



The WNY Consortium of Higher Education
Sexual Assault Awareness Prevention and Compliance Task Force

February 19, 2015
Ramada Inn, Getzville, NY

SEXUAL ASSAULT ESSENTIALS



2011 National Intimate Partner and Sexual Violence Survey (NISVS)

- examines sexual violence, stalking, and intimate partner violence victimization using National Intimate Partner and Sexual Violence Survey (NISVS) data from 2011
- describes the overall prevalence of sexual violence, stalking, and intimate partner violence victimization



2011 National Intimate Partner and Sexual Violence Survey (NISVS)

- 19.3% of women and 1.7% of men have been raped during their lifetimes
- 1.6% of women reported that they were raped in the 12 months preceding the survey
- The case count for men reporting rape in the preceding 12 months was too small to produce a statistically reliable prevalence estimate

2011 National Intimate Partner and Sexual Violence Survey (NISVS)

- 43.9% of women

23.4% of men

experienced other forms of sexual violence during their lifetimes, including being made to penetrate, sexual coercion, unwanted sexual contact, and noncontact unwanted sexual experiences.



Sexual violence on campus

- One in five women will be a victim of completed or attempted sexual assault while in college. (Krebs, Lindquist, Warner, Fisher, & Martin, 2007)
- One in 16 men will be a victim of sexual assault during college. (Krebs et al., 2007)
- Among college women, nine out of 10 victims of rape and sexual assault knew the person who assaulted them (Fisher, Cullen, & Turner, 2000)
- More than 90% of sexual assault victims on college campuses do not report the assault (Fisher et al., 2000)
- 40% of colleges and universities reported not investigating a single sexual assault in the previous five years (U.S. Senate Subcommittee, 2014)



WHAT IS SEXUAL ASSAULT

- ⌘ Any sexual activity where consent is not obtained or freely given
- ⌘ Umbrella term
- ⌘ Includes rape
- ⌘ Non-legal term
- ⌘ Inclusive of all genders

Consent

Consent is a
voluntary,
verbal, positive affirmation;
an agreement
between equal and
unimpaired partners
without coercion.





I **stopped** kissing you back.
I **pushed** your hand away.
I said I wanted to **leave**.

It all meant "NO."



Sexual Assault as Trauma

- The experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence and/or the witnessing of violence, terrorism or disasters (NASMHPD, 2006)



Sexual Assault as Trauma

- Trauma is a more extreme version of stress perceived as life threatening and evoking fear, helplessness and even horror.

Trauma is life changing.

-Russel Strand





Trauma Response

- Fight
- Flight
- Freeze



Trauma Informed Care

Mental Framework:

What happened to you?

VS



What did you do? Or What's wrong with you?

Sexual Assault is Trauma

Everyone responds differently to trauma-survivors of sexual assault are no different!

Common responses:

- ⌘ shock
- ⌘ shame
- ⌘ disbelief
- ⌘ guilt
- ⌘ freezing
- ⌘ grief
- ⌘ embarrassment
- ⌘ anger
- ⌘ irritability
- ⌘ fear
- ⌘ self-blame
- ⌘ revenge
- ⌘ humiliation



Responses Continued

- Fear of people
- Concern for the rapist
- Memory loss
- Lack of trust
- Sense of loss of control



What gets in the way
of survivors
coming forward?



Victim Blaming

We live in a society where often questions regarding the behaviors and choices of a survivor are the focus, rather than the behaviors/choices of the perpetrator.

When this happens, what is the impact on a survivor's response?



