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X METROPOLITAN ORGANIZATION
TO COUNTER SEXUAL ASSAULT

Final Report

No. 78-DF-AX-0037

Two West 40th Street, Suite 1104
Kansas City, Missouri 64111

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PROJECT BACKGROUND

In 1972, it was an interesting idea. Could a city be made "rape safe"? The question grew out of an innovative police research project, one of a half dozen crime-specific studies of the Kansas City, Missouri Police Department under Chief Clarence Kelly. The operating hypothesis was simplicity itself: could detailed analysis of actual crime reports over a two year period pinpoint those factors that:

1. Increased likelihood of the studied crime occurring; or
2. Decreased likelihood of the studied crime occurring.

In 1972, such street-wise research was not common in police circles. It marked the superiority, the break-through approach characteristic of the Kansas City, Missouri Police Department. Many of the studies became textbook standards in crime prevention.

But one--rape--defied analysis statistically. No correlation could be established between the victims' mode of dress, provocative behavior or her previous sexual experience and her probability of being sexually assaulted. The time-honored myths that a victim "invited it", "deserved it" or "wanted it" could not be scientifically substantiated. (It should be noted that these studies preceded by some six years the highly publicized Battelle Institute research that led to the founding of the National Institute on Rape Prevention and Treatment, a research oriented offshoot of HEW's National Institute of Mental Health.) On a separate but parallel

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ACQUISITIONS

track, the Kansas City, Missouri Police Department long range planning personnel, scrapping the popular image of barhopping, hitchhiking, sexy swingers as typical rape victims in favor of finding the actual ecology of victimization, began recruiting a loose advisory group of doctors, lawyers, judges, prosecutors, nurses, psychologists, detectives and any professional discipline that dealt with victims of sexual assault. This Ad Hoc group numbering 89 at the historic organizational meeting of the Metropolitan Committee to Coordinate Rape, was the nucleus of a unique crime prevention team, MOCSA.

Realizing as a start, that rape prevention rests not in behavior modification, a goal unrealized by modern psychiatric or psychological practice, but rather in the identification, arrest, prosecution and incarceration of rapists, MOCSA dedicated its efforts to getting rape victims to testify in court. Without the victim's testimony a rapist is in no danger of forced curtailment of his repetitive stress-release behavior.

A curious pattern evolved from five years of study financed in part by the LEAA, in part by professional volunteers and always with the continuous support and endorsement of the Kansas City, Missouri Police Department under four different chiefs. This pattern, based on the study of many hundreds of victims and many hundreds of suspects--the victim through contacts with MOCSA's victim advocates; the suspects through the investigation of sex crimes detectives of the Kansas City, Missouri Police Department and other metropolitan Kansas City law enforcement agencies.

The system evolved was simple. Each professional dealing with a rape victim, whether by law, e.g., police officer or prosecutor,

or by professional commitment, e.g., hospital personnel or mental health practitioner, would avoid the stereotype, judgmental practitioner epitomized in Elizabeth Montgomery's portrayal of a victim in the widely viewed television production "A Case of Rape". Multiple contacts with rape victims revealed that something about the attack did far more damage to a rape victim's life than a single instances of forcible sexual intercourse could explain, especially in the case of a mature sexually active woman. Victims viewed statistically did not fit the stereotype of the swinging single. An intensive study of the events preceding the actual rape revealed a pattern of planning, predatory behavior and the need for stress release in the assailant that replaced the image of a man temporarily overcome with lust when faced with an overwhelmingly sexually attractive woman.

The time honored image of sexual assaults could not explain such facts as:

1. Victims ranged in age from six months to 94 years;
2. 26% of the initial meetings between victims and assailants were as a result of a quasi-social introduction initiated by the assailant;
3. That over 40% of the meetings took place in private residences--the victim's, the assailant's or their families' or friends' homes;
4. That the place of meeting was not usually the place of the assault; and
5. That more than half of the victims had seen their assailant previously--he was recognizable from observation

before the assault--as familiar as an ex-husband, as remote as a fleeting glimpse of a delivery boy or fellow office worker.

These facts and many others, established by analysis of over 1,000 rapes studied, did not fit the pattern of rape as established by locker room sexual lore and day room repartee. Serious studies by MOCSA revealed a frightening pattern to sexual assault:

1. Women were most vulnerable when they felt safest-- on their jobs, in their homes or schools;
2. Choice of victim was based not on sexual attraction but on vulnerability;
3. Rape was a crime of violence, overwhelming anger or frustration, not of unsatisfied sexual passion; and
4. The assailant's need for domination and humiliation of the victim was the principal motive for the attack.

