent move.



PERSONALIZED SAFETY PLAN

PHYSICAL SAFETY AT WORK

- If I know who assaulted me, I can request an Order of Protection that prohibits them from coming to my workplace. I can call a rape crisis advocate to learn more about how to do this.
- I can identify someone I trust, like my boss, a co-worker or the employee assistance program (EAP), if available, about my situation and any safety concerns I may have about my safety at work. The number of the EAP office is _____.
- I can ask _____ to screen my calls and visitors at work.
- If I feel unsafe when coming and going from work, I can _____.
- If there's trouble when traveling to and from work, I can call 911 or _____.

EMOTIONAL SAFETY AT WORK

- I can talk to _____ if I experience flashbacks, vivid memories or feelings of anxiety when I'm at work.
- I can ask for a flexible work schedule, frequent breaks or time off to attend medical appointments or court dates.

PHYSICAL SAFETY ON CAMPUS

- I can talk to my advisor or a Title IX coordinator about changing my class schedule, my campus housing or other education-related needs.
- I can talk to my advisor or a Title IX coordinator about filing an internal complaint, prohibiting the assailant from contacting me or other actions against the person who assaulted me.
- If I feel unsafe coming and going from class, I can ask _____ to accompany me.

EMOTIONAL SAFETY ON CAMPUS

- I can talk to my advisor or instructors about my academic needs, reducing my course load or taking some time off class.
- I can seek out a campus sexual assault organization, support group or other campus support resource.
- I can talk to a campus mental health care professional or _____ if I experience flashbacks, vivid memories or feelings of anxiety when I'm at school.

PHYSICAL SAFETY IN PUBLIC OR IF BEING STALKED

- If I suspect I am in imminent danger, I will locate a safe place for myself (police stations, residences of family or friends, domestic and/or sexual violence shelters, local churches, public areas, etc.).
- I can document any contact with the person who sexually assaulted me and keep those records in a safe place. This may include saving voicemails, keeping texts/email/letters/notes, etc.
- I can change my regular schedule and patterns—avoid stores, restaurants, banks, doctor's appointments, self-service laundries and other places where the assailant might find me.
- I can tell _____ and _____ about the situation and provide them with a photo or description of the person who assaulted me and any possible vehicles, if I have that information. I can ask them to call the police if they believe I am in danger.
- When I am out of the house, I can try to avoid travelling alone and can try to stay in public areas.



PERSONALIZED SAFETY PLAN

WITH AN ORDER OF PROTECTION

- I can keep a copy of my protection order in my car's glove box, purse, wallet or bag at all times.
- I can give copies of my protection order to the local police or sheriff and to departments in towns where I visit friends and family.
- I can give copies of my protection order to my employer, my religious advisor, my closest friend and _____.
- If I lose my Order of Protection, I can get another copy from the court that issued it.
- If the person who assaulted me violates the order, I can call the police and report a violation, contact an attorney, call a sexual violence program advocate, and/or advise the court of the violation.
- I can call a sexual violence program if I have questions about how to enforce an order or if I have problems getting it enforced.

PROTECTING MY CHILDREN AND PETS

- I can teach safety strategies to my children.
- I can teach my children how to make a phone call to me if they are concerned about their safety.
- I can teach my children how to use the phone or call 911 to contact the police and fire departments and how to contact a safe neighbor for help. I will make sure they know our address.
- I can tell my children's caretakers who has permission to pick them up and make sure they know how to recognize those people.
- I will give the people who take care of my children copies of custody and protection orders, as well as emergency numbers.
- I can arrange care for my pets ahead of time. I can supervise them when outside.

SAFETY AND TECHNOLOGY

- Each day there are advances in technology. I can ask someone familiar with technology about the ways the person who assaulted me might attempt to monitor or contact me.
- I can ask an advocate or someone familiar with technology to assist me with blocking the person who assaulted me from any of my social media accounts.
- I can review my social media privacy settings to ensure they are as secure as possible.
- If I file for an Order of Protection, I can ask that the person who assaulted me not have contact with me through social media.
- I can use a computer that the person who assaulted me doesn't have access to when I look for help, a new place to live, etc. It might be safest to use a computer at a public library, community center or _____.
- I can ask the court system, post office and other government agencies how they protect or publish my records and request that they seal or restrict access to my files to help protect my safety.
- I can register for the address confidentiality program, Safe at Home, through the Missouri Secretary of State's office.



PERSONALIZED SAFETY PLAN

SAFETY FOR POSSIBLE CONTACT WITH ASSAILANT

- I can make a list of places I might see the person who assaulted me. Those places might include school, work, community events, public places, family holidays or _____.
- I can create a plan for anticipated or unanticipated contact with the assailant, including what I might say to myself in that moment in order to feel calmer, whom I might reach out to for assistance, or where I might go if I feel unsafe.
- If the assailant is my caregiver and lives with me, or if I live in a group home, I can identify a trusted staff member to talk to, stay in community areas when the assailant is present, or lock the door to my room.

MY EMOTIONAL HEALTH

- I can try to anticipate and prepare for triggers such as anniversary dates, songs, television shows; certain sights, sounds and smells; or people and places associated with the sexual assault.
- I can pay attention to signals from my body that I am feeling stressed or unsafe, such as tension, dizziness, nausea, shortness of breath, racing thoughts or holding my breath.
- I can engage in self-soothing techniques, including slow breathing and grounding techniques.
- I can acknowledge that my feelings are real and legitimate; my thoughts and feelings are not crazy, irrational or nonexistent.
- If I am feeling down, scared or confused, I can call _____ or a national or local sexual violence hotline.
- If the person who assaulted me attempts to contact me, I will call _____ or spend time with _____ for support.
- I can attend support groups, counseling or classes at the local sexual violence program or _____ so I can build a support system, learn new skills or get information.
- I can take care of my whole person, continuing to pay attention to my physical, emotional, mental and spiritual needs.
- I can look at how and when I drink alcohol or use other drugs. If I am going to drink or use other drugs, I can do it in a place where people are committed to my safety.
- If I experience symptoms of depression, including prolonged sadness, feelings of hopelessness, unexplained crying, weight loss or gain, loss of energy or interest in activities previously enjoyed, I can call the local sexual violence program, a mental healthcare professional or _____.



PERSONALIZED SAFETY PLAN

MY SAFETY PLANNING AS AN IMMIGRANT OR REFUGEE

- If I have any fears related to my immigration status, I can ask a sexual assault victim advocate to accompany me when I have contact with law enforcement, healthcare, social services or other systems.
- I will consider contacting an attorney or organization that provides immigration legal services to learn more about what forms of immigration relief might be available to me as a victim of sexual violence or in the event that I am detained and need their assistance.
- I can consider appointing a power of attorney over my minor children in case I am detained and separated from my children (a possible power of attorney may be a friend or trusted family member).
- I will educate myself about my rights as an immigrant or refugee, including the right to language access in healthcare, social services and legal settings, if English is not my first language.
- I can become familiar with my consulate and the assistance it provides.

HOW CAN A SEXUAL VIOLENCE PROGRAM HELP ME?

Local domestic violence and sexual violence programs are a vital resource, providing free and confidential assistance to adults and their children victimized by domestic violence, rape, sexual assault and stalking. They provide emergency safety services such as shelter and 24-hour crisis hotlines. **You don't have to stay in a shelter to get help from a program or commit to any long-term services to get the specific help you want.** Most advocacy programs provide a full range of services to those who have been abused or sexually assaulted. Sexual violence program advocates are experienced in providing assistance to survivors. They understand the medical, criminal justice, family court and social service systems. They are familiar with other community resources that might be useful to you.

In addition to giving you helpful information, advocates often can accompany you to the hospital, to the court, to the police station or to social services' offices. They can provide you with practical and emotional support. Getting help from someone who has experience working with survivors of sexual violence and who knows how to work with the different systems can make things easier for you.

- The local sexual assault program in my area is _____ and their phone number is _____.

NATIONAL SEXUAL ASSAULT HOTLINE

800-656-HOPE (4673)

Free, confidential, 24-hour support services and referrals to sexual assault service providers in your area.

24-hour chatline:

<https://www.rainn.org/>

Rape, Abuse and Incest National Network (RAINN) operates the National Sexual Assault Hotline.



People with disabilities

To provide inclusive survivor-defined advocacy, advocates must recognize that each survivor comes for services with different needs and might encounter a variety of barriers to obtaining relevant and meaningful services.

- People with intellectual disabilities are sexually assaulted at a rate seven times higher than the general population.

Shapiro, J. [2018, January 08]. *The sexual assault epidemic no one talks about*. Retrieved from <https://www.npr.org/2018/01/08/570224090/the-sexual-assault-epidemic-no-one-talks-about>

- Approximately 50 percent of adults with intellectual disabilities have been abused by someone who has contact with them through the disability services system.

Blasingame, G. D. [2010]. Prevention efforts and persons with intellectual and other developmental disabilities. *The prevention of sexual violence: A practitioner's sourcebook*, 179-398.

Considerations for providing inclusive services

Sexual violence affects all groups in society as defined by gender, race, ethnicity, religion, age, sexual orientation, geographic location, socioeconomic status, immigration status and physical or mental ability. Because our society is diverse, sexual violence and cultural issues intersect in complex ways for each individual survivor. To provide inclusive survivor-defined advocacy, advocates must recognize that each survivor comes for services with different needs and might encounter a variety of barriers to obtaining relevant and meaningful services. Local programs should become familiar with the needs of people in their communities and develop outreach strategies to ensure that all sexual violence survivors are aware of their services and are able to access to them. This means having immediate access to interpreters and assistive devices. Having a staff that is culturally representative of the local community will also increase a program's inclusivity.

PEOPLE WITH DISABILITIES

The term “people with disabilities” is often used to describe a diverse group of individuals, including people with cognitive, physical or sensory disabilities, or people experiencing mental illness. Trauma and injury from child abuse, domestic violence or sexual assault might cause temporary or permanent disability. Many individuals with disabilities are at an increased risk of sexual violence. Perpetrators often target people with disabilities because they perceive them to be vulnerable, unable to defend themselves and/or unlikely to report an assault.

People with disabilities can be more vulnerable to sexual violence for many reasons. Some people depend on others to meet their basic needs. These care providers might be involved in the more intimate parts of a person's life that increased their opportunities to commit abusive acts. Some people with disabilities are socialized to comply, conditioned to be obedient or passive. This tendency might inadvertently make them more vulnerable to abuse. Many people with disabilities are seen as not being sexual or lacking sexuality, and often information and education about healthy sexuality are not provided to them. People with physical disabilities might face greater difficulties if they try to defend themselves or seek to escape a violent situation. Those with cognitive disabilities might be overly trusting of others. They might not understand the difference between sexual and nonsexual touching and might not understand that it is a sexual violation and is not OK.

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

When working with people with disabilities, it is important to remember that each individual is very different in terms of their needs and abilities. Advocates should never make assumptions about a survivor's abilities based on appearance and, when in doubt, should not be afraid to ask what support they need.

Facilities and services should be designed in ways that ensure all survivors are able to use them. Universal design is an approach to developing spaces



that can be used by people with many different needs. For example, a sexual violence program might provide chairs in their office of several heights, sizes and styles so that a survivor is able to choose one that they can easily get in and out of and will be comfortable sitting in. Programs working with survivors of sexual violence should collaborate with local programs that provide services to people with disabilities in order to share resources and receive education and support.

IMMIGRANT AND REFUGEE SURVIVORS

Immigrant and refugee survivors of sexual violence might face difficulty in obtaining advocacy services due to cultural isolation and language barriers. They might be unfamiliar with the community and unaware of resources available to them. Because of experiences in their country of origin or discrimination in this country, they might have little trust in the justice system or might not be aware that services exist to meet the needs of survivors. If they are undocumented, they might fear deportation if they choose to report their experience to law enforcement.

Before making a referral, have a clear understanding of the victim's immigration status and the policies of that agency. While immigrants and refugees are eligible to receive many services, some services might not be available to everyone. Some agencies might be risky for an immigrant or refugee to contact directly.

Immigration relief in the form of VAWA, T and U visas is available for immigrant survivors of domestic and sexual violence, human trafficking and other violent crimes, and their children. Reporting the violence to law enforcement is not always required, depending on the type of visa and the individual's situation. Immigrant and refugee survivors should be connected with legal services to assist them with immigration concerns. At a minimum, these survivors should be informed that there are ways for victims of crime to apply for residency, and they should speak with an attorney to see if they are eligible.