Reasons Survivors Do Not Report/ Late Reporting

- Self-blame and/or blame from others
- Fear
 - Retaliation
 - Will not be believed
 - Of “the system”
 - Revictimization
 - Of family/friends/coaches/natural supports’ reactions
 - Of being “outed”
- Denial
- Past trauma history



Reasons Survivors Do Not Report/ Late Reporting

- Relationship to perpetrator
 - May want to protect offender
- Use of alcohol, drugs
- Participation in illegal activity during assault
- Stigma
 - Shame
 - Lack of anonymity



Duty vs Doubt

False Reporting: 4% (FBI research)

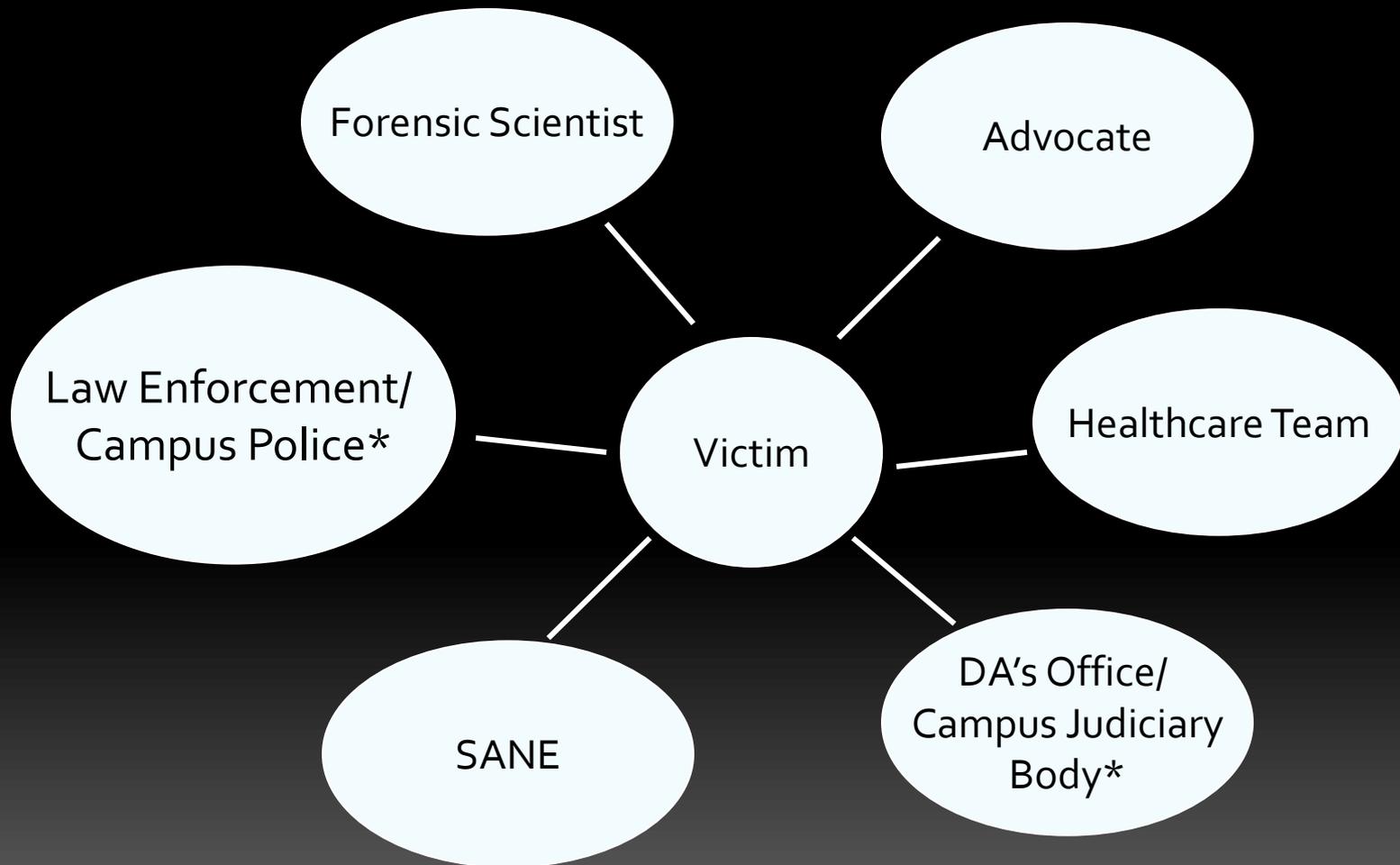
- 1) What happened is unknown to victim
- 2) Fabricated story

