

Dynamics of Sexual Assault : First Response



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La Pinon Services



- 24-hour crisis intervention 526-3437
- Outpatient counseling
- Community education
- Professional training
- SANE Unit
- KidTalk 636-3636

Criminal Sexual Penetration



- 30-9-11. Criminal sexual penetration.
 - A. Criminal sexual penetration is the unlawful and intentional causing of a person to engage in sexual intercourse, cunnilingus, fellatio or anal intercourse or the causing of penetration, to any extent and with any object, of the genital or anal openings of another, whether or not there is any emission.
 - B. Criminal sexual penetration does not include medically indicated procedures.
 - C. Criminal sexual penetration in the first degree consists of all sexual penetration perpetrated:
 - (1) on a child under thirteen years of age; or
 - by the use of force or coercion that results in great bodily harm or great mental anguish to the victim.
- Whoever commits criminal sexual penetration in the first degree is guilty of a first degree felony.

Definitions



- *(From 30-9-10. Definitions)*
 - A. “force or coercion” means:
 - (1) the use of physical force or physical violence;
 - (2) the use of threats to use physical violence or physical force against the victim or another when the victim believes that there is a present ability to execute the threats;
 - (3) the use of threats, including threats of physical punishment, kidnapping, extortion or retaliation directed against the victim or another when the victim believes that there is an ability to execute the threats;
 - (4) the perpetration of criminal sexual penetration or criminal sexual contact when the perpetrator knows or has reason to know that the victim is unconscious, asleep or otherwise physically helpless or suffers from a mental condition that renders the victim incapable of understanding the nature or consequences of the act; or

Examples



- Coercion:
 - Pushing drinks on someone
 - Verbally or physically persuading someone to have sex until they say yes...even after they have said no
- Inability to Consent:
 - Intoxicated
 - Drug-facilitated
 - Asleep or unconscious
 - Developmental disability
 - Children (under 16 years of age)

Statistics



- Nationally:
 - 1 in 4 women will be sexually assaulted in their lifetime
 - 1 in 11 men will be sexually assaulted in their lifetime
 - 1 in 3 girls will be sexually assaulted before the age of 18
 - 1 in 5-7 boys will be sexually assaulted before the age of 18
- Most victims know their perpetrators (85%)
- 75% of males, and 55% of females involved in acquaintance rapes had taken drugs or alcohol just before the attack, (National Women's Study, 1992).
 - People may choose to drink: this choice does not represent permission to rape any more than it allows for murder, assault and battery, etc.

SANE Unit



- S.A.N.E. stands for Sexual Assault Nurse Examiner
 - RN Nurses - Specialized training
- Is located on the Memorial Medical Center campus in the Heritage Program Building
- To dispatch a SANE Nurse, contact a first responder through our 24-hr crisis line at **526-3437**

Sexual Assault in Marriage



- Marriage does not entitle someone to have sex on demand
- LE response should be the same as any other Sexual Assault
- What it is:
 - Nonconsensual sexual acts between a woman and her husband, ex-husband, or intimate partner
 - Can include vaginal, anal, and oral sex
 - Also includes forced sexual acts with others
 - Or other unwanted, painful, humiliating sexual activities

Examples



- “He likes to have anal sex, but I don’t like it. He forces me to have anal sex”
- “I have sex with him so that I don’t have to spend hours arguing with him about it”