Language barriers can present unique challenges for some immigrant and refugee survivors of violence. Creating a plan to ensure language access will prepare programs to better serve immigrant and refugee survivors. Conducting outreach in immigrant and refugee communities, becoming aware of community resources and making accommodations for particular cultural considerations also can help programs provide meaningful services to immigrant and refugee survivors of sexual violence.

Before making a referral, have a clear understanding of the victim's immigration status and the policies of that agency. While immigrants and refugees are eligible to receive many services, some services might not be available to everyone. Some agencies might be risky for an immigrant or refugee to contact directly.

LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER/ QUESTIONING (LGBTQ) SURVIVORS

Discrimination and marginalization limit lesbian, gay, bisexual and transgender (LGBTQ) communities. Marginalization and social stigma limit access to resources and institutional support. Perpetrators of sexual violence



Immigrant survivors

Immigrant and refugee survivors should be connected with legal services to assist them with immigration concerns. At a minimum, these survivors should be informed that there are ways for victims of crime to apply for residency, and they should speak with an attorney to see if they are eligible.



Sexual violence programs should ensure that men feel welcome in obtaining whatever services they need. State and federal funding requires that survivors be provided equal access to community-based programs, regardless of gender.

may exploit their victims' vulnerabilities to take advantage of a person, and this is true for the LGBTQ community. Hate-motivated crimes often take the form of sexual assault against LGBTQ survivors. Although hate-motivated crimes can be perpetrated by a stranger or someone they know, more LGBTQ survivors experience intimate partner sexual violence.

LGBTQ survivors experience unique barriers to seeking assistance from sexual violence programs. They might fear being misunderstood because of their sexual orientation or gender identity. They might be concerned that disclosing a sexual assault would perpetuate negative stereotypes about the lesbian, gay, bisexual or transgender community. In addition to the difficulty of telling others about a sexual assault, LGBTQ survivors might also fear being forced to disclose or "come out" if they approach their family, friends or law enforcement to report the sexual assault. They might fear that certain institutions, such as the criminal justice and medical systems, would not be able to effectively help them because of predominant attitudes that assume everyone is heterosexual and cisgendered (people whose experiences of their own gender agree with the sex they were assigned at birth).

Service providers can support LGBTQ survivors by assuring them that they are believed and that the sexual violence they experienced was not their fault. If they choose to make a police report, advocates can provide support and information about additional barriers that might arise. Using inclusive language to provide services can help LGBTQ survivors feel more comfortable and connected. Programs should affirm every survivor's gender identity and follow their lead in using their preferred pronouns. Services must be relevant and meaningful to promote healing from the trauma of sexual violence that is often compounded by experiences of transphobia. Gender-neutral language such as "partner," "significant other," "they" or "them" is recommended until you know for certain the gender pronouns of the person who hurt them. LGBTQ survivors will interpret careful use of language as acceptance and welcoming to LGBTQ survivors.

MALE SURVIVORS

People of all genders are victimized by sexual violence, including boys and men. Research shows that the majority of male sexual assault victims are raped by another man; however, men are sometimes sexually assaulted by women. Men who sexually assault other men might identify as straight; others might not. Oftentimes, men can be hesitant to report abuse, especially sexual violence, as men are socialized to believe that sexual assault only happens to women. Men who are victims of sexual assault may struggle with their internal perception of masculinity, sexuality, isolation and powerlessness. Many male survivors will go to the emergency room and report a physical assault but not the sexual assault that has also occurred. As a result, survivors who are men might experience rage, self-blame, guilt and other common reactions. In our homophobic culture, straight men who are assaulted by another man might fear seeking services because they do not want to be seen as "gay." If the survivor is gay, then seeking services might force him to publicly disclose his sexual orientation—something he might not want to do.

Sexual violence programs should ensure that men feel welcome in obtaining whatever services they need. State and federal funding requires that survivors be provided equal access to community-based programs, regardless



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

SURVIVORS OF COLOR

In addition to challenges imposed upon all survivors of violence, people of color often face additional difficulties in their ability to report the violence and/or access supportive services. If their perpetrator also is a person of color, the survivor might fear isolation or alienation from their community if they report what happened to them to law enforcement. Experiences of racism, systemic oppression and negative interactions might cause some survivors to distrust law enforcement, government agencies and even advocates. People of color might struggle with feelings of betraying their racial identity or heritage by seeking services. They might fear disapproval or rejection from their family, friends or congregation. They might feel reluctant to discuss “private matters” with a person outside of their community and might be guarded in their communication. Build trust by listening to, believing and validating their experiences. Programs can provide more inclusive services by hiring a staff that is racially diverse and reflects the demographic backgrounds of survivors in need of support.

SEXUAL VIOLENCE LATER IN LIFE

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

ADULT SURVIVORS OF CHILD SEXUAL ABUSE/INCEST

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

The sexual abuse might have been committed by a family member, and perhaps the death of that individual allowed the victim to finally feel comfortable discussing what happened. When working with an individual who has experienced multiple forms of trauma, it is important to focus on the



So many years past being raped, I tell myself what happened is ‘in the past.’ This is only partly true. In too many ways, the past is still with me. The past is written on my body. I carry it every single day. The past sometimes feels like it might kill me. It is a very heavy burden.

—Roxane Gay, survivor and author

Gay, R. (2017). *Hunger: A Memoir of [my] Body*. Hachette UK.

survivor's priorities and how they currently identify their needs for assistance and healing services. For example, most primary-purpose sexual violence programs provide training so advocates are able to support survivors and talk about the abuse they experienced as adults or as children.

THE INTERSECTION OF HOMELESSNESS, POVERTY AND ABUSE

Sexual assault and abuse are traumatic as are poverty and homelessness. When these experiences are combined, the impact on survivors' lives can be devastating. Women experiencing poverty face an increased risk of violence. They have fewer options and access to financial resources that enable survivors to plan for their safety. High rates of sexual violence in the lives of people experiencing poverty, along with higher rates of physical and mental illness, mean that poor survivors are likely to have more needs than survivors who have more resources. Poverty and its most extreme form—homelessness—intersect with sexual violence in several ways. Half of all homeless women and children become homeless while trying to escape abusive situations. Homeless women experience high levels of violence before, during and after episodes of homelessness, and often are victimized by multiple perpetrators. In particular, mothers who are homeless have even higher victimization rates than the general homelessness population. Providing housing and support to people who are homeless decreases their vulnerability and risk of being victimized by sexual violence.



Including survivors' voices in the development and implementation of services continues to be a priority of the movement to end sexual violence. It can be extremely helpful for a survivor to receive support from someone they know will understand and can inspire them to keep on their chosen path of healing.

ADVOCATES WHO ARE SURVIVORS

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

It is important to remember that each survivor has a different experience that is not necessarily reflective of all victims. Although there might be similarities among survivors' stories, each individual has their own unique experience of sexual violence.



Chapter 3.

The Medical System

A survivor of sexual assault might choose to go to a hospital or clinic to receive medical attention. They are often scared, confused and uncertain of their options and what will happen next. Advocates working with hospitals should understand basic medical procedures, evidence collection and health care available so they can assist survivors in navigating the medical system and help them choose options they will be comfortable with.

The Missouri Department of Health and Human Services has standards of care that are available for medical providers and forensic examiners to treat survivors of sexual assault and to collect evidence. National guidelines are available through the U.S. Department of Justice. These guidelines assist coordinated community response teams in developing local protocols and practices. While the guidelines provide some consistency for hospitals' provision of sexual assault forensic examinations, each community and facility in Missouri is free to develop its own processes, which might look different depending on what community the exam takes place in. It is recommended that advocates at sexual violence programs be familiar with systems and procedures in their own community and collaborate with local hospitals and clinics to provide compassionate, trauma-informed sexual assault services to survivors.

When a sexual assault victim seeks help from a hospital or clinic, medical personnel are available to assess and address all medical needs. This includes a thorough examination, appropriate treatment and complete documentation based on the assault and medical history provided by the survivor. In addition to the medical examination, medical personnel also are responsible for collecting physical evidence, and conducting a sexual assault forensic examination, if the survivor chooses to have it done.

When a survivor of sexual assault arrives at a hospital or clinic, medical personnel will often call an advocate. The advocate should be allowed to speak with the survivor, explain what the advocate can do to help and allow the victim to choose whether they would like the advocate's assistance. Survivors always have the option of declining an advocate's services or asking an advocate to leave at any point.

Unless the victim has suffered a gunshot wound, medical personnel are not required to contact law enforcement, according to Missouri law. It is the survivor's choice to decide whether to make a report to law enforcement. If the survivor does not want to contact law enforcement, medical personnel can conduct the sexual assault forensic examination without law enforcement involvement.



I'm not sure I would have gotten through the physical examination and then the court case without my advocate from the rape crisis center. She was there for me every moment that I needed her, and even more important, she let me know what to expect at every step.

– Sexual assault survivor

Lauer, T. M. [2002].
The truth about rape.
 Gold River, CA:
 RapeRecovery.com.

Emergency contraception

As part of the medical examination, victims of sexual assault should be offered emergency contraception to prevent unintended pregnancy. There are three forms of emergency contraception:

- **Birth control pills:** Some types of regular birth control pills can be taken in larger doses as emergency contraception. Not all birth control pills can; a doctor or pharmacist should be consulted to confirm which pills can be taken as emergency contraception and what dosage should be taken.
- **Copper IUD (intrauterine device):** IUDs prevent unintended pregnancy up to five days after a sexual assault but require a medical practitioner to insert them.
- **Emergency contraception pills (ECPs):** This pill (sometimes two pills), is the form typically referred to as emergency contraception and is the type that most survivors of sexual assault would be provided at the hospital.



An ECP is a high-dose birth control pill that can be used after a sexual assault or unprotected sex to prevent pregnancy. It is sometimes called the “morning-after pill” but actually can be taken up to 120 hours after a sexual assault or unprotected sex. Advocates should know how to access them.

An ECP is a high-dose birth control pill that can be used after a sexual assault or unprotected sex to prevent pregnancy. There are several brands of ECPs on the market, and they are all available from pharmacies without a prescription. It is sometimes called the “morning-after pill” but actually can be taken up to 120 hours after a sexual assault or unprotected sex. The sooner it is taken, the more effective it is, and it is most effective if taken within 72 hours after the sexual assault or unprotected sex.

Like birth control pills, ECPs prevent pregnancy by delaying ovulation or preventing fertilization. There is also a small chance that an ECP might prevent implantation, but all research indicates that is not the primary or likely way that ECPs work. ECPs do not cause an abortion. Just like regular birth control pills, ECPs do not prevent a pregnancy if a woman is already pregnant. ECPs do not have an impact on a pregnancy that is already established.

Federal law allows anyone 17 years old and older to get ECPs without a prescription. Because the FDA requires that ECPs be kept behind the counter, they can be obtained directly from a pharmacist or pharmacy staff. Those 16 and younger must have a prescription for an ECP but do not need parental notification or consent to buy it.

Because not all pharmacies or hospitals stock ECPs, advocates are advised to know where ECPs are available in their community. This might include family planning clinics, campus clinics or pharmacies. Hospital emergency room staff also can dispense ECPs. Some sexual assault service providers keep a supply of ECPs so they are available when survivors need them.



Medication to prevent sexually transmitted infections

In accordance with current medical standards, victims also should be offered prophylactic medications to help prevent sexually transmitted infections (STIs). These medications can prevent some infections that are transmitted during sexual contact. However, prophylactic medications, particularly medications to prevent HIV, can be very expensive. As a result, some hospitals might not offer STI prophylactic medications, and some survivors might choose not to take them. Advocates can connect survivors with programs that provide financial assistance for medication and other expenses associated with the exam.

Sexual Assault Forensic Examination (SAFE)

A victim of sexual violence might decide they want a sexual assault forensic examination to collect evidence that can be used by the criminal justice system in a sexual assault investigation and prosecution. A sexual assault forensic exam does not prove whether a sexual assault occurred. The purpose of an exam is to collect evidence of an assault that might help prove that certain acts occurred. However, the absence of such evidence does not prove the victim was not assaulted. For example, the perpetrator might have used a condom during the assault, or the assault might not have caused a visible injury.