- False reporting is *not* the same as recanting
- 

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When a Survivor Seeks Help

Sexual Assault Response Team





Rape Crisis Centers

- 24 hour response
- Hospital Advocate- *NYS Department of Health Protocol indicates that a victim of a sexual assault is to be offered the services of the rape crisis center in the emergency department.*
- Hotline
- Advocacy (criminal justice / other)
- Ongoing support
- Counseling/Therapy
- Prevention, outreach, education



Forensic Evidence Collection

Mfg. By



This kit may be ordered for VICTIM Evidence Collection at this website:
<http://www.criminaljustice.state.ny.us/stop-evidencekit.htm> or by calling 516-457-9726
This kit can be purchased at PWI directly for SUSPECT Evidence Collection.

SEXUAL OFFENSE EVIDENCE COLLECTION KIT FOR HOSPITAL PERSONNEL

PATIENT'S NAME: Jane Doe

FEMALE:

MALE:

HOSPITAL NAME: Genesee

EV. TIME KIT OPENED BY: _____

KIT SEALED BY: _____

TIME KIT SEALED: _____

OTHER EVIDENCE TAKEN: _____

RECEIVED BY: _____

RECEIVED BY: _____

RECEIVED BY: _____

DELIVERED BY: _____

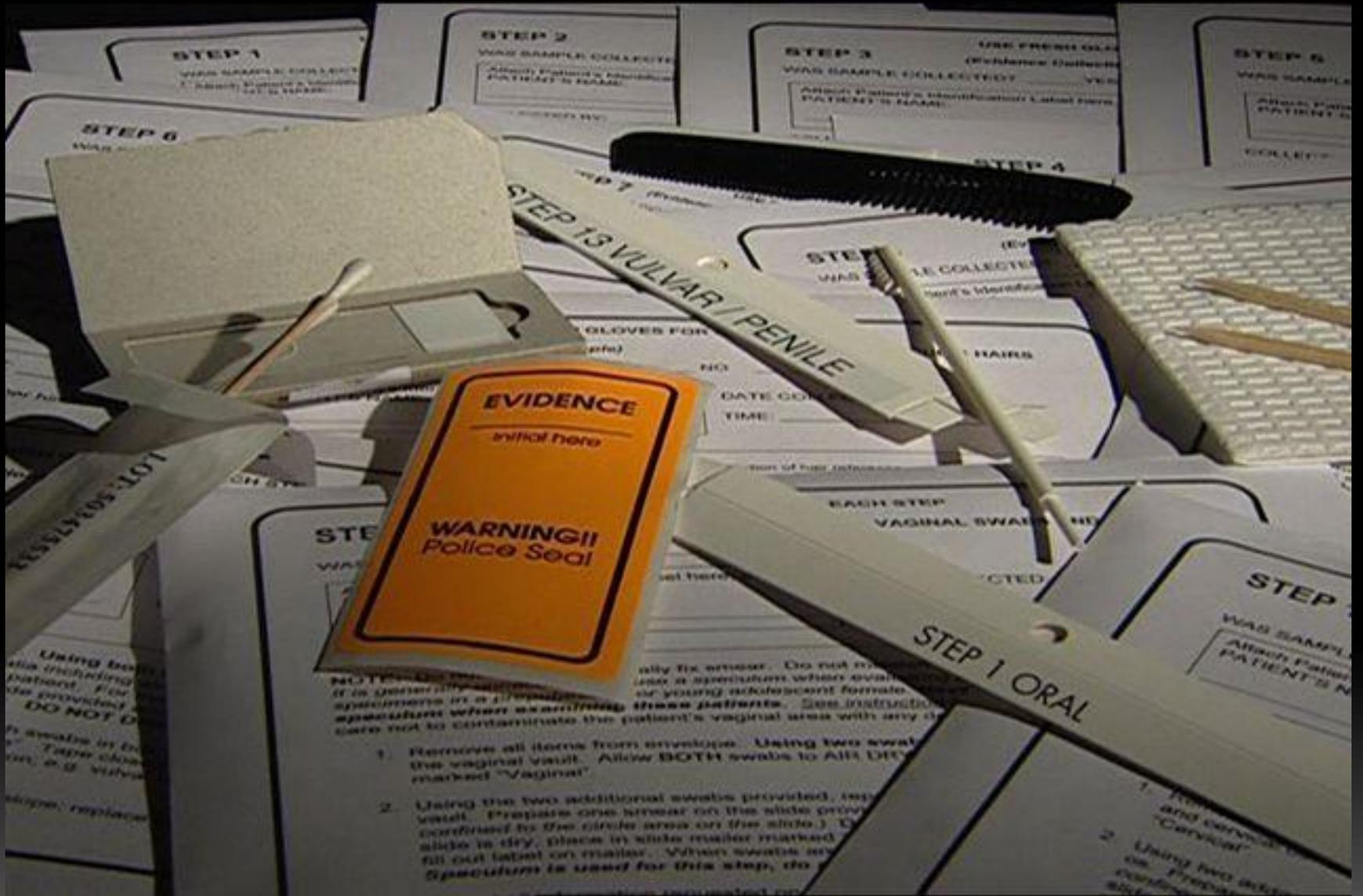
PLACE

Sexual Assault Forensic/Nurse Examiner (SAFE/SANE)

RN, NP, PA, or physician who has received specialized education and proved clinical competency in providing comprehensive care to sexual assault patients

SANE Role

- Conducts forensic interview
- Performs medical forensic exam and evidence collection
- Provides medical treatment
- Performs pregnancy risk evaluation and prevention
- Offers prophylactic treatment for tetanus and STIs, including HIV and Hepatitis B
- Provides referrals
- Provides testimony in court trials



STEP 1

WAS SAMPLE COLLECTED?