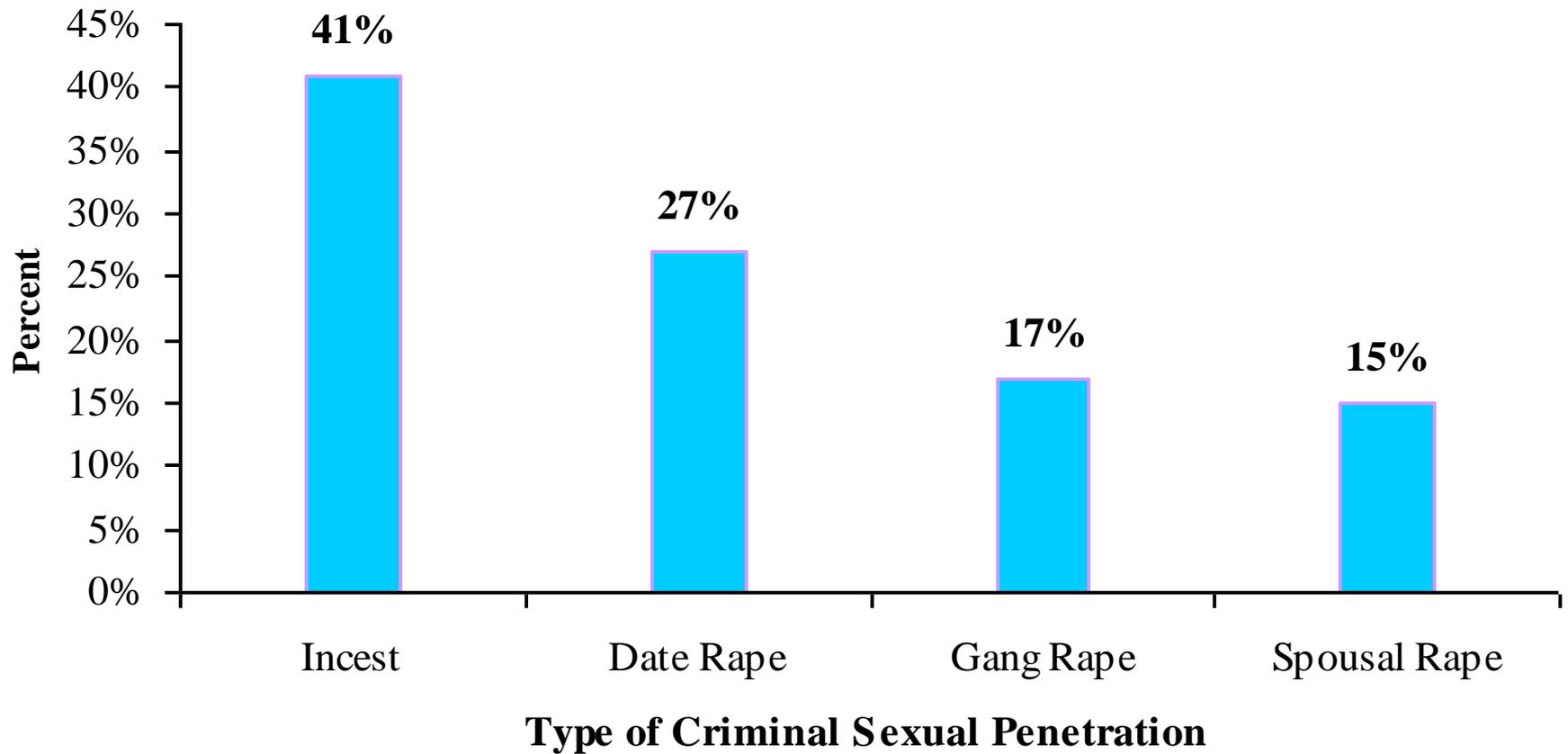
Types of Marital Rape



- Battering rape: *forced sex with beating*
- Power rape: *coercion or intimidation*
- Obsessive rape: *perverse, obsessive, or strange acts*



Figure 11. Type of Criminal Sexual Penetration



Male victims of Rape



The experience of being forced to have sexual contact is not one reserved exclusively for women and children. Men may be victims of sexual assault, also. In our society, however, the myth that men cannot be raped prevails.

- Male rape is reported less often than female rape, it is not thought to be a problem.
- Emotional & physical effects of rape, however, are usually as devastating for men as they are for women.

How does it happen?



- Male rape occurs under similar circumstances as female rape: someone attacks the person with a need to overcome him in a physically with force. Or psychologically with threats, and forced in to sexual contact. Also drug facilitated.

Myths of Male Rape



- Does not happen to men
- Happens only in prisons
- Happens as a result of homosexual contact

MOST MALE RAPISTS who rape men are heterosexual, have access to typical sexual relationships with females, but fell greater control when sexually overpowering a male.

Child Sexual Abuse



- *Ages of 0 to 12*
- *Children are most commonly sexually abused by someone they know and trust.*
- *Starts with non-violent acts such as fondling (“grooming process”)*
- *Coerced and manipulated into remaining silent*
- *Symptoms*
 - *personality change/behavior problems*
 - *discomfort around someone trusted*
 - *mood swings, excessive crying, changes in toilet*
 - *behavior/sleeping habits*
 - *advanced knowledge of sex*

Adolescents



- Ages 13-17
- SANE exam is optional for victim
 - Victim does not need parental consent
 - Victim may decline SANE exam
- If perpetrator is a family member or a person of authority, mandatory reporting
- 16 is the age of consent to have sex, unless the other person is 4 years older (or more), or is a person of authority

Protocol for Children 0-12 yoa



- SANE exam can be done if last contact was within 72 hrs.
- Extenuating circumstances
 - bleeding
 - secretions
 - pain
- Decision to do the exam will be made by the SANE
- To consult with a SANE Nurse, contact La Pinon through our 24-hr crisis line at **526-3437, press 1** for the answering service and a nurse will call you back.