A survivor is not required to report the assault to law enforcement in order to receive an exam. They can choose to have an exam and decide at a later point to report the crime. It is possible that some medical providers will tell survivors that they must report to law enforcement before receiving the exam, but there are no laws that require this. Medical providers do not have to involve law enforcement or the prosecuting attorney in the evidence collection process. There is no timeframe during which a forensic exam must be done. A survivor can decide if and when to get a forensic exam. Current national standards for sexual assault forensic examinations recommend that medical personnel make informed decisions on a case-by-case basis to determine whether evidence can still be collected, no matter how much time has passed since the sexual assault.

During a sexual assault forensic exam, the nurse or physician will collect:

- Samples and swabs from the survivor's vagina, rectum and mouth.
- Combing and samples of hair from the survivor's head and pubic area.
- Scrapings from beneath fingernails.
- The victim's clothes also might be collected, sent to the crime lab and kept as evidence.
- Photographs are sometimes taken of bruises, cuts and other injuries that might have occurred during the assault.



Timeframe for evidence to go to a crime lab

After the evidence is collected in a kit at the hospital, it is stored there temporarily while waiting to be delivered to law enforcement. Missouri law requires evidence kits be received by law enforcement within 14 days of being collected. Law enforcement is required to submit kits to crime labs 14 days after that. Once processed, law enforcement agencies are required to keep kits for 30 years or until the case has been solved. These policies are meant to regulate the evidence collection process and assist survivors in obtaining justice through the criminal justice system.



The sexual assault forensic examination can be a lengthy, humiliating and invasive experience for survivors. Advocates can explain why certain personal questions are asked and why they are important to the investigation.

These samples might be used to detect evidence of the perpetrator's sperm, hair and skin cells and might produce identifying evidence to aid in their apprehension, prosecution and conviction.

For the evidence collection to be most effective, it is recommended that victims not bathe, douche or change clothes before the exam. If there was oral contact, victims should not drink, eat, smoke or brush their teeth. However, these are only recommendations that might improve the likelihood of useable evidence. Evidence can still be collected if the survivor chooses to do so.

If there is reason to suspect that the perpetrator used a drug to facilitate the assault, medical personnel might request that the survivor submit a urine sample as a part of the sexual assault forensic examination. The survivor can agree or refuse to submit the sample. Most drugs used in drug-facilitated sexual assaults are fast-acting and leave the body quickly. If a voluntarily taken drug or alcohol was used to facilitate the assault, it is important to note that this evidence can be used for or against the survivor's case in court. The prosecutor might be able to use the evidence from a urine sample to prove that the survivor was too impaired to consent or that there were drugs the survivor did not voluntarily consume in their system. However, the defense counsel might use evidence of voluntary drug or alcohol use against the survivor, as can some prosecutors who might consequently consider the survivor to be a less-credible witness. Survivors should be informed of these issues before submitting a urine sample.

The sexual assault forensic examination can be a lengthy, humiliating and invasive experience for survivors. It is understandable that they might choose not to go forward with it. A survivor can refuse any single or multiple steps of the forensic exam. After informing the survivor of their options, it is essential that advocates and medical personnel support the survivor's decisions about the sexual assault forensic examination.



Chapter 4.

The Justice System

For many survivors, becoming a victim of a violent crime is their first encounter with the criminal legal system. It can be complicated, confusing, frustrating and intimidating. There are valid reasons why survivors choose not to report sexual offenses. While the court system might respond to some needs of survivors of sexual violence, there are critical limitations that are important for both survivors and those who work with them to understand.

Testifying in court against the offender can be terrifying and dangerous for a survivor. It might be the first time they have seen the perpetrator since the assault, and they are keenly aware of the violence that the perpetrator is capable of. They might be afraid of the perpetrator retaliating against them or seeking revenge. Our society continues to provide many levels of scrutiny, skepticism and shaming of sexual abuse and assault survivors. For these reasons, survivors might choose to recant their report or refuse to cooperate with law enforcement and prosecutors. This behavior is often misunderstood. Recanting or refusing to cooperate should not be interpreted as a survivor giving a false report or lying. They are actually trying to protect themselves from further harm by finding ways to cope and avoid another potentially traumatizing experience.

Advocates are available to discuss benefits and drawbacks of the criminal justice system so survivors can determine the best course of action. They should be informed that once they have reported the sexual assault to law enforcement authorities, they lose some control of what happens in the case. A survivor can choose whether to participate in the investigation and prosecution, but ultimately it is the prosecutor's job to determine whether the case will move through the criminal justice process. Pursuing a case in the criminal justice system can result in a perpetrator being held accountable for sexual violence; however, the perpetrator might also use the process to intimidate, harass or inflict further harm upon the survivor. Advocates should inform survivors about the length of time a criminal case can take, from start to end. By having an advocate as a constant source of information and support, victims might not feel so defeated by the process.

Sexual violence laws

The legal system provides two ways to respond to sexual violence. One is based on civil law and the other on criminal law. Sometimes these two overlap. Both civil and criminal remedies can be useful to survivors of sexual violence.

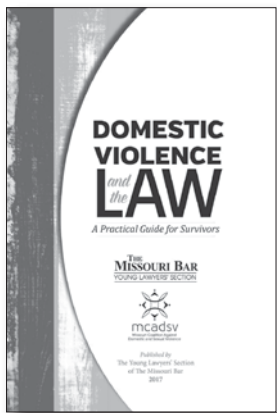
“Civil law” responses to sexual violence include Orders of Protection, which serve to keep a perpetrator away and to get other types of help because



Working together

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

Campbell, R. (2006). Rape survivors' experiences with the legal and medical systems: Do rape victim advocates make a difference? *Violence against women*, 12(1), 30-45.



For further information about civil and criminal issues related to domestic and sexual violence, refer to *Domestic Violence and the Law: A Practical Guide for Survivors*. This publication is helpful to both survivors and advocates navigating the justice system in Missouri.

Copies are available at www.mobaryls.org/publications.php, www.moadsv.org/resources or by contacting the Missouri Bar at [573] 635-4128.

of the sexual violence survivors have experienced or are afraid might happen again. Orders of Protection are civil court orders issued by a judge. Protection orders are not a part of a perpetrator’s criminal record. However, it is a crime for a person to violate an Order of Protection that is issued against them.

“**Criminal law**” responses include the arrest and prosecution of the person who has perpetrated sexual violence. The purpose of a criminal action is to hold perpetrators accountable for their criminal conduct. The criminal law system involves law enforcement officers, prosecutors or district attorneys, criminal court judges and jail or probation officers.

A survivor does not need to choose between seeking help through the civil legal system or the criminal legal system. They may choose to pursue both systems for the same incident or ongoing incidents of sexual violence.

The civil justice system

Survivors of sexual assault and other offenses may choose to pursue options through civil courts. In addition to Orders of Protection, these remedies might include filing a personal injury lawsuit against the perpetrator or pursuing employment rights actions.

CIVIL COURT AND ORDERS OF PROTECTION

The laws that establish Orders of Protection, which are a part of the civil legal process for help in addressing domestic and sexual violence, are in Chapter 455 of the Revised Statutes of Missouri (RSMo). A victim of sexual assault, abuse or stalking can seek an Order of Protection from a court to prevent a perpetrator from having further contact with them. These orders can be obtained without cost and without having to hire an attorney. In the legal process, a person who seeks an Order of Protection is called a “Petitioner” and the person whom an order is sought against is called the “Respondent.” After a victim completes the written request for a protection order, a judge may issue an Order of Protection to order the perpetrator (the Respondent) to stop sexually assaulting, abusing, harassing or stalking the victim (the Petitioner) and require the Respondent to stay away from their home or workplace. An Order of Protection also can be filed on behalf of a child—a person younger than 17 unless otherwise emancipated—if that child has been assaulted or abused or is in danger of being assaulted or abused. An Order of Protection from Missouri is valid in every other state and should be upheld by law enforcement officers in every state. This also means that if a survivor has an Order of Protection from another state, it is valid in Missouri.

An Order of Protection can be granted if the respondent has sexually assaulted or stalked the petitioner, is a family or household member or an intimate partner of the petitioner. Sexual assault is defined as “causing or attempting to cause another to engage involuntarily in any sexual act by force, threat of force, duress or without that person’s consent.” Stalking is defined as occurring “when any person purposely and repeatedly engages in an unwanted course of conduct that causes alarm to another person when it is reasonable in that person’s situation to have been alarmed by the conduct”



(Section 455.010(10) RSMo). A person is also able to get an Order of Protection for other acts of abuse and harassment such as domestic violence. An Order of Protection can direct the respondent to refrain from any further acts of abuse, sexual assault or harassment, as well as other appropriate remedies, restrictions or requirements ordered by the judge.

HOW DOES MISSOURI LAW DEFINE ABUSE, STALKING AND SEXUAL ASSAULT FOR ORDERS OF PROTECTION?

Missouri law on Orders of Protection contains the following definitions of what are considered acts and threats of abuse that are eligible for Orders of Protection. This law is in Section 455.010 RSMo:

- **Assault:** “Purposely or knowingly placing or attempting to place another in fear of physical harm.” (*Examples are if a perpetrator holds a gun up to a survivor’s head or holds a hand up to their face as if they are going to slap or punch them.*)
- **Battery:** “Purposely or knowingly causing physical harm to another with or without a deadly weapon.” (*Examples include punching, choking, hitting, kicking, slapping or throwing objects at a survivor*)
- **Coercion:** “Compelling another by force or threat of force to engage in conduct from which the latter has a right to abstain or to abstain from conduct in which the person has a right to engage.” (*Examples include using force or threat of force to make a survivors do something or stops them from doing something they have a right to do.*)
- **Harassment:** “Engaging in a purposeful or knowing course of conduct involving more than one incident that alarms or causes distress to another adult or child and serves no legitimate purpose. The course of conduct must be such as would cause a reasonable adult or child to suffer substantial emotional distress and must actually cause substantial emotional distress to the petitioner or child. Such conduct might include, but is not limited to: (a) Following another about in a public place or places; (b) Peering in the window or lingering outside the residence of another; but does not include constitutionally protected activity.” (*Examples include when an perpetrator does something more than once that frightens, alarms or causes distress to a survivor. This includes threats of violence. The perpetrator makes the survivor upset or fearful by threatening them by saying things like, “If you don’t do as I say, I will hurt you,” or “If you tell anyone, I will kill you.”*)
- **Sexual Assault:** “Causing or attempting to cause another to engage involuntarily in any sexual act by force, threat of force, duress or with that person’s consent.” (*Examples include when an perpetrator makes a person have sex when they don’t want to, hurts them during sex, makes them do sexual acts they don’t want to do, has sex with them when they are not awake, or rapes them.*)
- **Unlawful Imprisonment:** “Holding, confining, detaining or abducting another person against that person’s will.” (*Examples include when an perpetrator takes away a survivor’s car keys so they can’t leave, locks them in a house or room or apartment, won’t let them out of a car, or takes them someplace against their will and keeps them there when they want to leave.*)

Sexual assault survivors and Orders of Protection

- 13 percent of adult rape survivors obtained an Order of Protection.
- Of these survivors, 66 percent said the perpetrator violated the protection order.

Tjaden, P. G., & Thoennes, N. (2006). Extent, nature, and consequences of rape victimization: Findings from the National Violence Against Women Survey.





*I was too trusting, too naive.
I felt like it was all my fault. It
would take me years to accept
what now seems obvious:
Rape is not a punishment
for poor judgment.*

–Chessy Prout,
survivor and author

Prout, C., & Abelson, J. (2018). *I Have the
Right to: A High School Survivor's Story
of Sexual Assault, Justice, and Hope.*
Simon and Schuster.

- **Stalking:** “When any person purposely and repeatedly engages in an unwanted course of conduct that causes alarm to another person when it is reasonable in that person’s situation to have been alarmed by the conduct. As used in this subdivision: (a) ‘Alarm’ means to cause fear of danger of physical harm; (b) ‘Course of conduct’ means a pattern of conduct composed of repeated acts over a period of time, however short, that serves no legitimate purpose. Such conduct may include, but is not limited to, following the other person or unwanted communication or unwanted contact. (Examples include when and perpetrator repeatedly acts in ways that makes a survivor feel frightened, intimidated or emotionally distressed. This can include unwanted communication or contact such as following them, texting or phoning them repeatedly, showing up at their workplace, etc.)
- **Child Abuse:** “Any physical injury, sexual abuse or emotional abuse inflicted on a child other than by accidental means by an adult household member, or stalking of a child. Discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse.” (The law provides for protection against violence towards children as well. If a child has been the victim of any physical injury, sexual abuse or emotional harm by an adult household member, their parent or guardian may file for a Child Order of Protection. This includes sexual abuse of children, such as fondling or rape. The abused children do not have to be the children of the person whom the Order of Protection is filed against.)

