

SEXUAL ASSAULT and the **FAMILY JUSTICE** **CENTER**

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**Every day, those working against
sexual assault violence encounter
the human pain resulting from
that violence**

The reasons and justifications are the same for communities to come together to create a Family Justice Center and coordinate their response to domestic violence and sexual assault

Coordination must have at its core, a commitment by participants to develop a response which places the survivors' safety and well-being at the forefront while enhancing offender accountability

At times, the impetus to coordinate efforts arises out of a frustration with fragmentation of policies and activities within the criminal justice system as well as the victim advocacy field

Recognizing and acknowledging WITHOUT JUDGEMENT, the realities of the current community response to sexual assault is the first step to overcoming personal and professional barriers

The last couple of decades has been a time of tremendous development in the field of sexual assault

- **Development of “confidentiality” statutes and protections**
- **Forensic technologies and expertise**
- **Stronger tools for law enforcement**
- **More tools for prosecution**

- **Tougher sentencing laws**
- **Sex offender registration**
- **Federal Violence Against Women Act**
- **Increased recognition of Sexual Assault Survivor's Bill of Rights**
- **Better research about sex offenders**

Improvements in individual response can include:

- **Increased victim safety, support and restoration;**
- **more calls to police and victim service programs;**
- **more arrests and cases charged as felonies;**
- **less offender recidivism**

Sexual Assault Response at the FJC

**The impact of sexual assault on
the victim / survivor
of the crime**

**The affect sexual assault
violence has on the fabric of
our modern society**

**Longitudinal studies show the
effect on survivor AND her
children**

**The affect sexual assault
violence has on the fabric of
our modern society**

**Sexual assault in relationship is
one form of DV and the
emotional and psychological
impact is great**

**Community-based victim
service programs and justice
system agencies often initiate
coordinating efforts.**

**THE SAME PARTNERS AT THE
FAMILY JUSTICE CENTER
WILL BE PARTNERS TO
RESPOND TO SEXUAL
ASSAULT**

FJC / COMMUNITY PARTNERING

- **Individuals**
- **Organizations**
 - criminal justice system agencies
 - DA
 - Police
 - medical providers
 - community based victim service programs
 - RAPE CRISIS CENTERS
 - Victim-Witness Assistance Centers

FJC / COMMUNITY PARTNERING

Organizations

- Child based counseling groups
- **Media**
- **Schools / Churches**

RECOGNIZING THE IMPACT OF THE CRIME ON THE SURVIVOR

Post Traumatic Stress Disorder

RAPE TRAUMA SYNDROME:

**COMMON REACTIONS AND
MANIFESTATIONS AS WELL AS
STATISTICAL PREDICTORS OF
DURATIONS
OF PTSD / RTS**

**ONE WHO SURVIVES
THE CRIME
WILL MANIFEST SYMPTOMS OF
POST TRAUMATIC STRESS
IDENTIFIED AS
RAPE TRAUMA SYNDROME**

Rape trauma syndrome

- Persistent
- Re-experiencing
- Avoiding stimuli

Psychological issues

- **Power / control**
- **Esteem**
- **Trust**
 - **Intimate partner / acquaintance / stranger**
- **Safety**
- **Fear**
 - nightmares acute/long-term**

Rape Trauma Syndrome Symptomology

- **94% of survivors manifest symptoms of rape trauma syndrome 1 week after the assault**
- **47% of survivors manifest symptoms of rape trauma syndrome 12 weeks after the assault**

**After 18 months
a dramatic improvement
can be seen**

Acute Symptoms

- **Nightmares**
- **Increase in level of anxiety**
- **Agitated depression**
- **Sleep disturbances**
- **Marked disinterest in usual activities**
- **Hostility and/or violence**

Acute symptoms con't

- **Panic attacks**
- **Hyperarousal**

Characteristics

- **Fear**
- **Depression**
 - of 507 survivors, 30% had one major depression
- **Other mood states**
- **Problems with self-esteem**
 - feeling of responsibility
 - feelings of guilt
 - feelings of not being worthy

Characteristics con't

- **Problems with social adjustment/socially inhibited**
 - poorer economic, social, leisure adjustment for 2 months following assault and continuing 4-8 months
 - Marital & family unit adjustment problems

Characteristics con't

- **Self-blame / higher self criticism**
- **Intrusion of thoughts of the event**
- **Suicidal ideation/attempts**
 - Not high in 1st month; 50% considered suicide after long term

What Helps with Healing?

- **Counseling**
- **Social support**
 - **Those who received counseling and had strong social support showed no difference in the level of depression or social adjustment 12 months post assault**

What helps? Con't

Those who participation in the criminal justice system demonstrated a greater level of self-esteem.