Attach Patient's Identification Label Here
PATIENT'S NAME: _____
DATE COLLECTED: _____
TIME: _____

STEP 2

WAS SAMPLE COLLECTED?
Attach Patient's Identification Label Here
PATIENT'S NAME: _____
DATE COLLECTED: _____
TIME: _____

STEP 3

WAS SAMPLE COLLECTED?
Attach Patient's Identification Label Here
PATIENT'S NAME: _____
DATE COLLECTED: _____
TIME: _____

STEP 5

WAS SAMPLE COLLECTED?
Attach Patient's Identification Label Here
PATIENT'S NAME: _____
DATE COLLECTED: _____
TIME: _____

STEP 6

WAS SAMPLE COLLECTED?

STEP 13 VULVAR / PENILE

STEP 4

STEP 11

WAS SAMPLE COLLECTED?
Attach Patient's Identification Label Here
PATIENT'S NAME: _____
DATE COLLECTED: _____
TIME: _____

EVIDENCE
initial here _____

**WARNING!!
Police Seal**

STEP 1 ORAL

STEP 7

WAS SAMPLE COLLECTED?
Attach Patient's Identification Label Here
PATIENT'S NAME: _____
DATE COLLECTED: _____
TIME: _____

STEP 8

WAS SAMPLE COLLECTED?

EACH STEP
VAGINAL SWABS REQUIRED

DO NOT USE SPECULUM FOR ORAL SPECIMENS IN A CHILD OR YOUNG ADOLESCENT FEMALE. USE A SPECULUM WHEN EVALUATING THE VAGINAL AREA WITH ANY OF THESE PATIENTS. SEE INSTRUCTIONS FOR USE OF SPECULUM. CARE NOT TO CONTAMINATE THE PATIENT'S VAGINAL AREA WITH ANY OF THE FOLLOWING:

1. Remove all items from envelope. Using two swabs, collect the vaginal vault. Allow BOTH swabs to AIR DRY. Mark one swab "Vaginal".
2. Using the two additional swabs provided, collect the vaginal vault. Prepare one smear on the slide provided. (Do not collect from the circle area on the slide.) Do not use the slide until it is completely dry. Place in slide mailer marked "Vaginal". When swabs are dry, fill out label on mailer. When swabs are dry, the Speculum is used for this step, do not use for any other purpose.