HOW AN ORDER OF PROTECTION CAN HELP

After a survivor completes the written request for a protection order, a judge may issue an Order of Protection to require the perpetrator (the Respondent) to stop abusing, sexually assaulting, harassing or stalking the survivor (the Petitioner) and require the Respondent to stay away from their home or workplace. An Order of Protection also can be filed on behalf of a child—any person younger than 17 unless otherwise emancipated—if that child is being abused or is in danger of being abused.

THERE ARE TWO TYPES OF ORDERS OF PROTECTION:

Ex Parte Order of Protection

This is a temporary emergency order issued by the court to protect the survivor as the Petitioner. It is issued by a judge without a court hearing. Once issued, an *Ex Parte* Order of Protection remains in effect until a court hearing, which is usually held within 15 days after the protection order is filed. Sometimes there is a delay when either the Petitioner or the Respondent has “good cause” to ask for the hearing to be rescheduled. This is called a continuance. A continuance also may be granted to give additional time to “serve” the order. For an order to be served means a copy of the *Ex Parte* Order of Protection is physically delivered to the Respondent by a law enforcement officer. The *Ex Parte* order will remain in effect even if the court hearing is delayed after a continuance request by the Petitioner, the Respondent or an attorney representing either party.



Full Order of Protection

This is the longer-lasting order that is issued after the judge holds a court hearing. The Petitioner must attend that hearing. If they do not appear for the hearing, their request for the Order of Protection will be dismissed. If the Respondent has been properly served and does not appear for the hearing, a Full Order of Protection will be issued after the Petitioner has presented their evidence. This evidence can include the survivor's testimony about the threats, harm or abuse they experienced from the Respondent and can include testimony from anyone who witnessed the abuse, police reports, medical records or records of texts, phone calls and voicemail from the Respondent. During the hearing, both the Petitioner and the Respondent (or the attorneys, if you or the Respondent has one) can speak to the judge. During the court hearing, a Respondent can "consent" to the Order of Protection being issued without providing any testimony or evidence for why it shouldn't be issued.

A Full Order of Protection can be issued for up to one year. On the form for the Order of Protection, Petitioners can check a box to have the order automatically renewed for another year, or it can be renewed in another way.

ENFORCING AN ORDER OF PROTECTION

A violation of an Order of Protection is a criminal offense, and a survivor should contact law enforcement immediately if the order has been violated. The Respondent can be arrested and prosecuted for certain crimes such as: if they continue to abuse, contact, frighten or stalk the Petitioner; if any provision of the child custody order is ignored; if they enter the survivor's residence or place of employment or school or go within a certain distance of the survivor or their children. If the violation is not one of these crimes or the Respondent has not complied with other provisions of the order, the Petitioner can file a Motion for Civil Contempt. After the Motion for Civil Contempt is filed, a court date for a hearing will be scheduled. On the court date, if the Respondent doesn't have a good reason for disobeying the Order of Protection, the judge can find them in contempt of court that day. Jail time and/or additional fees may be ordered.

Address Confidentiality Program

safe at home

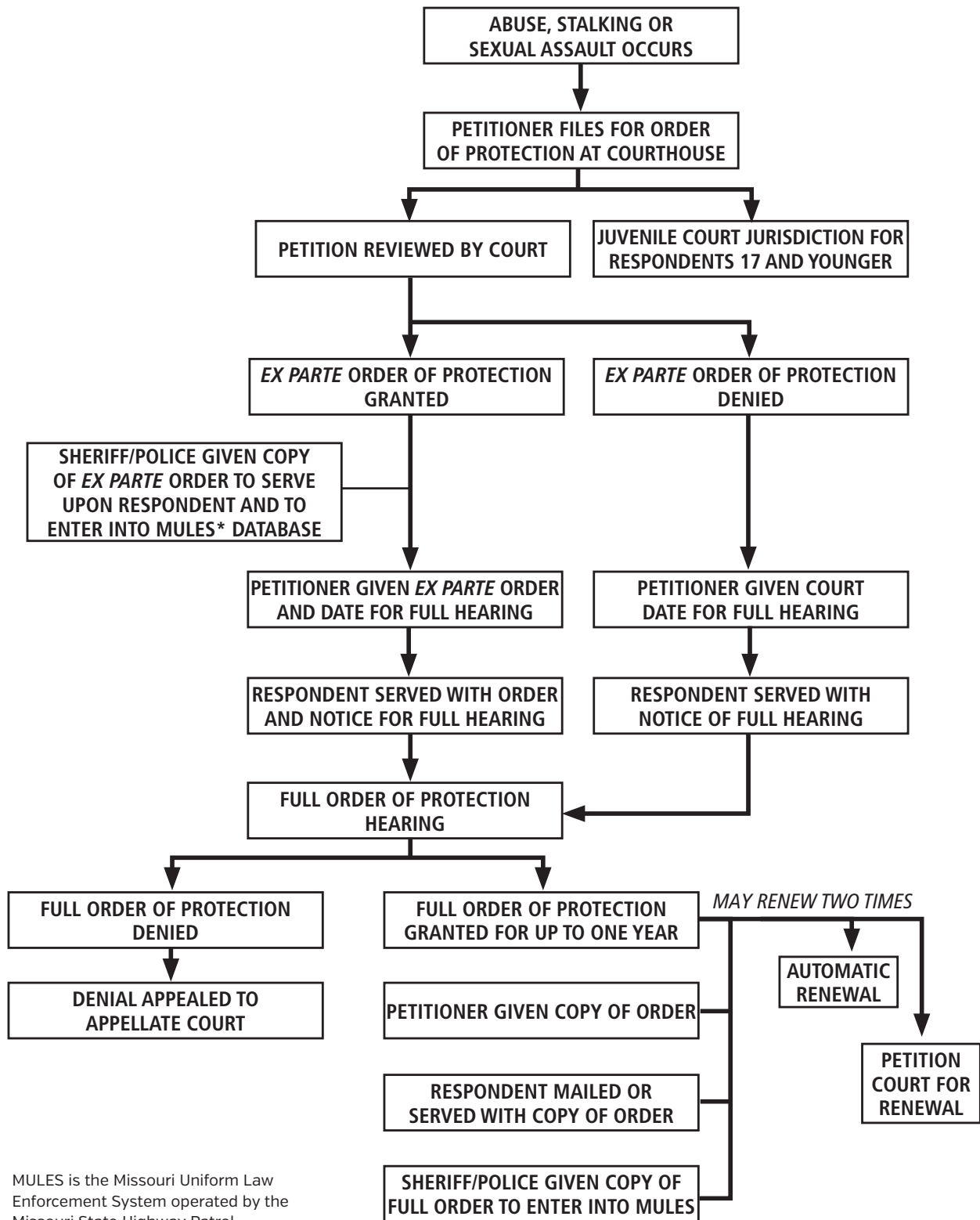
John R. Ashcroft • Secretary of State

The Safe at Home program in the Missouri Secretary of State's office

The Safe at Home address confidentiality program allows victims to, at no cost, establish a post office box in Jefferson City that is not part of any public record. The Secretary of State will receive all mail sent to a survivor, then forward the mail to their actual address. The Safe at Home program helps survivors of domestic violence, sexual assault, rape, human trafficking or stalking get a designated address to use for public records such as court documents, voting records, etc. This keeps participants' actual street addresses confidential in public records.

You can get more information about the Safe at Home program at [866] 509-1409, or at www.sos.mo.gov.

PROCEDURE FOR OBTAINING AN ORDER OF PROTECTION



* MULES is the Missouri Uniform Law Enforcement System operated by the Missouri State Highway Patrol

MISSOURI PROTECTION ORDERS AT A GLANCE

WHO CAN GET AN ORDER OF PROTECTION?

Adult Order of Protection: [Section 455.010[11] RSMo] The person who files for the Order of Protection is called the Petitioner. The Petitioner is any adult, defined as a person 17 years of age or older, or otherwise emancipated [Section 455.010[2] RSMo].

Child Order of Protection: [Section 455.010[11] & 455.503[2] RSMo].

The Petitioner is any parent, guardian, guardian *ad litem*, court-appointed special advocate, or juvenile officer on behalf of a child [any person younger than 17 years of age].

WHOM CAN THE ORDER BE ISSUED AGAINST?

Adult and Child Orders of Protection: [Section 455.010[12] RSMo] The person the Order of Protection is filed against is called the Respondent. The Respondent can be any family or household member [a spouse, a former spouse, any person related by blood or marriage, any person residing together or who resided together in the past, any person who is or has been in a continuing social relationship of a romantic or intimate nature with the victim, or anyone who has a child in common, regardless of whether they have been married or have resided together [Section 455.010[7] RSMo]] and a person alleged to have committed an act of stalking or sexual assault. Petitioners can file protection orders for sexual assault and stalking against people who are not their family or household members. In addition, an Order of Protection can be filed against a child, a person under 17.

WHAT ACTS BY THE ABUSER FORM THE BASIS FOR RELIEF?

Adult and Child Orders of Protection: [Section 455.010[1] RSMo] Abuse, which includes, but is not limited to, the occurrence of any of the following acts, attempts or threats against a person who may be protected under Missouri law: assault, battery, coercion, harassment, sexual assault or unlawful imprisonment, except abuse shall not include abuse inflicted on a child by accidental means by an adult or household member or discipline of a child, including spanking, in a reasonable manner. Stalking and sexual assault also are covered by this section of law.

WHAT ARE THE LAWS THAT ESTABLISH ORDERS OF PROTECTION?

Adult Order of Protection:

[Section 455.045 RSMo] *Ex Parte* Order of Protection.

[Section 455.050 RSMo] Full Order of Protection.

Child Order of Protection:

[Section 455.520 RSMo] *Ex Parte* Child Order of Protection.

[Section 455.523 RSMo] Full Child Order of Protection.

HOW DO YOU APPLY FOR AN ORDER OF PROTECTION?

Adult Order of Protection: [Sections 455.015–455.038 RSMo] The Petitioner must go to a court to get an Order of Protection. The Petitioner files a petition with the court asking for an *Ex Parte* Order of Protection [a temporary Order of Protection] if there is an immediate and present danger to the Petitioner. An *Ex Parte* Order of Protection is not always granted, but the court always should set a hearing date. A hearing on a full Order of Protection should be held within 15 days after petition is filed, unless there is good cause for a continuance. [Section 455.040 RSMo]

Child Order of Protection: [Sections 455.503–455.510 RSMo] The Petitioner must go to a court to get an Order of Protection. [Section 455.035 RSMo] First, the Petitioner files a petition with the court asking for an *Ex Parte* Order of Protection [a temporary Order of Protection] if there is an immediate



and present danger to the child. An *Ex Parte* Order of Protection is not always granted, but the court always should set a hearing date. A hearing on a full Child Order of Protection should be held within 15 days after petition is filed unless there is good cause for a continuance. [Section 455.516 RSMo]

HOW LONG CAN AN ORDER LAST, AND IS IT RENEWABLE?

Adult Order of Protection: [Section 455.040(1) RSMo] An Order of Protection lasts for a minimum of 180 days and a maximum of one year. It can be renewed twice; each renewal can last up to one year. No new incident of abuse, sexual assault or stalking is required if the order is renewed before the old one expires.

Child Order of Protection: [Section 455.516(1) RSMo] A Child Order of Protection can last for a minimum of 180 days and a maximum of one year. The order can be renewed twice; each renewal can last up to one year. No new incident of abuse is required if the order is renewed before the old one expires.

Automatic One-Year Renewal [Sections 455.040(1) & 455.516(1) RSMo]: The court may, upon a finding that it is in the best interest of the parties, include a provision that any Full Order of Protection for one year shall automatically renew unless the Respondent requests a hearing by 30 days prior to its expiration. You may check the box on your petition requesting an automatic one-year renewal.

WHAT HAPPENS IF A CUSTODY ORDER IS ALREADY IN PLACE OR PENDING BEFORE AN ORDER OF PROTECTION IS GRANTED?

Adult and Child Orders of Protection: [Sections 455.050(3)(1) & 455.523(2)(1) RSMo] A court may not change custody in an Order of Protection if a child custody order is in place or is pending. A custody order is pending if there is a date set for a custody hearing. Local practice may require modification of the protective order to remove the custody terms.