THE MOCSA PLAN

Gradually a methodology evolved to meet the needs of the criminal justice system:

1. Encourage rape victims to report. Part of the assailant's "con" during the attack is implanting the idea that reporting, identifying or cooperating with authorities will bring instant retaliation from the assailant--maiming or death;
2. Provide noncritical information to victims as to criminal justice processes, medical assistance and emotional rehabilitation. Victims cringe from the stigma that the current mythology of rape attaches to them;

3. Support the collection and treatment of corroborative physical evidence through accredited medical facilities that will raise a rape trial above the level of a swearing match and drastically reduce the chance of misidentification of an innocent man;

4. Stimulate expertise and confidence among prosecutors in the trial and conviction of rapists; and

5. Educate the system.

By instituting a coordinated protocol among police, investigators, hospital emergency room teams, prosecutors and mental health clinicians; by utilizing professional volunteers for interdisciplinary training; by recruiting, training, screening and assigning community volunteers as victim advocates to serve as crisis intervenors, information specialists, court watchers and companions through necessary criminal justice procedures and by organizing victim support groups for mutual discovery that what you feel after a rape does not mean you are going crazy--by these methods, real impact has been made in the prevention of rape.

The significance of the MOCSA approach can be better appreciated through an understanding of some unique aspects of the prosecution of a sexual assault case. Such prosecution differs substantially from that of other types of criminal activity. The legal requirements are penetration, however slight, and lack of consent by the victim.

1. There is rarely, aside from the victim herself, a witness. The plan of a rapist revolves around how to get the victim from the place of initial meeting to a place of safety--

for him. That is, a place that satisfies two requirements: (1) he can operate without fear that his victim, once the attack is underway, can summon help and (2) that he can carry out the attack without fear of chance of discovery and consequent risk of interruption.

2. Nonconsent does not mean resisting to the threshold of death. The modus operandi of a rapist must fulfill three requirements. It must bring him within such close range of his victim that he can bring her under physical control, that is, literally within arm's length. It must overcome the victim's resistance through force or fear so that he can complete the domination and humiliation of the victim, that is, permit the "power trip" that is the primary motivation of the rapist, rather than mere sexual gratification as is commonly believed. The act of forcible intercourse is often the coup de grace, the ritualistic sign-off comparable to the final stroke of the matador in a bull fight, that serves as the symbol of complete domination. The rapist's achievement of total power over his victim is his real high, as revealed by interviews with rapists. Hospital records of some 1800 rape victims reveal that fear skillfully induced by the rapist, rather than injury, is the most compelling weapon. It is this fear, this loss of control over her future, her very life that causes the deeply embedded trauma that is recognized by those dealing with victims of sexual assault as the "rape trauma syndrome". It is analogous to a hostage situation: the public sympathy extended to such randomly chosen hostages should extend to

rape victims. Their situations have many uncanny parallels;

3. Lack of corroborating evidence, absence from the vagina of live sperm in 75% of the cases examined at St. Luke's Hospital rape treatment center, has been a source of puzzlement to medical personnel for years. Without education in the ecology of rape and without the newly developed sophistication of forensic analysis that can establish recent intercourse from the presence of foreign body fluids, many uninformed doctors preferred to explain this seemingly anomaly by rejecting the victim's story in favor of the time honored mythology of her making a malicious charge to incriminate a man she hated, even if he were a total stranger.

MOCSA's research into hundreds of rapes explains why a majority of victims bear no marks of force. Their stories of expertly induced terror substantiate the fact that most rapists rely on an expertly developed method of terrorization. Only such means in a vast majority of cases is used to compel 'obedience'. Many rapists are, in fact, impotent or have low levels of sexual function. Moreover; their married life styles or social milieu permits adequate opportunities for sexual gratification. They need not rely on acting out surges of overwhelming levels of frustration and anger that they know of no other way to dissipate;

4. The rapist builds his defense into his method of attack. Through extending his reign of terror to include discouraging reporting by threats of future retaliation or by creating such a quasi-social aura to the encounter, that a victim reporting her attack to police officials unfamiliar with

this ploy can have no expectation of being believed, a rapist can usually expect to escape being brought to police attention. A social introduction (initiated by the rapist), an entry gained by guile in the victim's apartment or home or a skillful psychological reinforcement of the victim's desperate attempt not to appear "square" or "frightened" while she still has time to escape, flowers sent after the attack with an amorous note-- all are ploys taken from actual cases studied to create disbelief of the victims' stories. Yes, she may have been stupid, naive, unthinking, but this cannot be allowed to be equated to willingness to participate.