Protocol – Adults (13 & up)



- SANE exam can be done if last contact was within the last 5 days
- Extenuating circumstances
 - Kidnapping/ hostage situations
- Decision to do the exam will be made by the SANE
- To consult with a SANE Nurse, contact La Pinon through our 24-hr crisis line at **526-3437, press 1** for the answering service and a nurse will call you back.
- SANE exam is optional for the victim
 - **Even if a SANE exam is not needed, you can call La Piñon to offer victim additional services or refer them to us**



Initial Reactions to Rape

- Initial numbness, shock, disbelief
- Block out or deny the experience
- Sense of relief (survived with their life)
- All victims will react differently following a sexual assault:
 - Crying
 - Laughing
 - Quiet
 - Talkative

Why Victims Do Not Report



- They believe “Nothing will ever happen to perpetrator”
- They believe that they won’t be believed by law enforcement
- Afraid of being judged
- Fear of retaliation
- Shame/ Embarrassment
- Media portrayal
- They know the perpetrator
 - Of 1,000 rape victims:
 - Stranger rape - 90% reported in less than 24 hours
 - Non-stranger rape - 90% reported AFTER one week (Beth Israel Hospital Study)^c

Why do Victims Report?



- Strong support
- Desire for justice
- Act of empowerment
- Are these applicable for other violent crimes?

Good things to say to victims



- How can I help you?
- I'm sorry.
- I believe you.
- Are you safe?
- Who else have you spoken to?
- Do you need anything else?
- If you do, contact me at...
- I can't imagine, but...
- I don't know, but I'll find out.
- If you have a serious problem or crisis, dial 911.
- I can't possibly understand what you are going through, but I'm going to try and help you.
- Let's see if we can figure out your most important needs right now.
- Would you like a referral for further victim assistance?
- **I'm glad you called.**
- What can I do for you?
 - What happened is not your fault.
 - Your case is important/unique
 - Do you have any concerns about your safety?
- Can I make any calls for you?
- I'm sorry to bother you.
- You are not going crazy.
- How are you doing?

Bad things to say to victims



- I know how you feel.
- Why???
- Why didn't you...?
- As a general rule of thumb...
- If I were in your shoes...
- You're so strong...
- You should forgive.
- It could be worse.
- Drunk driving "accident"
- You need to get over it / get on with your life.
- I can promise you that will happen for sure.
- You're not the only victim I'm trying to help.
- Offenders really aren't bad people...
- The poor defendant had a really tough childhood...
- Nothing at all.
- Avoid using generalizations.
- Avoid comparisons with other victims or cases.
- I understand what you're going through.
- Why were you...didn't you...?
- Move on, put it behind you.
- It's God's will (or any religious platitude).
 - At least you weren't hurt.
- You're so lucky...
- Time heals all wounds.
- What you need is...
 - Your case reminds me of another victim I dealt with...

Some “Do’s” & “Don’ts” of communicating with victims



- **DO:**
- Attempt foremost to communicate trust, support, and confidence.
- Calm and comfort victims. Ask “How are you doing?”
- Allow victims time to tell what happened and describe how they are feeling in their own words.
- Give victims back the control the offender took away by letting them decide when and where to talk.
- Reassure them that their feelings are quite normal and natural, even though they may seem a bit unusual at the moment.
- Let the victim know that any feelings or anger, distress, frustration, fear, etc. are *not* uncommon and are perfectly justifiable.
- Be willing to *listen* to the victim share his or her experience if he or she wants to talk about the crime and its effects, and *validate* the experience with empathy and support.
- Be alert for hidden meanings and messages not directly expressed by the victim, without making unwarranted assumptions.

Some “Do’s” & “Don’ts” of communicating with victims cont.

- Be encouraging, but not unrealistic.
- Be alert for opportunities to stress the victim’s qualities and strengths (without being patronizing).
- Accept the fact that you may never know whether a victim follows through with your recommendations.
- Have an informational and referral system - with names, addresses, telephone numbers, emails, and websites/pages - to determine appropriate referral.
- Offer to make referral calls/contacts for further information and victim support (to ensure that a connection is actually made for the victim)>
- Ask for assistance from a supervisor if a call appears to be too difficult to handle yourself.
- Recognize the mistakes will be made, and that increased communication skills come from learning from your mistake.
- Understand that many victims will have extreme difficulty reconstructing their lives after a violent crime, and that some may *never* recover from the tragedy.