1. Using two swabs, collect the vaginal vault and cervix. Mark one swab "Cervical".
2. Using two swabs, collect the vaginal vault. Prepare one smear on the slide provided. Mark one swab "Vaginal".

Using both swabs including the one provided for the patient. For the patient provided, DO NOT DRY swabs in Envelope. Tape closed envelope, replace



Important Timeframes

- **96 hours:** forensic evidence collection
- **96 hours:** drug facilitated sexual assault kit
- **120 hours:** emergency contraception
- **36 hours:** HIV prophylactic medication





Multidisciplinary Teams

- Rape Crisis Advisory Committee- Erie
 - Sexual Assault Response Team- Niagara
- 



Survivor Response

⌘ The responses and choices we see from a survivor after a sexual assault are often not what we would expect to see.



Survivor Response

⌘ We must learn to *expect no specific response* from a survivor, while being prepared to *accept any type of response* from a survivor.



Survivor Response

⌘ Every survivor of sexual assault is entitled to responding to their victimization in a way that is natural and comfortable for them.



Recommendations



When a student discloses

- Listen without judgment
- Assess safety
- Medical attention
- Connect with Rape Crisis Center/Advocate



When a student discloses

- Decrease # of times victim has to relay experience (Child Advocacy Center model)
- Confidentiality- decrease # of personnel who “need to know”
- Employ a transparent process
- *Provide Choices*



Working With Survivors Throughout The Judicial Process

In order to have a survivor remain engaged in the judicial process, interactions with her/him require a thoughtfulness and an awareness of the challenges she/he is facing.



Language must be:

⌘ Free of blame

⌘ Unassuming

⌘ Non-judgmental

⌘ Neutral

⌘ Non-categorizing

⌘ Empowering



Note that the way a victim
tells her/his experience
might change throughout
the process.



How Come?

- Impact of Trauma
- Barriers to reporting

So....

- 
- Avoid multiple interviews
 - Employ a trauma informed approach



Campus Process

⌘ Transparent, sound, informed and consistent processes as they relate specifically to sexual violence will encourage other survivors to come forward and deter offenders from repeating the behavior.



Campus Process

- Having a survivor of sexual assault who is engaged in the judicial process means holding more offenders accountable and keeping our campuses and communities safer.

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The Offenders



How do messages of violence against
women in our culture register
with offenders?

- 
- Sense of entitlement
 - Believe violence is an option
 - Believe the victim is to blame
 - Reject responsibility

- IACP National Campus Law Enforcement Institute on Violence Against Women, 2010

What do perpetrators target in their victims?

- Vulnerable or can be made so
- Accessible or can be made so
- Perceived lack of credibility or can be made to seem so

- National Law Enforcement Training and Capacity Building Project, Sexual Assault Training Institute



Success Stories

Resources

- Rape Crisis Centers
 - Erie: Crisis Services Advocate Program (716) 834-3131 www.crisisservices.org
 - Niagara: YWCA of Niagara Rape and Sexual Assault Program
716-433-6716
- Trauma-Informed Community Initiative of Western New York <http://www.wnytrauma.org/>
- NYS Domestic and Sexual Violence Hotline 1-800-942-6906
- New York State Coalition Against Sexual Assault www.nyscasa.org
- NSVRC: <http://www.nsvrc.org/publications>
<http://www.nsvrc.org/publications/articles/prevalence-and-characteristics-sexual-violence-stalking-and-intimate-partner>
- RAINN www.rainn.org



Resources

- Clery Center for Security on Campus: www.clerycenter.org
- It's On Us: www.itsonus.org
- Not Alone: www.notalone.gov
- Know Your IX: www.knowyourix.org
- SAFER (Students Active For Ending Rape): www.safercampus.org
- American College Health Association: www.acha.org
- Victim Rights Law Center: www.victimrights.org

Contact information

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