With this insight into sexual assault from a rapist's point of view firmly in mind, MOCSA identified the obstacles faced by a victim in reporting, aiding the criminal justice system and ultimately testifying against her attacker in the close proximity that courtroom practice dictates. These include:

1. The overwhelming fear of the rapist's threatened retaliation. Though rarely (2 out of 6,000 cases 'examined' in the Kansas City, Missouri Police Department) a reality, glaring newspaper headlines featuring "RAPE" and "MURDER" in the eye-popping juxtaposition have deeply imprinted the public with the dearly held misconception that a "real" rape involved bodily harm to the point of death; a live victim needs a few missing teeth, a broken arm, and, oh yes, a tear-stained cheek is helpful, too.

2. The stigma of victimization by sexual assault. Victims of kidnapping, robbery and maiming excite sympathy, but the

cherished mythology of rape insists that somehow it is the victim's fault, usually attributed to unladylike flaunting of her sexuality through immodest dress, suggestive behavior or frequenting risk-provoking locales.

3. The well dramatized and ever present media insistence on the image (and, unfortunately, all too often the reality) of cynical police, judgmental hospital personnel and cowardly prosecutors. Even in her search for a private haven for release of the grief and life-dislocating effects of her attack she is too often frustrated by mental health personnel with no other education in the ecology of rape than the prevailing locker room, snigger-inducing mythology that pervades our law society's view of our own sexuality.

4. The very real stress of reenacting the attack for each successive discipline in the system from the initial report to the district officers, through the medical examination in an overly busy, understaffed, unprivate general hospital to the investigator, the polygraph operator, the holders of "show-ups" for identification and ultimately the prosecutors (plural because one prosecutor rarely sees a case through the multiple levels of appearance and jurisdiction that characterize a felony criminal trial).

FOR THE FUTURE

Rape prevention may be divided into three classifications: primary, secondary and tertiary. Primary rape prevention would mean that rapists would not be allowed to develop within our society. Because of the lack of understanding at the present time among the

mental health profession as to the roots and climate or factors that encourage or discourage the development of a violent personality, primary prevention is not possible within the state of the art.

Turning then to secondary prevention, which is interference in the repetitive operations of the rapist by separating him from his intended victims, his method depends upon incarceration. Incarceration within our legal system is possible generally only after a judgment of guilt or an admission of guilt.

Tertiary treatment, while it can individually equip a person to be less likely to be the victim of a forceful rapist, does not cut the overall incidence of rape since a displacement of the rapist's attentions will cause some untrained person to fall into his hands.

MOCSA has been well aware of the difficulty in encouraging primary prevention. The level of knowledge among the medical, psychological and psychiatric professions about forcible sexual assault is so low that in the vast majority of academic institutions the need for special attention to this subject has not even been recognized, much less dealt with. This is verified by the fact that, in looking at the publications collected for the Resource Library, serious psychological and scholarly articles on rape, by the vast majority, date since 1974.

When interviewing rapists, the sex crimes detectives have detailed a history of gradually increasing antisocial behavior among the men who develop into rapists. Starting in some cases as juvenile peeping toms, progressing to obscene phone calls and exhibitionistic behavior, the behavior of these delinquent boys culminates in forcible rape. The successive incidents of rape also may, in some cases,

betray an acceleration in the degree of control and hence the degree of violence used on the victim. It is important that these lesser crimes, particularly when perpetrated by a juvenile, be taken more seriously as an indication of possible future violent behavior.

Studies need to be undertaken to identify what keeps certain of these juvenile offenders from progressing to the violence of forcible rape. That is, what are the intervening factors, either training, environmental change, intercession of a probation or social agency, which can deflect a youthful offender from developing later into a forcible rapist. Empirical studies of the progression and past records of rapists was not within the ambit of the MOCSA grant and operations, however, the above observations gleaned from frequent discussions with sex crimes investigators confirm that this would be a fruitful area of research. The implementation plan of MOCSA, that is, incarceration of forcible rapists, depends on reducing victim fallout from the criminal justice system at every stage of proceedings. At the present time, this offers the most operable chance of reducing forcible rape.