WHAT HAPPENS IF ANOTHER COURT MAKES A CUSTODY ORDER AFTER AN ORDER OF PROTECTION IS GRANTED?

Adult Order of Protection: [Section 455.060(4) RSMo] The portion of the Order of Protection relating to custody, visitation, support and maintenance is no longer valid, but the prohibitions regarding abuse remain in effect. Local practice may require modification of the order to remove custody terms.

Child Order of Protection: [Section 455.528(2) RSMo] The portion of the Order of Protection relating to custody, visitation, support and maintenance is no longer valid, but the prohibitions regarding abuse, sexual assault or stalking remain in effect. Local practice may require modification of the order to remove custody terms.

CAN AN ORDER BE MODIFIED?

Adult Order of Protection: [Sections 455.060 & 455.065 RSMo] Yes. Upon the filing of a motion and a showing of changed circumstances.

Child Order of Protection: [Sections 455.528 & 455.530 RSMo] Yes. Upon the filing of a motion and a showing of changed circumstances.

ARE PROTECTION ORDERS FROM OTHER STATES ENFORCEABLE IN MISSOURI?

Adult Order of Protection: [Section 455.067 RSMo] Yes. Missouri law provides that orders from other states must be given “full faith and credit” in Missouri. A procedure for registering these “foreign orders” is contained in the statute. However, registration does not have to occur for such orders to be enforced.

Child Order of Protection: Uncertain. No statutory or legal precedent at this time. Child orders might be covered by the federal Violence Against Women Act. An attorney should be consulted for more information.



WHAT HAPPENS IF AN ORDER IS VIOLATED?

Adult and Child Orders of Protection: [Sections 455.085, 455.090, 455.538 & 455.524 RSMo] The Respondent can be arrested and prosecuted for a crime. Arrestable violations of the terms and conditions of a protection order include abuse, sexual assault, stalking, disregard of child custody provisions, communication initiated by the Respondent, or entrance upon the premises of the Petitioner's dwelling unit, place of employment or school, or being within a certain distance of the Petitioner or child of the Petitioner. If the violation involves the failure to surrender custody of a minor child to the person to whom custody is awarded, the Respondent must be arrested and the child turned over to the custodial parent. A contempt of court action can be brought in the issuing court, and the violator can be held in contempt of court. [This sometimes results in a fine and can include jail time.]



If the perpetrator is unknown to the victim, the victim will experience difficulty getting an Order of Protection because they won't have the perpetrator's name or contact information. If the victim suspects they are being stalked, they should contact law enforcement and report their experience and any evidence they might have. It might also be helpful for them to contact a victim advocate to plan for their safety and get help navigating the criminal justice system.

BENEFITS AND DRAWBACKS OF PROTECTION ORDERS

It is important that survivors are fully informed about the benefits and drawbacks of getting an Order of Protection. It must be made clear that it is not an ironclad shield against a perpetrator's renewed assaults. Even law enforcement agencies that have strong resolve to respond to sexual violence cannot provide officers to be with a survivor 24 hours a day. Furthermore, a survivor's ability to rely on assistance from police and sheriff's deputies often depends upon the particular officer who answers a call. Even at best, the violence might happen suddenly so that a victim can call for help only after an assault has occurred.

The decision to seek a protection order for stalking or sexual assault is complicated because the person who harmed the victim might try to retaliate or continue their abuse in other ways. There is a risk that the threats, abuse or violence might worsen as a survivor tries to file an Order of Protection or get other help from the legal system, and safety planning is a necessary first step.

Some survivors might harbor general doubt and distrust of law enforcement or might be fearful to go to court and encounter the person who harmed them. Consent Orders of Protection provide survivors the same level of protections as a full Order of Protection without requiring them to testify in court. However, because they do not include a legal finding of abuse that can support custody, criminal and immigration cases, survivors should consult with an advocate or an attorney before agreeing to a Consent Order.

Experience suggests that Orders of Protection are most effective with abusers who ordinarily obey the law and have something to protect, such as their standing in the community or their employment. For the abuser who has contempt for all authority or has a history of other criminal behavior, an Order of Protection might offer little increased safety to a victim.

Yet, having an Order of Protection can enhance local law enforcement's efforts to assist the victim, and repeated violations of a protection order could eventually result in legal consequences and accountability for a perpetrator.

ENFORCEMENT OF PROTECTION ORDERS

A violation of an Order of Protection is a criminal offense, and a survivor should contact law enforcement immediately if terms of the order have been violated. If the officer is shown the order and has reason to believe the violation has occurred, the law enforcement officer should arrest the abuser. For this reason, survivors are encouraged to keep a copy of their order with them at all times. If an order has been violated, the Respondent can be arrested and prosecuted for certain crimes. They can be arrested for continuing to contact the Petitioner, threatening or stalking behavior, disregarding any provision of the child custody order or entering the Petitioner's home, place of employment or school, or coming within a certain distance of the Petitioner or their child. If the violation involves the Respondent's failure to surrender custody of the children as ordered, they can be arrested and the children turned over to the victim. Even if they are not arrested, survivors should keep a detailed record of all violations, noting the date, location and a description of the incident. This documentation can help prove an ongoing pattern of abuse if there are multiple violations of the Order of Protection.



The criminal justice system

Becoming involved with the criminal legal system and going through a criminal trial can be a long and difficult process. Safety planning will be important. Part of a survivor's safety plan might include taking care of their emotional well-being with the help of a victim advocate, counselor, support group, or with supportive family, friends or faith community.

As a victim of crime, a survivor cannot “file charges” against the person who has committed a crime against them. It is the role of the prosecuting attorney (called the district attorney in some Missouri cities) to file criminal charges against a perpetrator (who, if charged, becomes the defendant). Prosecuting attorneys' offices have employees called “victim-witness advocates” who should keep in contact with a survivor before the trial date to discuss the case and the evidence of the crime(s) committed against them. If there are any witnesses to the sexual violence that the prosecutor does not know about, a survivor can inform that advocate or other staff in the prosecutor's office about these witnesses. It also is important for a survivor to let the prosecuting attorney know if the defendant attempts to contact them after charges are filed and during the time the case is pending. There might be multiple interviews with law enforcement to ensure they have all the information they can gather. (It is important to remember what we know about trauma and memory.) Many of the questions asked might be invasive or repetitive.

Criminal cases are often continued for several weeks or even months to allow the defendant to hire an attorney or to subpoena witnesses. While waiting for a trial, a survivor can stay in touch with staff in the prosecutor's office to help prepare for the trial in which they will be called to testify. Community-based advocates can help contact the prosecuting attorney's office for information to help the survivor keep track of the scheduled date for the case and any changes to the dates of hearings or trial date and determine whether the victim needs to be present in court. Again, survivors can gain support and assistance through this long process from local sexual violence programs.

If a defendant cannot afford an attorney, an attorney will be provided by the state. The defendant may plead guilty before a judge. If the case is not dismissed and the defendant does not plead guilty, a trial will be held before either a jury or judge. A judge may grant bail at any time during the criminal proceedings. If the defendant poses a danger to a crime victim, the community or any other person, the court may increase the amount of bail, deny bail entirely or impose special conditions on the defendant (Section 544.457 RSMo).

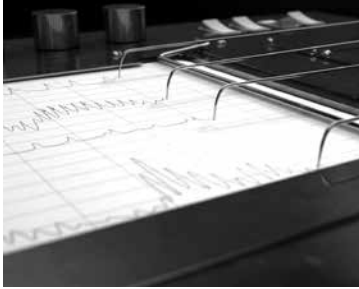
Defendants charged with a sexual offense often claim that the survivor consented to the sexual activity. The defense will present other blaming, minimizing and denying accounts of what happened in court.

Victims of crime in Missouri are guaranteed certain rights about their participation in the criminal legal system. For instance, a survivor has the right as a victim of sexual violence to be kept informed of any court dates. To find out more about crime victims' rights, contact the local prosecuting attorney's office, the Missouri Attorney General's Office, at (573) 751-1338,



Limitations of the criminal justice system

Criminal sexual assault laws do not necessarily parallel what survivors experience, and most perpetrators will not be convicted through the justice system. Sometimes even the strongest cases cannot move forward for a variety of reasons. Advocates are available to support survivors throughout this difficult process.



Polygraph of rape victims

According to Missouri law, a polygraph test cannot be used or even asked of a victim during the investigation of a sexual offense. A survivor not taking one should have no bearing on law enforcement's pursuit of the case.

or the Missouri Department of Public Safety Crime Victim Services Unit at (866) 334-6682. Further information is available in the Missouri Victims' Rights laws in Chapter 595 RSMo. available online at www.revisor.mo.gov.

It can be helpful for a survivor to know and understand the criminal charges against the person who has abused or harmed them. When the defendant is found guilty after a trial or pleads guilty to a criminal offense, the punishment will depend on the criminal charges filed and the circumstances of the case. A judge will issue the sentence but will consider the prosecuting attorney's recommendations as well as other factors, such as whether the defendant previously committed a similar crime. If there is a jury trial, the judge may be limited by the jury's recommendation. For most convictions of felony-level crimes, the sentence includes a prison term. A defendant found guilty of a misdemeanor-level crime might receive a suspended sentence, a fine and/or probation. Depending on the circumstances of the case, a survivor might want to ask the court to order the defendant to participate in what is called a sex offender treatment program, obtain substance abuse counseling and/or to stay away from them and their family. More information about criminal charges and possible penalties under Missouri law is on pages 57-64.

POLYGRAPH OF RAPE VICTIMS

Polygraph tests, also referred to as stress analysis or lie detector tests, must not be used with survivors of sexual assault during the criminal investigation of their case. Law enforcement agency employees, attorneys, officers of the peace and government officials in Missouri are prohibited by law from requesting or requiring victims of sexual offenses to undergo examination using a polygraph or any other truth-telling device (Section 566.224 RSMo). Provisions of federal law, including the Violence Against Women Act, also prohibit the use of these tests. These laws recognize that the prospect of having to undergo testing deters survivors from reporting this already underreported crime and the stress of disclosing details around an experience of sexual assault might skew the results a polygraph test would produce. Evidence that these tests are scientifically accurate is inconclusive, and the harm they would cause by invalidating a survivor's experience of sexual assault is considerable.

ACCOUNTABILITY FOR CRIMINAL OFFENDERS

Sexual violence is a crime, and it ought to be accorded the same prosecution efforts as any other violent offense. Communities and the justice system have a critical role in reducing the prevalence of sexual violence, particularly because such violence tends to escalate in frequency and severity if left unchecked. Sexual violence is widespread throughout communities and represents a major threat to public health and safety. According to the Centers for Disease Control and Prevention's National Intimate Partner and Sexual Violence Survey (CDC NISVS), nearly half of women and a quarter of men have experienced some form of contact sexual violence in their lifetime. Holding offenders accountable prevents further acts of sexual violence from being perpetrated and increases safety for everyone in a community.

In addition to holding criminals accountable for their conduct, there are other significant reasons that underscore the importance of a diligent



response to sexual violence from members of the criminal justice system. Offender prosecution in sexual violence cases can protect the victim from additional acts of violence, reduce children’s exposure and possible injury, deter the perpetrator from committing further acts of violence and bolster a community’s refusal to tolerate sexual violence.

ELEMENTS OF CONSENT IN MISSOURI LAW

According to Missouri law, a sexual offense is when someone conducts sexual activity upon another person without their consent. Three felony sexual offenses—rape in the first degree, sodomy in the first degree and sexual abuse in the first degree—add factors that include a victim’s lack of consent. Legal consent can be expressed or implied.

If “consent” is given by both parties, that still may not constitute legal consent if the person giving it is “by reason of youth, mental disease or defect, intoxication, a drug-induced state, or any other reason is manifestly unable or known by the actor (the perpetrator) to be unable to make reasonable judgment as to the nature or harmfulness of the conduct charged to constitute the offense” (Section 556.061(5)(b) RSMo). Also in Section 556.061(5) RSMo, consent may not be given by any person “who lacks the mental capacity to authorize the conduct charged to constitute the offense and such mental incapacity is manifest or known” by the perpetrator, or if consent “is induced by force, duress or deception.” The specific elements that nullify consent include:

- Incapacitation
- Inability to consent
- Lacks the capacity to consent
- Forcible compulsion

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

SEXUAL OFFENSES BETWEEN INTIMATE PARTNERS OR SPOUSES

Intimate partner sexual assault encompasses a wide range of behaviors, including: possessiveness and control of sex and reproductive choice; coercing a victim to perform sexual acts against their will; hurting the victim physically during sex; and blackmailing or extorting a spouse for sex. In Missouri, sexual assault between spouses has been illegal since 1991. The most common defense used by defendants charged with a sexual offense against a spouse, however, is based on the claim that the victim consented to the sexual activity. Even though it is illegal, many juries fail to recognize marital rape as a crime, and these cases can be very difficult to prosecute.