- **Feelings of taking charge**
- **Feelings of standing up for self**
 - **Feelings of worth**
 - **CHOICE**

CA law: survivor choice, “Jane Doe”

Who are the Collaboratives

SART

Sexual Assault Response Team

- **District Attorneys / County Prosecutors**
- **Law Enforcement Agencies**
- **Hospitals**
 - **MLPs**
 - **SANEs**
 - **SAFEs**
- **Rape Crisis Centers**
- **Victim-Witness Consultants**

SART

Provides a continuum of services for the sexual assault survivor, which typically begins at the hospital where law enforcement interviews and a medical, forensic examination is conducted

SART

Continuum of services continues through survivor contacts with law enforcement and attorneys who are involved in the investigation and prosecution process

Need for coordination & standardization

- **Reduce amount of time survivor is at the hospital**
- **Advocate to provide psycho-social support (RTS) and ensure appropriate treatment**
- **Law enforcement obtain statement and identification as quickly as possible**
- **Prosecution successfully prosecute sex offenders in that community**

Addressing survivor's needs

- **Survivor's participation will be part of her (his) healing, rather than re-traumatization**
- **Self-esteem will increase; self-blame will decrease**
- **Survivor will find the compartment in her (his) psyche to place the experience and lead a happy, healthy life**
- **Survivor more likely to cooperate with prosecution**

UNAROUSED FEMALE GENITALIA

What really happens in room 41?

- **Rape Crisis Advocate**
- **Law Enforcement**
- **Trained Forensic Examiner**
 - **Knows what to look for**

What really happens in room 41?

- **Medical Screening**
 - **Completion of ED chart**
- **State Protocols**
 - **Collection of forensic evidence**
 - **Collection of biological references**
 - **Screening and prophylaxis for STD and pregnancy**

Adjuncts to the Sexual Assault Exam

- **Colposcopy-light and magnification with the capacity to capture images**
- **Toluidine Blue- nuclear stain used to confirm or support findings**

Posterior fourchette tear

Toluidine Blue

- **Nuclear stain**
- **Binds to denuded tissue**
- **Deeper nucleated tissue exposed after trauma**
- **Safe in pregnancy**

**POSTERIOR FORCHETTE & FOSSA
NAVICULARIS TEARS
TOLUIDINE BLUE
APPLICATION**

**Characteristic Injuries in
Non-consensual Intercourse**

Mounting Injuries

- Occur at first contact in an attempt to penetrate
- Occur at 3-6-9 o'clock on the posterior fourchette
- Injuries include tears, microabrasions, lacerations
- Injuries independent of lubrication, relaxation or inebriation

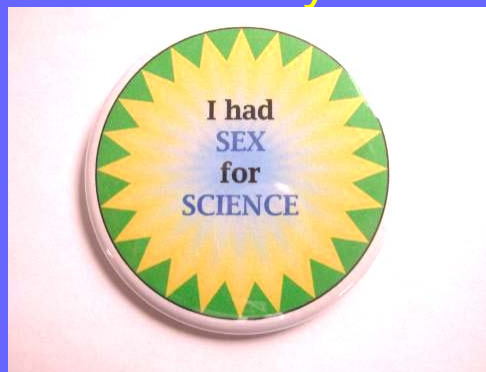
- **33-44% of victims who are physically assaulted by their partners are also sexually assaulted**
- **In severely abusive relationships, violent forcible sexual assault occurs twice monthly and is the least likely form of assault to be reported**

- **In Spousal / Intimate Partner Sexual assault, there are often no findings of genital trauma**
- **Lack of finding does NOT indicate lack of assault**
 - **Need a good expert to explain**

What the Expert Can Say

- Injuries consistent with history
- Pattern of injury consistent with non-consensual sexual intercourse
- 33% of all sexual assaults result in no genital trauma

The Consensual Intercourse Study



*Hillary Larkin, Lauri Polinetti,
Alameda County Family Justice Center,
Alameda County Medical Center, Highland Hospital*

THE FJC

- All the “players” are there
- Service delivery is more comprehensive & appropriate
- Survivors can receive treatment without shame, judgment or other negative, non-verbal communications
 - Avoid a “clinic” mentality

BAY AREA WOMEN

AGAINST RAPE

“BAWAR”