Starting with the encouragement of victims' reporting to any source and encouraging participation in the criminal justice system on a graduated basis, MOCSA began operations. It was found that simply a choice of whether or not to waive prosecution (a choice which in our experience is generally invoked at an inappropriately early time by the criminal justice agency) does not allow the victim enough choice. Victims who choose to participate to some lesser degree by cooperating with the police in giving MO information may never take the witness stand but will improve the clearance rate. The

ultimate agreement to testify should not be extracted from the victim before a suspect is known. It is the increased rate of charging in sexual assault cases, the increased efficiency, effectiveness and knowledge of prosecutors through training in the psychology of victimization by sexual assault, the eradication of prospective jurors in the voir dire through a series of attitude-divining questions and the introduction of good, corroborative physical evidence that has led to increasing conviction rates over the last three and one-half years of operations. It is a practical approach. The two limitations perceived by MOCSA to the operational effectiveness of this system are (1) reporting rate and (2) jurors' attitudes.

Within the easily definable police/prosecutor system, professional training as a basic part of inservice education seems a practical and effective way of making sure that:

1. The victim is not subject to attitudes based on uninformed views of the ecology of rape;
2. The corroborating evidence is collected, preserved and introduced through an unbroken chain of custody; and
3. Prosecution and investigative techniques are taught.

A much more amorphous problem is involved when we discuss victim reporting and jury attitudes. Improvement in these areas depend on impacting the general public level of awareness, opinion and prejudice. On a short term basis we have found that an intensive public relations campaign in a crisp, professional saturation mode as distinguished from utilizing free publicity and the occasional public service announcements (generally delivered at 5:00 a.m. on Sunday mornings) is needed.

The experience of MOCSA has been that in the months of July and August, 1979, after the conclusion of the February, March and April public awareness campaign, conducted by a combination of paid and free advertising, yielded an increase in reporting rates at the St. Luke's treatment center of 12% and 30%, respectively. An agency hoping to effect social change that involved reeducation and awareness must look to putting a substantial part of the agency budget into public relations. It is ineffective and wasteful to offer a service that is not perceived by the target audience in advance of the occurrence of therapy as being available, profitable and helpful to employ. Translated into numbers for MOCSA, it means that, as a practical matter, we would have to reach one out of ten people in the service area, that is, 140,000. In the last two years of the grant period during which records were kept of audience participation, 25,000 people were reached by direct, face-to-face presentations. Using media measures of listening, viewing or reading audience, we estimate that 23% of the metropolitan population saw the MOCSA billboards that were on display for six weeks in April and May. Incidentally, these ads won the local outdoor advertising award for their design. The in-depth newspaper articles, radio presentations and thirty public service announcements made during February, March and April were an important part of the overall program of generating awareness.

There tends to be among social agencies' attitudes of extreme naivete concerning the creation of a public image for that agency. Since the target population for a rape center is not delineated by economic need, mental conditions or other determinants of potential

clientele, the awareness efforts must reach a substantial portion of the possible target audience. In MOCSA's case, the target audience was working women. The "Ecology of Rape" study showed that 42% of the victims were employed. It is hypothesized by Battelle that the increased activity of a working wife in public, both in job related tasks as well as extended period in public to complete her normal shopping and errands contributes to her exposure to the rapist. The second target area is students. Some 38% of the victims fall in this category. Note that St. Luke's reports show ages 16-19 as the highest reporting age group. This is an even greater problem because underlying the difficulty of increasing reporting rates are two factors: (1) the traditional distrust of very young adults to cooperate with any agency viewed as authoritarian such as police or local campus administration and (2) the town-gown division that tends to divide the law enforcement efforts of the campus security police who are controlled by an administration that wishes to present a "safe" public image to prospective students and present students' parents from cooperation with local law enforcement. As a result, the local authorities are often unaware of the high rate of sexual assaults on college campuses.