What the law says about consent

According to Missouri law, a sexual offense is when someone conducts sexual activity upon another person without their consent.

The specific elements that nullify consent include:

- Incapacitation
- Inability to consent
- Lacks the capacity to consent
- Forcible compulsion

How many perpetrators face legal consequences

Out of **1,000 cases** of sexual assault



9 are referred to prosecutors



out of those 9, there are **5 felony convictions**



out of those 5, **4.6** spend time in prison



"The Criminal Justice System: Statistics." [n.d.]. RAINN: The Nation's Largest Anti-Sexual Violence Organization, www.rainn.org/statistics/criminal-justice-system.

STATUTES OF LIMITATIONS IN CRIMINAL CASES

Missouri has statutes of limitations that set the maximum window of time a prosecuting attorney can file a criminal case against an offender after a crime has occurred. In general, if a case is not brought within the time limits, the offender cannot be tried for the offense. Missouri, however, has no time limit for the filing of criminal charges against an offender for rape in the first degree, attempted rape in the first degree, sodomy in the first degree and attempted sodomy in the first degree (Section 556.036.1 RSMo). The same is true for the crimes of forcible rape, attempted forcible rape, forcible sodomy and attempted forcible sodomy that occurred prior to the law changes on Aug. 28, 2013. For other felony sexual offenses, including rape in the second degree, the statute of limitations is three years (Section 556.036.2 RSMo). The statute of limitations for a misdemeanor offense is one year (Section 556.036.2 RSMo). There are exceptions to the general statute of limitations that allow extensions of time when the offender is absent from the state (although the time limit cannot be extended more than three years); when the offender hides from justice either within or outside the state; when a prosecution against the offender for the offense is pending in this state; or when the offender is found to lack mental fitness to proceed (Section 556.036.6 RSMo). Another significant exception to the time limitations exists for survivors of childhood sexual offenses. If the victim was younger than 18 years old at the time of the offense, the prosecution must begin no later than 30 years after the victim reaches age 18, or by the time the victim is 48 (Section 556.037 RSMo).

ROLE OF THE ADVOCATE IN CRIMINAL SEXUAL ASSAULT CASES

The criminal and civil justice system can be very complex—exceptions to laws are common, legislation and appellate court decisions can change the interpretation of laws, and each individual case has its own characteristics that guide the process. Asking questions of the appropriate authorities, such as the prosecutor or law enforcement officials, is essential to understanding what is occurring in each individual case.

Working closely with the prosecuting attorney, law enforcement officials, prosecution investigators and the victim advocate in the prosecutor's office is vital to the process. The survivor's advocate must continually be aware that it is the role of the advocate to support the survivor's decision as to whether to participate in court proceedings.



Domestic and Sexual Violence Crimes

DOMESTIC ASSAULT

Domestic assault occurs when the assault is against a family or household member, against a person who has a child in common with the abuser, or against an adult who is or has been in a dating relationship with the abuser. There are several different offenses of domestic assault. For a detailed description, see page 59, or go to www.revisor.mo.gov to read the domestic assault laws in Chapter 565 of the Missouri Revised Statutes.

RAPE AND SEXUAL ASSAULT

Sexual assault is a physical act of sexual violence. Sexual assault may be used to describe specific criminal offenses of rape, sodomy, incest or molestation. Sexual assault may occur between spouses or intimate partners. There are many different types and degrees of sexual offenses. For a detailed description, see pages 60-62, or go to www.revisor.mo.gov to read the rape and sexual offenses laws in Chapter 566 of the Missouri Revised Statutes.

STALKING

Stalking occurs when a person disturbs or follows a victim, more than once, and causes them to be frightened, intimidated or emotionally distressed. The person can do many things that would be considered stalking: following a victim, writing or sending frightening emails, hiding and watching them, calling the victim offensive names, breaking into their computer, threatening their safety, the safety of their family, or household members or their pets or livestock. To be considered stalking, the offense must occur more than once, showing a “course of conduct.” For a detailed description, see page 63, or go to www.revisor.mo.gov to read the stalking laws in Chapter 565 of the Missouri Revised Statutes.

HARASSMENT

Harassment occurs when a person engages in any act with the purpose of causing emotional distress to another person. The legal definition of harassment is very broad. For a detailed description, see page 64, or go to www.revisor.mo.gov to read the harassment laws in Chapter 565 of the Missouri Revised Statutes.

Criminal penalties

PENALTIES FOR FELONIES [SECTIONS 558.002 & 558.011 RSMO]

- Class A felony is punishable by a prison term of 10 to 30 years, or life.
- Class B felony is punishable by a prison term of 5 to 15 years.
- Class C felony is punishable by a prison term of 3 to 10 years. The court also can impose a fine up to \$10,000.
- Class D felony is punishable by a term of confinement that is up to 7 years. The court also can impose a fine up to \$10,000.
- Class E felony is punishable by a term of confinement that is up to 4 years, or not to exceed 1 year in jail. The court also can impose a fine up to \$10,000.
- Corporations may be fined up to \$20,000 for any felony.

PENALTIES FOR MISDEMEANORS

- Class A misdemeanor is punishable by up to 1 year imprisonment. The court also can impose a fine up to \$2,000.
- Class B misdemeanor is punishable by up to 6 months imprisonment. The court also can impose a fine up to \$1,000.
- Class C misdemeanor is punishable by up to 15 days imprisonment. The court also can impose a fine up to \$750.
- Class D misdemeanor is punishable by fines up to \$500.
- Corporations may be fined up to \$10,000 for any misdemeanor.



Domestic assault offenses

A “domestic victim” is a family or household member: spouses, former spouses, any person related by blood or marriage, persons who are presently residing together or have resided together in the past, any person who is or has been in a continuing social relationship of a romantic or intimate nature with the victim, and anyone who has a child in common regardless of whether they have been married or have resided together at any time. [Section 565.002(6) RSMo]

DOMESTIC ASSAULT, 1ST DEGREE Section 565.072 RSMo

Criminal Act

Attempts to kill, or knowingly cause or attempt to cause serious physical injury to a domestic victim.

Class of Crime

Class B felony: 5 to 15 years

Class A felony [if a person inflicts serious physical injury on the victim]: 10 to 30 years, or life

DOMESTIC ASSAULT, 2ND DEGREE Section 565.073 RSMo

Criminal Act

1. Knowingly causes physical injury to a domestic victim by any means, including but not limited to, use of a deadly weapon or dangerous instrument, or by choking or strangulation.
2. Recklessly causes serious physical injury to such domestic victim; or
3. Recklessly causes physical injury to such domestic victim by means of a deadly weapon.

Class of Crime

Class D felony: Up to 7 years

DOMESTIC ASSAULT, 3RD DEGREE Section 565.074 RSMo

Criminal Act

Attempts to cause physical injury or knowingly causes physical pain or illness to a domestic victim.

Class of Crime

Class E felony: Up to 4 years

DOMESTIC ASSAULT, 4TH DEGREE Section 565.076 RSMo

Criminal Act

1. Attempts to cause or recklessly causes physical injury, physical pain, or illness to a domestic victim;
2. With criminal negligence, causes physical injury to a domestic victim by means of a deadly weapon or dangerous instrument;
3. Purposely places a domestic victim in apprehension of immediate physical injury by any means;
4. Recklessly engages in conduct which creates a substantial risk of death or serious physical injury to a domestic victim;
5. Knowingly causes physical contact with a domestic victim knowing he or she will regard the contact as offensive; or
6. Knowingly attempts to cause or causes the isolation of a domestic victim by unreasonably and substantially restricting or limiting his or her access to other persons, telecommunication devices or transportation for the purpose of isolation.

Class of Crime

Class A misdemeanor: Up to 1 year

Class E felony [if the person has previously been found guilty of the offense of domestic assault, of any assault offense under this chapter, or of any offense against a domestic victim]: Up to 4 years



Adult sexual offenses

RAPE, 1ST DEGREE Section 566.030 RSMo

Criminal Act

Sexual intercourse with a person who is incapacitated, incapable of consent, or lacks the capacity to consent, or by the use of forcible compulsion. Forcible compulsion includes the use of a substance administered without a victim's knowledge or consent which renders the victim physically or mentally impaired so as to be incapable of making an informed consent to sexual intercourse.

Class of Crime

Unclassified felony: 5 years to life*

[Sexual intercourse is any penetration, however slight, of the female genitalia by the penis. [Section 566.010 [7] RSMo]]

**Penalties range because of the age of the victim and other circumstances. See statute for the detailed list of criminal offenses and punishments at revisor.mo.gov.*

ATTEMPTED RAPE, 1ST DEGREE Section 566.030 RSMo

Criminal Act

Attempted sexual intercourse against a person who is incapacitated, incapable of consent, or lacks the capacity to consent, or by the use of forcible compulsion. Forcible compulsion includes the use of a substance administered without a victim's knowledge or consent which renders the victim physically or mentally impaired so as to be incapable of making an informed consent to sexual intercourse.

Class of Crime

Unclassified felony: 5 years to life*

[Sexual intercourse is any penetration, however slight, of the female genitalia by the penis. [Section 566.010 [7] RSMo]]

**Penalties range because of the age of the victim and other circumstances. See statute for the detailed list of criminal offenses and punishments at revisor.mo.gov.*

RAPE, 2ND DEGREE Section 566.031 RSMo

Criminal Act

Sexual intercourse with another person knowing the act is without victim's consent.

Class of Crime

Class D felony: Up to 7 years

[Sexual intercourse is any penetration, however slight, of the female genitalia by the penis. [Section 566.010 [7] RSMo]]

SODOMY, 1ST DEGREE Section 566.060 RSMo

Criminal Act

Deviate sexual intercourse with a person who is incapacitated, incapable of consent, or lacks the capacity to consent, or by the use of forcible compulsion. Forcible compulsion includes the use of a substance administered without a victim's knowledge or consent which renders the victim physically or mentally impaired so as to be incapable of making an informed consent to sexual intercourse.



[Deviate sexual intercourse is any act involving the genitals of one person and the hand, mouth, tongue, or anus of another person or a sexual act involving the penetration, however slight, of the male or female sex organ or the anus by a finger, instrument or object done for the purpose of arousing or gratifying the sexual desire of any person or for the purpose of terrorizing the victim. [Section 566.010(3)]

Class of Crime

Unclassified felony: 5 years to life

ATTEMPTED SODOMY, 1ST DEGREE Section 566.060 RSMo

Criminal Act

Attempted deviate sexual intercourse with a person who is incapacitated, incapable of consent, or lacks the capacity to consent, or by the use of forcible compulsion. Forcible compulsion includes the use of a substance administered without a victim's knowledge or consent which renders the victim physically or mentally impaired so as to be incapable of making an informed consent to sexual intercourse.

[Deviate sexual intercourse is any act involving the genitals of one person and the hand, mouth, tongue, or anus of another person or a sexual act involving the penetration, however slight, of the male or female sex organ or the anus by a finger, instrument or object done for the purpose of arousing or gratifying the sexual desire of any person or for the purpose of terrorizing the victim. [Section 566.010(3)]

Class of Crime

Unclassified felony: 5 years to life

SODOMY, 2ND DEGREE Section 566.061 RSMo

Criminal Act

Deviate sexual intercourse knowing the act is without victim's consent.

[Deviate sexual intercourse is any act involving the genitals of one person and the hand, mouth, tongue, or anus of another person or a sexual act involving the penetration, however slight, of the male or female sex organ or the anus by a finger, instrument or object done for the purpose of arousing or gratifying the sexual desire of any person or for the purpose of terrorizing the victim. [Section 566.010(3)]

Class of Crime

Class D felony: Up to 7 years

SEXUAL ABUSE, 1ST DEGREE Section 566.100 RSMo

Criminal Act

Sexual contact with a person who is incapacitated, incapable of consent, or lacks the capacity to consent, or by the use of forcible compulsion.