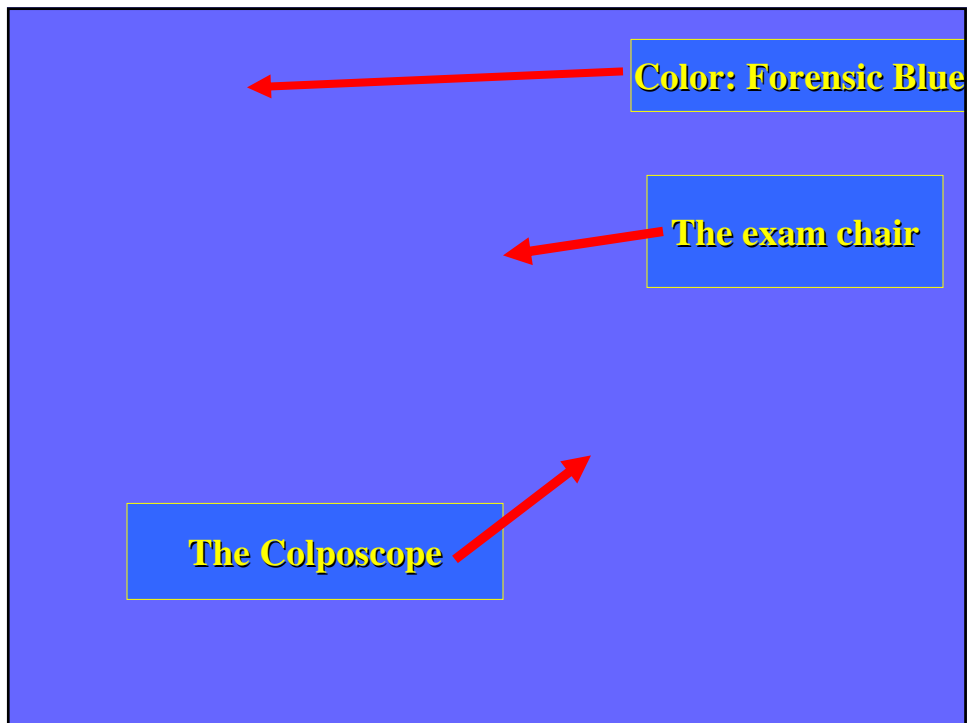
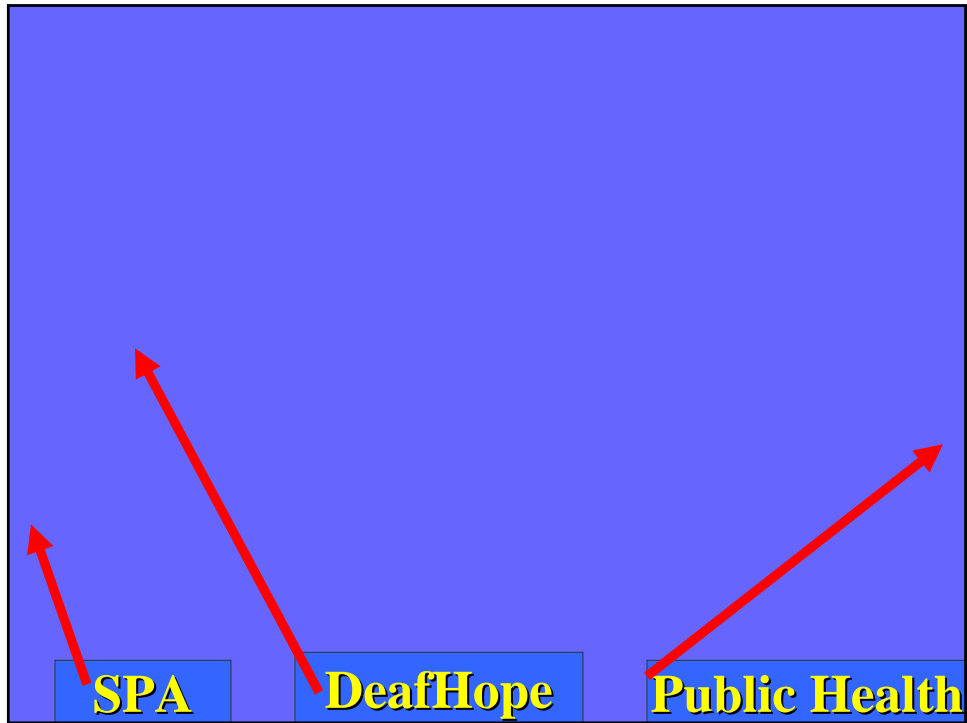
Oldest Rape Crisis Center in America

DeafHope

**Providing sexual assault services to
victims who are deaf**

Located at the FJC

- **Rape Crisis Advocate**
 - Confidential Communication Privilege
- **Victim-Witness Advocates**
 - Criminal Justice support / VOC advocacy
- **Medical – Forensic MLP**
- **Public Health**
 - STD Screening
- **Law Enforcement**
- **Prosecution**
- **SEM Network -- SPA (Safe Place Alternative)**



The counseling room with quilts

THE FJC

- **Follow-up can be part of the service delivery**
 - **Who wants to go back to the hospital???**
- **Services available for family members as part of the natural landscape**

THE FJC

- **Issues to consider:**
 - **“Clia” license**
 - **requires quality control**
 - **Clinical capacity to address / treat injuries**
 - **Kits require proper storage**
 - **Relationship to Lab for testing**
 - **Bio-waste clearing system**

THE FJC

- **HIPAA**
 - **The Health Insurance Portability and Accountability Act of 1996**
 - **Confidentiality of records / treatment**
 - **The “Privacy Rule” is a series of regulations enacted to protect health information that became effective in April of 2003.**

Medical v Forensic

- **Insurance**
- **Equipment**
- **Record maintenance**
- **Drug safety**
- **Medication**

WHO CAN WORK IN A STAND-ALONE SART CENTER

- **Forensic**
 - **SANE/RN**
- **Forensic AND Medical**
 - **PA**
 - **NP**
 - **MD**
 - **SANE under supervision for medical**

FJC & Sexual Assault What Can We Do?