The long term cure is to institutionalize the public transfer of knowledge of the ecology of rape in every type of training institution. This includes:

1. Very early awareness training for any child who is of sufficient maturity to be out from the direct supervision of an adult for even very brief periods. We estimate this would start at age three. This type of training could be

instituted through programs such as parenting education, PTA programs for younger siblings of students and the civil defense block mother program;

2. School awareness training as a continuation of the training above. Children need protection from unwanted touching occurring by acts of authoritarian figures in a child's own friendly environment. "Who do you tell?" when it is the father, step-father, uncle, brother that is molesting the child. Teachers, nurses, school counselors, policemen, block mothers all need to be utilized for reporting (and believing) information about such incidents;

3. The extension of training about "harmful strangers". Starting about 4th grade, reasonable safeguards for children above the age of 8 or 9 should be taught. The relative freedom from supervision for periods of several hours gives rise to the need for training this age group when faced with potentially threatening situations. They need to learn a reasonable cause and effect relationship between actions of others and his or her response to those actions;

4. With puberty and the increasing heterosexual contacts beginning about 9th or 10th grade, training utilizing such films as "Acquaintance Rape" to stimulate discussion of responsible behavior is helpful. In health or social studies or family classes, emphasis on correct reading of social signals, honesty in dealing with the opposite sex as well as increasing the scope of awareness training to include dating and public situations is needed;

5. Develop reporting methodology for the young adult; working women, college students, singles, divorcees--the target groups of rapists. These women are without the automatic escort of a husband or without the home bound responsibilities of a young family.

Accompanying this spectrum of public education, there needs to be a corresponding institutionalization of the ecology of rape within professional or preprofessional educational institutions.

Included under police training are:

1. Police recruit training;
2. Inservice training. Until all commissioned police officers pass through this training cycle, there will be an intense need for inservice training for the officers entering police work before recruit training in sexual assault was required. Even after recruit training, there is a need for refresher courses on sexual assault awareness, estimated to be required on a four year cycle;
3. Special sessions for dispatchers, forensic pathologists and investigators whose duties include sexual assault, and for police administrators and policy makers.

It is observed from the present public awareness that rape is a crime they may statistically expect to experience, making this a particularly valuable area for crime prevention and community relations officers to use as a community bridge.

Under academia:

1. Basic courses in psychology or sociology should cover the ecology of rape;

2. Academic courses in sexual assault should be included as a regular part of undergraduate curricula in law enforcement, criminal justice, social work and graduate nursing;

3. The specialized programs leading to degrees in law, medicine, nursing, mental health clinicians should include regular education blocks on the ecology of rape and the psychological responses of victims;

4. Inservice training and postgraduate courses for the professionals involved in treatment of rape victims should include understanding the role of components of the system as well as the ecology of rape.

When these educational blocks become institutionalized as part of our basic human knowledge, the task of a rape crisis center will be substantially simplified. In the first place there will be a realistic understanding that reporting is equated to discontinuance of a rapist's activities. The social stigma that is faced by a rape victim can be largely eliminated. At MOCSA, we feel that this day will come when a rape victim's picture is on the front page of ^{the} paper with a laurel wreath around it and a commendation medal below it. Realistically, this is at least one generation off.

MOCSA has developed educational presentations to cover this entire span. There is reason to believe that this is an entirely practical approach and the lesson plan or outline of these presentations is available.

Most of these training modules have a more general application. They are adaptable not only to sexual assault but to increase awareness and concurrent prevention activities in other types of situations

involving interpersonal violence such as child molestation, spouse abuse of domestic violence.

START UP

The set up of a rape prevention system involves the interaction between the victims of the assault and the professional that interact with her. This latter group will be described as "responders". It includes persons and agencies, which by law or by custom, must deal with the victims of sexual assault. The responders are generally identifiable, that is, they are the police, prosecutors, investigators, hospital emergency room employees and mental health professionals. It is probably easier to start with giving this group the basic information on the ecology of rape. The much more difficult problem is the training of the potential rape victim and potential jurors or the general population from whom the responders by virtue of their professional commitment are drawn.

Let us start the design of the response network for victims of sexual assault by identifying the components of this network.

The first component is the sensor mechanism to trigger services to victims of sexual assault. This triggering mechanism may be a specifically training emergency room team that is aware of the importance of preserving physical evidence found on the victim's body. They know how to handle evidence procedures, and are schooled in the psychology of victimization. With a commitment to encourage victims to fight back by reporting the assault to the criminal justice system. It may be a 24 hour crisis line that can trigger the system to the needs of the victim without forcing the decision as to whether or not to prosecute. It may be the dispatcher of

the local law enforcement agency. The third agency is traditionally the one by which the information that a sexual assault occurs comes to the attention to the criminal justice system. It should be considered for the purposes of this report to be the norm.