Some “Do’s” & “Don’ts” of communicating with victims

- **DON’T:**
- Be judgmental or blame the victim for that crime that was committed against him or her.
- “Second guess” how the victim reacted to the crime, either at the time it was occurring or in the aftermath of a violent act.
- Avoid the victim, or avoid listening about his or her reaction to the crime. Listening about and validating those experiences and emotions are critical to a victim’s reconstruction after a crime.
- Try to frame the victim’s experience to any possibly similar experiences, including your own. It is *essential* to individualize each victim, each crime, and each victim’s reaction to that crime.
- Be “over-helpful” by making decisions and choices for the victims. Since no victim *chooses* to be victimized or has control over a violent act committed against him or her, the ability for victims to *regain control* over their lives, and *make decisions* affecting their lives, becomes very important.
- Be discouraged if you feel a call has been unsuccessful. You are not expected to “solve” most problems with a single phone call.
- Be afraid of silence. Use it constructively. Don’t talk more than the victim caller.

Some “Do’s” & “Don’ts” of communicating with victims cont.

- Become flustered by the victim’s anxiety and urgency. One of the most important things is that you must remain calm, even in a crisis. Remember too that your anxiety can easily be transmitted over the telephone.
- “Take sides” with a victim who has had difficult experiences with the criminal or juvenile justice system. Work to solve problems, and assure the victim that you will do your best to address their identified needs. Avoid “trash talk” about allied professionals at all costs!
- Become defensive or arrogant, or get into an argument with a victim.
- Expect to be a psychotherapist, not to know all the “right” answers. Your job is to listen and assist the victim - to the degree possible - in handling his or her immediate issues.

- SOURCES:
 - Kaufman-Yavitz, Louise. (N.D.). “Some Common Do’s and Don’ts.” St. Louis, MO
 - Seymour, Anne. (1998). “Do’s and Don’ts in Supporting Victims of Crime.” Unpublished.
 - Stout, Ed (N.D.). “Victim First Aid.” St Louis, MO: Aid for Victims of Crime.

La Piñon Sexual Assault Recover Service of SNM
Sexual Assault Nurse Examiner Unit (S.A.N.E)



On the campus of Memorial Medical Center
South West Corner in the Heritage Program Building



S.A.N.E Unit

Sexual Assault Nurse Examiner

Is a RN who has completed specialized training.



What Happens at the S.A.N.E Unit?



- The Unit is first a medical facility
- Victim becomes a patient - Empowerment
- Medical interview
- Evidence Collection
- Forensic Photography
- Medications
- Community Referrals

Evidence Collection



- Clothing
- Blood Standards
- Blood & Urine (DFSA)
- Miscellaneous evidence
- Sexual Assault Evidence Kit (SAEK)





Colposcope and Imaging Computer



Colposcope Photography



- Colposcope: ability to visualize and document microtrauma
- Use of colposcope improves detection of injuries
- Allows binocular magnification; 3.25x, 7x, and 15x, with lighting and digital photography

- Reported bruising from a female patient, photo taken by S.A.N.E Nurse



Genital Trauma

- Injuries are difficult to visualize
- Although small, it is significant
- Seeing injuries without magnification are particularly significant



Toluidine Blue Dye

- Toluidine Blue Dye: Nuclear Stain, defines injuries
- Improves the identification of micro-lacerations
- Nuclear stain, doesn't bind to uninjured skin

Toluidine Blue Dye



Genital Trauma

Anal Trauma





Anal Injuries

- Serious injury is rare with penile penetration because the anus and rectum are expansible and under voluntary control
- Acute perianal TEARS are significant for sexual assault
- Most victims are hesitant to disclose this type of penetration from an assault



S.A.N.E. Conclusions

- Lack of injury does not mean that a sexual assault did not occur
 - 98% of children's cases do not involve injuries
- A S.A.N.E. exam is secondary to the victim's need for medical attention to any physical injuries. Once the victim is medically released from the ER, a S.A.N.E. exam will be scheduled

First Responder to Sexual Assault



- If you are the first one the victim comes in contact with after an assault, remember the following:
 - Safety of the victim is foremost
 - Call La Piñon 526-3437
 - Ask non-judgmental questions
 - La Piñon SA first responders provide confidentiality, informed consent, advocacy, giving empowerment through decision making, validate and support the victim/patient



Things to Keep in Mind

- Be aware of how the victim is feeling
 - Ask prior to touching the victim
 - They maybe feeling nauseas
- Ask the victim if they have any physical injuries
- In a domestic violence case, ask victim if their has been unwanted sexual penetration or touching
- Explain that this is not ok and against the law
- Many victims will hesitate on disclosing, especially if their has been anal penetration
- Use your SA/DV Law enforcement Guide

A Successful Program



- Community coordination
- Multidisciplinary approach (MDT)
- Adequate training and skills
- Ongoing training to new technology and ideas



Role Play



THANK YOU