- **At a minimum, re-test for SDT**
- **Document healing wounds**
- **Follow-up re testing: HIV**
- **Support for victim and others**

**“Who” is not the question; the question is:
“How bad is it”**

FJC & Sexual Assault What Can We Do?

- **Appointments can be scheduled**
- **Practitioner can assess needs of victim before s/he arrives**
- **Practitioner can access records from where the victim receives 24/7 care**
- **KINDER, GENTILER TREATMENT**

What really happens in room 41?

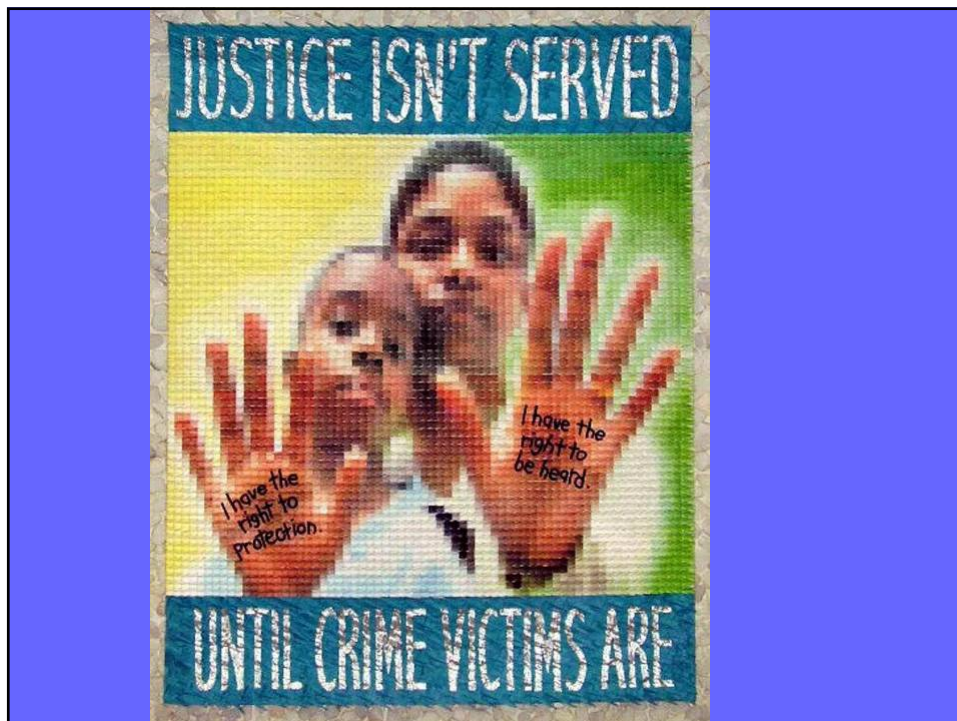
**2006 began using Buccal Swabs
instead of blood for DNA**

Coordination Among Agencies:

- **Development of proactive legislation**
- **Development of multidisciplinary protocols and training**
- **Systemic analysis of justice response based on case outcomes and victim satisfaction**
- **Community education and media initiatives**

CAN LEAD TO SYSTEMIC CHANGES

- Better and more comprehensive interventions
- Few related homicides
 - DV Deaths:
 - 2000 = 26
 - 2005 = 6
 - 2006 = 3 (w/2 suspicious)
- Increased community intolerance for these crimes



**Alameda County
Family Justice Center**

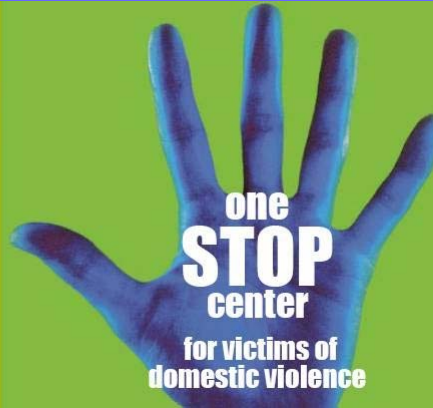
470 27th Street, Oakland



for more INFO

call: 510.267.8800

www.acfjc.org



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