Class of Crime

Class C felony: 3 to 10 years

Class B felony [if it is aggravated sexual offense or if victim is younger than 14 years of age]: 5 to 15 years

[Sexual contact is any touching of another person with the genitals or any touching of the genitals or anus of another person, or the breast of a female person, or such touching through the clothing, for the purpose of arousing or gratifying the sexual desire of any person or for the purpose of terrorizing the victim. [Section 566.010 (6) RSMo]]

**A detailed definition of "aggravated sexual offense" is defined in [Section 566.010(1) RSMo] and can be found at revisor.mo.gov.*

SEXUAL ABUSE, 2ND DEGREE Section 566.101 RSMo**Criminal Act**

Purposely subjects another person to sexual contact without the person's consent.

Class of Crime

Class A misdemeanor: Up to 1 year

Class E Felony [if it is an aggravated sexual offense*]: Up to 4 years

[Sexual contact is any touching of another person with the genitals or any touching of the genitals or anus of another person, or the breast of a female person, or such touching through the clothing, for the purpose of arousing or gratifying the sexual desire of any person or for the purpose of terrorizing the victim. [Section 566.010 (6) RSMo]]

*A detailed definition of "aggravated sexual offense" is defined in [Section 566.010(1) RSMo] and can be found at revisor.mo.gov.

SEXUAL MISCONDUCT, 1ST DEGREE Section 566.093 RSMo**Criminal Act**

1. Exposes his or her genitals under circumstances in which he or she knows that such conduct is likely to cause affront or alarm;
2. Has sexual contact in the presence of a third person or persons under circumstances in which he or she knows that such conduct is likely to cause affront or alarm; or
3. Has sexual intercourse or deviate sexual intercourse in a public place in the presence of a third person.

[Sexual contact is any touching of another person with the genitals or any touching of the genitals or anus of another person, or the breast of a female person, or such touching through the clothing, for the purpose of arousing or gratifying the sexual desire of any person or for the purpose of terrorizing the victim. [Section 566.010 (6) RSMo]]

[Sexual intercourse is any penetration, however slight, of the female genitalia by the penis. [Section 566.010 (7) RSMo]]

[Deviate sexual intercourse is any act involving the genitals of one person and the hand, mouth, tongue, or anus of another person or a sexual act involving the penetration, however slight, of the male or female sex organ or the anus by a finger, instrument or object done for the purpose of arousing or gratifying the sexual desire of any person or for the purpose of terrorizing the victim. [Section 566.010(3)]]

Class of Crime

Class B misdemeanor: Up to 6 months

Class A misdemeanor [if previously found guilty of an offense under this chapter, or previously found guilty of an offense in another jurisdiction]: Up to 1 year

SEXUAL MISCONDUCT, 2ND DEGREE Section 566.095 RSMo**Criminal Act**

Solicits or requests another person to engage in sexual conduct under circumstances likely to cause affront or alarm.

Class of Crime

Class C misdemeanor: Up to 15 days



Stalking

STALKING, 1ST DEGREE Section 565.225 RSMo

Criminal Act

Purposely, through a course of conduct that serves no legitimate purpose, disturbs [frightens, intimidates or emotionally distresses] or follows with the intent of disturbing another person and:

1. Makes a threat communicated with the intent to cause the person who is the target of the threat to reasonably fear for his or her safety, the safety of his or her family or household member, or the safety of domestic animals or livestock kept at such person's residence or on such person's property. The threat shall be against the life of, or a threat to cause physical injury to, or the kidnapping of the person, the person's family or household members, or the person's domestic animals or livestock as kept at such person's residence or on such person's property; or
2. At least one of the acts constituting the course of conduct is in violation of an order of protection and the person has received actual notice of such order; or
3. At least one of the actions constituting the course of conduct is in violation of a condition of probation, parole, pretrial release, or release on bond pending appeal; or
4. At any time during the course of conduct, the other person is 17 years of age or younger and the person disturbing the other person is 21 years of age or older;
5. He or she has previously been found guilty of domestic assault, violation of an order of protection, or any other crime where the other person was the victim; or
6. At any time during the course of conduct the other person is a participant in the Address Confidentiality Program, and the person knowingly accesses or attempts to access the address of the other person.

Class of Crime

Class E felony: Up to 4 years

Class D felony [if the person has previously been found guilty of stalking, first degree or second degree, or any offense committed in another jurisdiction which, if committed in this state, would be chargeable or indictable as stalking, first or second degree]: Up to 7 years

STALKING, 2ND DEGREE Section 565.227 RSMo

Criminal Act

Purposely, through a course of conduct, disturbs or follows with the intent to disturb another person.

Class of Crime

Class A misdemeanor: Up to 1 year

Class E felony [if the person has previously been found guilty of a violation of stalking, second or first degree, or of any offense committed in another jurisdiction which, if committed in this state, would be chargeable or indictable as stalking, first or second degree]: Up to 4 years



Harassment

HARASSMENT, FIRST DEGREE Section 565.090 RSMo

Criminal Act

A person, without good cause, engages in any act with the purpose to cause emotional distress to another person, and such act does cause the person to suffer emotional distress.

Class of Crime

Class E felony: Up to 4 years

HARASSMENT, SECOND DEGREE Section 565.091 RSMo

Criminal Act

Engages, without good cause, in any act with the purpose to cause emotional distress to another person.

Class of Crime

Class A misdemeanor: Up to 1 year

Class E felony [if the person has previously been found guilty of a violation of harassment, second degree, or of any offense committed in another jurisdiction which, if committed in this state, would be chargeable as harassment, second degree]: Up to 4 years



Collaboration: the roles of community partners

Advocacy programs are able to better serve survivors of sexual violence by working collectively with their community partners. These joint efforts require parties to relate to and work with one another in creative and innovative ways. It is essential to bring together survivors and representatives of community-based and systems-based programs to embrace new ideas and strategies toward meeting survivors' needs, prevention and ultimately ending sexual violence.

Many communities in Missouri already are collaborating effectively to respond to sexual violence. Known as coordinated community responses, these efforts bring together representatives of organizations that provide services to sexual violence survivors. This includes concerned civic leaders, Probation and Parole, Sex Offender Management, law enforcement and justice system officials, social service and health care providers, educators and clergy, to name a few. Some groups meet formally on a regular basis; others have an informal structure that relies upon ongoing communication among the participants. The goal of coordinated community responses is to identify ways each party can work together to provide comprehensive services to survivors of sexual violence.

Collaboration is a process that gets people to work together in new ways. To work effectively as a team, each community partner needs to know what resources partner agencies have to offer, how the referral and networking connections should be structured, and what services will be provided to survivors.

ADVOCATES EMPHASIZE CONFIDENTIALITY

Confidentiality is necessary when assisting survivors of sexual violence. Program advocates are bound by strict state laws and federal guidelines regarding the release of information. Sometimes these restrictions might appear to be a barrier to collaboration. Advocates at sexual violence programs will not confirm, deny or release any information about a survivor's participation in their program without a written release of information from the survivor. This release must be time-limited and identify what specific information can be disclosed. Rape crisis center advocates cannot testify concerning any confidential information or records unless the confidentiality requirements are waived in writing by the survivor. Advocates are bound by state law (Section 455.003 RSMo) and their program's confidentiality policies. A sexual violence program advocate's insistence on written releases is a function of safety and self-direction for the survivors with whom they work.

ADVOCATES FROM A SEXUAL VIOLENCE PROGRAM

Advocates at sexual violence programs are available to provide emotional support, assistance, information and referrals to survivors of sexual violence. With the survivor's permission, an advocate may be present to support the victim during law enforcement interviews and the sexual assault forensic examination. If the victim chooses to report the crime and the crime is prosecuted, the advocate also is available to provide support throughout the criminal justice process.



Collaboration is not about gluing together existing egos. It's about the ideas that never existed until after everyone entered the room.

–unknown



Community coalition-building

Community collaboration and coalition-building is an essential aspect of sexual violence advocacy. Community stakeholders must be engaged, educated on the dynamics of sexual violence, and willing to change. Coalition-building fosters collaboration among agencies, systems and individuals in the community. Through this collaboration, participation and leadership, communities can mobilize toward taking action against sexual violence. There is so much more that can be achieved by working together than working alone.

MEDICAL PERSONNEL

The role of medical personnel is to provide immediate medical care to survivors. With the survivor's permission, medical personnel may collect and document evidence with a sexual assault forensic examination using a sexual assault evidence collection kit, sometimes referred to as a "rape kit." Any evidence collected is sealed and only given to law enforcement with the consent of the survivor. The best practice is to have a specifically trained medical professional conduct the exam, such as a medical professional certified as a sexual assault forensic examiner, known as SANE (Sexual Assault Nurse Examiner) or SAFE (Sexual Assault Forensic Examiner). While it is best practice to have a SANE or SAFE conduct the exam, any medical professional can follow the instructions included in the kit. Victims should not have to go from one medical facility to another to get this assistance.

LAW ENFORCEMENT

Law enforcement officers respond to the sexual assault by interviewing the victim and investigating the crime. If the victim chooses to have a sexual assault forensic examination and then agrees to participate in the criminal process, medical personnel will provide a sealed kit and other collected evidence, such as clothing, to the law enforcement officer. The victim can choose to have a sexual assault forensic examination even if they have not decided to report the crime to law enforcement. When an investigation is complete, a law enforcement agency submits evidence of the crime to the prosecuting attorney's office.

PROSECUTOR

Prosecutors evaluate law enforcement's reports of sexual assault cases to determine whether there is sufficient evidence to file criminal charges. The responsibility of the prosecutor is to present a criminal case in court proving that an offender's actions are in violation of state law.

THE SART AND SARRT MODELS

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

- The Sexual Assault Response Team is a group of professionals who work together to coordinate a competent initial response to a survivor's disclosure. This response might include providing information about reporting, medical care and support options; collecting evidence, including the sexual assault forensic exam; and initiating the law enforcement investigation. A SART should include a sexual violence advocate, medical personnel (often a SANE or SAFE), law enforcement and a prosecutor.
- The Sexual Assault Resource and Response Team is a group of professionals who work independently but communicate with each other regularly to discuss shared cases and solve mutual problems to ensure the community's response to sexual assault functions smoothly



on a day-to-day basis. At a minimum, a SARRT should include a sexual violence advocate, medical personnel (often a SANE or SAFE), law enforcement and a prosecutor. Other service providers might be members of the SARRT depending upon the needs of the community.

Some of these teams meet formally on a regular basis; others are informal and require regular communication among participants.

OTHER KEY PARTNERS

A response team should include other professionals, disciplines and community members who play a role in responding to sexual violence. This could include representatives from sex offender management and treatment programs, child advocacy centers, juvenile justice centers, probation offices, campus faculty and staff, clergy, and mental and public health professionals.



Collaboration fuels innovation

Community collaboration is a process that gets people to work together in new ways. To work effectively as a team, each community partner needs to know what resources partner agencies have to offer, how the referral and networking connections should be structured and what services will be provided to survivors.

Chapter 5.

Prevention as Social Change



Social change advocacy

Ending sexual violence requires changing society in ways that prevent further acts of violence from occurring. Social change advocacy refers to the process of identifying what is causing sexual violence, developing new measures that effectively prevent it and implementing these measures. Systems, institutions and cultural norms that contribute to acts of sexual violence can, and must, be changed.

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

Work in the movement to end sexual violence focuses on social change through: education about the dynamics of violence; legislative changes to hold perpetrators accountable; finding and building resources to assist survivors; forming alliances with law enforcement and courts; and increasing perpetrator accountability. Working to prevent sexual violence is necessary for a movement intent on creating a world where safety prevails, public health thrives and all members of society are treated with equality and respect.

The work of prevention can seem overwhelming because sexual violence is so pervasive. Prevention can seem like a luxury or an extra service when there are not sufficient resources to support survivors already connected to programs. While the primary purpose of most community-based programs is to support survivors, the question remains: What can advocates do to prevent sexual violence?

Much of the language, theory and research used in sexual violence prevention comes from the public health community. Public health focuses on the well-being of an entire community while the medical field focuses on the health of individuals. It looks at how to prevent disease or injury rather than treat people who are already sick. The core principles of public health are grounded in equality and social justice. They emphasize developing innovative prevention strategies, implementing prevention programs, ensuring the programs are effective and collaborating with community partners. The public health perspective approaches preventing sexual violence as an issue directly related to community wellness.

Prevention efforts are increasingly focused on community health and wellness as a strategy to prevent sexual violence. Previously, many sexual assault prevention efforts were focused on changing survivors' behavior. These strategies are generally referred to as "risk reduction" and included education that encouraged at-risk individuals, mostly women, to travel in groups, take self-defense classes and/or avoid excessive drinking. While well meaning, these strategies shifted blame for sexual assault from the perpetrators to the survivors and their behavior, creating the false impression that a survivor had the power to prevent a sexual assault if only they had made the "right" decisions or had taken the "right" actions. These strategies are problematic because they reinforce the idea that when an assault occurs, the victim did something wrong. More effective strategies address issues



that threaten community wellness and nurture protective social connections between people and resources.

Some programs in Missouri work in middle schools and high schools to teach adolescents about the importance of respect, consent, healthy relationships and nonviolence. Some programs focus on men and boys to provide education about the issues of violence against women with the goal of changing their attitudes and behaviors. Other efforts focus on teaching skills to individuals to increase active and visible bystanders. Social marketing campaigns are another strategy for addressing sexual violence prevention by changing the media messages consumed in communities. While evidence is still limited about what works in sexual violence prevention, many programs have already been effectively tailoring programs that fit the needs of their communities and constituents.

The STOP SV Framework

The Centers for Disease Control and Prevention developed STOP SV, a comprehensive framework that outlines promising programs for preventing sexual violence. The framework identifies three essential components: strategy, approach and evidence. **Strategy** refers to the action taken to prevent sexual violence. This could include focusing on vulnerable populations or perpetrators. **Approach** refers to the ways in which the strategy will be implemented. This could include approaches such as sexual violence programs, policies and practices. **Evidence** refers to how effective these approaches are in preventing sexual violence.

LEVELS OF PREVENTION

The Centers for Disease Control and Prevention (CDC) uses the following terms to describe the three levels of violence prevention:

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

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

Tertiary Prevention: The long-term responses after violence has occurred to deal with the lasting consequences of violence.

The *Preventing IPV* framework focuses on primary prevention, but also addresses secondary and tertiary levels of prevention.

THE STOP SV FRAMEWORK INCLUDES THE FOLLOWING EVIDENCE-BASED STRATEGIES AND APPROACHES:

STRATEGY “S”: Promote social norms that protect against violence

Approach: Bystander intervention

The term “bystander” refers to a person who witnesses an act of violence. Bystanders sometimes passively stand by watching an event take place



Bystander intervention programs

The term “bystander” refers to a person who witnesses an act of violence or abuse. Bystander intervention teaches individuals skills to recognize and interrupt these situations. Bystanders determine whether the situation needs action and to choose what to do and how to do it in a way that is helpful in de-escalating the situation. For bystander intervention to be successful, these programs should be one part of a plan that seeks to change social norms, policies, organizational practices and laws to increase community awareness. Through teaching the knowledge and skills necessary to safely intervene, bystanders can have a powerful impact on preventing sexual violence.



Awareness vs. prevention

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

without getting involved. For primary prevention—stopping violence before it happens—a bystander is someone who actively intervenes when witnessing situations that promote or condone violence. This shift is important for a few reasons. First, empowering active and visible bystanders to stand up and speak out against violence shifts the cultural norm to make it more acceptable to speak up against violence. It makes violence less acceptable and, therefore, less likely to occur. Second, bystander intervention shifts us away from the notion of men as perpetrators and women as victims and gives us all a role in preventing violence.

Approach: Mobilize men and boys as allies

These programs often target men in fraternities and on athletic teams. Preventing sexual violence requires boys and men to get involved in the movement, collaborate with existing programs and take action to bring other boys and men to support survivors and be a voice for change.

STRATEGY “T”: Teach skills to prevent sexual violence

Approach: Teach healthy safe dating and intimate relationship skills to adolescents

Advocates in domestic and sexual violence programs throughout Missouri are going to classrooms at schools in their local communities to teach healthy relationship skills to young people. These programs provide educational sessions and support groups outside of school settings.

Approach: Promote healthy sexuality

Missouri law requires that all schools’ human sexuality curricula include information about consent, sexual harassment and sexual assault. These lessons teach youths protective skills and prepare them to engage in actions that prevent sexual violence in relevant and developmentally appropriate ways.

STRATEGY “O”: Provide opportunities to empower and support girls and women

Approach: Strengthen economic supports for women and families

Income-generating programs decrease the gender pay gap and connect survivors to resources and opportunities that decrease their vulnerability to sexual violence.

Approach: Strengthen leadership opportunities for girls

The oppression of women and girls is a primary factor contributing to sexual violence. Programs that provide leadership skills to girls at a young age narrow the gender gap, promote equality and prevent sexual violence.

STRATEGY “P”: Create protective environments

Approach: Establish and consistently apply workplace policies

Workplace policies that encourage survivors to seek help increase their ability to disclose what happened to them and prevent further acts of sexual violence from occurring. MCADSV’s Intern Resource Network offers resources for student interns, campus advisors and employers regarding sexual harassment and assault at the workplace, www.mointernnetwork.org



Approach: Address community-level risks through environmental changes

The impact of sexual violence reaches beyond individual survivors; the entire community is affected in varying ways. Local laws and regulations can be enacted to improve community environments, create opportunities for social interactions and decrease sexual violence. Examples of this include creating green spaces and reducing the number of locations where alcohol can be purchased.

STRATEGY “SV”: Support victims and survivors to promote health and decrease harm**Approach: Provide victim-centered services and treatment for survivors**

Sexual violence programs throughout Missouri provide outreach advocacy, emergency hospital response, counseling, support groups, legal advocacy and many other services to survivors of sexual assault. These programs implement a trauma-informed, survivor-defined approach to ensure their services are relevant and meaningful to survivors.

EVIDENCE

The final component of the STOP SV framework requires ongoing monitoring and evaluation to assess the effectiveness of these approaches. To what extent do these policies, practices and programs meet the goals of the STOP SV strategies? To what extent do they prevent sexual violence? Some approaches will be more effective than others. Local culture will influence what is relevant to the targeted audiences, and evaluation results will vary based on the community where the approach is implemented. No single strategy will be entirely effective; multiple strategies are needed and act simultaneously toward preventing sexual violence.

Health equity and community wellness

Promoting healthy sexuality is essential to preventing sexual violence. Many programs have focused their attention on primary prevention efforts that educate community members and provide information to promote healthy sexuality. Core lessons of these programs include boundary-setting, consent, decreasing risk and healthy decision-making. Many of these programs are designed for youths and are implemented in school settings.

Sexual violence impacts the health and wellness of every level of communities and yet is widely viewed as a social issue rather than a health issue. Some innovative and promising programs have shifted their prevention efforts to focus on health and wellness. They engage in community-level projects that increase access to protective environments, such as safe housing and quality education, and implement changes that decrease risk factors, such as improving law enforcement response. Other programs address health directly by connecting survivors to health insurance and medical care. All of these efforts work on removing barriers and focus on improving a community’s response to those who are vulnerable to victimization.



The ultimate goal of prevention is to produce healthy communities free of sexual violence. Programs that promote healthy relationships and community wellness are at the forefront of sexual violence prevention.



Progress is occurring, and each step forward moves us closer to ending sexual violence.

The ultimate goal of prevention is to produce healthy communities free of sexual violence. Programs that promote healthy relationships and public health are at the forefront of sexual violence prevention. As they make inroads toward improving the health of communities, they also represent a solid path forward for the movement to end sexual violence.

Progress is occurring

The harm caused by sexual violence is undeniable. It reaches into the lives of individuals, families and entire communities. It has a lasting impact on our culture and represents who we are as a society. Yet, survivors heal and lead fulfilled lives. Advocates continue to provide creative options and facilitate positive changes on behalf of survivors and the systems they interact with. We face challenges with hope. We meet each day with renewed energy. Progress is occurring, and each step forward moves us closer to ending sexual violence.



Chapter 6.

Recommended websites

RECOMMENDED WEBSITES

- **Missouri Coalition Against Domestic and Sexual Violence**, www.mocadsv.org
Under the “Need Help?” tab, you will find an online directory of domestic and sexual violence service providers throughout the state, as well as other resources.
- **The Battered Women’s Justice Project**, www.bwjp.org
- **The Domestic Abuse Intervention Project**, www.duluth-model.org
- **Faith Trust Institute**, www.faithtrustinstitute.org
- **The Full Frame Initiative**, www.fullframeinitiative.org
- **Futures Without Violence**, www.endabuse.org
- **Minnesota Center Against Violence and Abuse**, www.mincava.umn.edu
- **National Alliance to End Sexual Violence**, www.endsexualviolence.org
- **National Center on Domestic and Sexual Violence**, www.ncdsv.org
- **National Coalition of Anti-Violence Programs**, www.avp.org/ncavp.htm
- **National Electronic Network on Violence Against Women (VAWnet)**, www.vawnet.org
- **National Link Coalition** [the national resource center on the link between animal abuse and human violence], www.nationallinkcoalition.org
- **National Sexual Violence Resource Center**, www.nsvrc.org
- **National Stalking Resource Center**, www.ncvc.org/src
- **The Northwest Network of Bisexual, Trans, Lesbian and Gay Survivors of Abuse**, www.nwnetwork.org
- **Praxis International**, www.praxisinternational.org
- **PreventConnect**, www.preventconnect.org
- **Rape, Abuse and Incest National Network**, www.rainn.org
- **U.S. Centers for Disease Control and Prevention: Division of Violence Prevention**, www.cdc.gov/violenceprevention/intimatepartnerviolence/
- **U.S. Department of Justice, Bureau of Justice Statistics**, www.ojp.usdoj.gov/bjs

MISSOURI OFFICES

- **Crime Victims’ Compensation**, www.dps.mo.gov/dir/programs/cvc/
- **Department of Public Safety, Crime Victim Services Unit**: www.dps.mo.gov/dir/programs/cvsu/
- **Department of Corrections, Office of Victim Services**: doc.mo.gov/director/office-victim-services
- **Department of Corrections, PREA (Prison Rape Elimination Act) Unit**, www.doc.mo.gov/programs/PREA
- **Missouri Office of Prosecution Services**, www.prosecutors.mo.gov
- **Missouri Victims Automated Notification System (MOVANS)**, www.dps.mo.gov/dir/programs/cvsu/movans.php or www.vineline.com
- **Safe at Home**, www.sos.mo.gov/safeathome

The Mission and Purpose of MCADSV

The Missouri Coalition Against Domestic and Sexual Violence (MCADSV) empowers people to be a part of something constructive and significant. We unite Missourians to end rape and abuse.

Since 1980, MCADSV has been the statewide leader of individuals and organizations working to end rape and abuse in Missouri. Today MCADSV's mission remains focused on this work of "uniting Missourians with a common value that rape and abuse must end, and advances this through education, alliance, research and public policy."

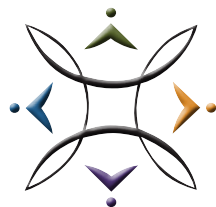
MCADSV provides opportunities to engage in and meaningfully address domestic and sexual violence at a statewide level. We provide a positive connection to these issues that all people can be a part of. No one has to confront, manage or struggle with violence alone. We advocate to secure money for programs that help survivors, work to advance laws that protect Missourians, and ensure advocates are trained on evidence-based and data-driven practices. MCADSV continues to be recognized nationally and internationally for our innovation in tackling the chronic questions and problems faced by local domestic and sexual violence programs.

THERE ARE SEVERAL WAYS TO JOIN AND SUPPORT MCADSV:

- **Organizational Members** are the nonprofit programs in Missouri that directly serve victims of domestic violence, sexual assault, stalking and dating violence.
- **Affiliate Members** are programs or services that have a different primary mission than domestic or sexual violence but, through their work, also serve individuals experiencing violence.
- **Professional Members** are individuals who work in related fields who wish to attend trainings and receive information about the work of MCADSV.
- **Supporting Members** are individuals who wish to support the work of MCADSV through donations and stay connected with the organization and the efforts to end rape and abuse in Missouri.
- **Corporate Supporters** are businesses that wish to demonstrate a commitment to ending rape and abuse.

For more information, visit www.mocadsv.org or contact one of our staff members at (888) 666-1911.





mCADSV

Missouri Coalition Against
Domestic and Sexual Violence

217 Oscar Dr., Ste. A
Jefferson City, MO 65101

[888] 666-1911

*For D/deaf and Hard-of-Hearing and
Late Deafened, dial 711 for Relay Missouri.*

www.mocadsv.org • mocadsv@mocadsv.org

Follow us on:



LinkedIn