It has been MOCSA's experience that by utilizing the two other tracks, the manned crisis line and the trained emergency room response, the rate of reporting can be substantially increased. It is a function of the MOCSA intervention model to divert a substantial number of victims that would have been content only to make a third party report into cooperating with the criminal justice system. This has been expedited by the use of anonymous reports, that is, information about the MO of the assailant transmitted to the local law enforcement agency for comparison with previous sexual assault cases under investigation. If the reported MO matches, the police ask MOCSA to request the victim to grant an interview. In our experience this request is rarely denied. A victim is far less reluctant to speak to a named officer at designated office with a MOCSA companion to explain procedures.

The second element of the system is knowledgeable police officers having contact with the victim. These range from the dispatcher who cautions her not to clean up or disturb the crime scene; through the district officers who are trained to respond to sexual assault victims by adherence to departmental general orders covering initial reports, transportation to the hospital and notification of sex crimes investigators and lab technicians; through the specialized investigators and the evidence technician's lab report identifies the assailant; to the final assembling of a trial-worthy case with

solid, corroborating evidence.

The third element is the provision of a medical setting for the retrieval of physical evidence. Unlike most other crimes under investigation, the preservation and retrieval of physical evidence in a rape is not within the expertise of a forensic laboratory. It is only by forming a close corroboration with a medical facility capable of performing the pelvic examination and capable of maintaining a chain of custody on that evidence that a trial-worthy case can be prepared for presentation to the prosecutor.

The fourth element is a prosecutor's office working closely with the sex crimes unit that can help develop all of the potential evidence in a rape case. Again, it is important to engage the victim as an ally rather than a critic or an opponent of the criminal justice system. The highest single cause of not filing cleared cases revealed by the Battelle study is the failure of the victim to participate in the criminal justice system.

The fifth system element is knowledgeable emotional and psychological support for the victim. Records of some 1800 rapes processed through the St. Luke's sexual assault treatment center reveal an absence of the traditional evidence of a life-threatening struggle with her assailant--a concept too many law enforcement officers equate with nonconsent. (The excellent film "Reality of Rape" is extremely convincing in law enforcement training on this point. This reenactment of a rape shows no effective resistance on the part of the victim but there is no dispute in the two years of training in law enforcement classes that the victim did not consent.)

Contrary to prevailing opinions of psychologists that her trial is a repeat of the rape of the victim, MOCSA has found that barring preexisting disabling stress in the victim, participation in the criminal justice system is therapeutic. Our consulting psychologists' hypothesis is that the traditional guilt heaped on a victim by uninformed contacts after the rape, including not only the system, but her friends, family and those who should be her supporters, is dissipated by fighting back. We have found that this is true even in cases where the jury is hung or the defendant has actually been acquitted. The victim feels that by doing battle she has in effect expunged her responsibility for the incident and regained self-respect.

The sixth element of the system is the assignment of a victim's request of a person designated as the victim advocate. She or he provides crisis intervention, emotional support and companionship in the victim's trip through the criminal justice system, as well as giving information and referrals to the victim and her significant others. You will note that these volunteers are not referred to as "counselors". We have found use of male as well as female advocates useful. An important function is to be a source of information about the progress of the investigation and trial, both as to system norms and as to the case in which the victim is the principle.

The seventh element of the system is a permanent forum in which all of the responding agencies can have an equal voice and equal impact on solving the problems that arise from failure of agency protocols to intermesh smoothly or to be effective in

producing the desired results. A large part of the effectiveness of the MOCSA system can be traced to the fact that no agency owns it. Disputes are settled on the neutral turf of MOCSA whose functions are directed by policy level personnel from the interacting agencies. By utilizing police administrators, judges, working prosecutors, emergency room physicians and nurses and supervisory and instructional personnel in the field of medicine, mental health clinicians, forensic chemists, corrections officials, judges and court personnel supported by a judicious selection of community power brokers, each agency has an equal stake and chance to be heard, that is, ownership to the overall program.

OBSERVATIONS

1. At the present state of the art of behavior modification, primary prevention through rehabilitation of rapists does not appear to be clinically valid on a large scale basis, particularly among rapists dominated by the need for demonstration of control and characterized by increasing violence during their power trip with each successive victim.

2. Turning therefore to secondary prevention, incarceration, that is, separating the victim from the assailant by warehousing the assailant, appears to offer the most practical method of secondary prevention.

3. The general ignorance of the criminal justice of the potential for damage from sexual assault, the high repetition rate of this criminal type and the lack of behavior modification techniques in either prison or while on parole makes system-wide education among court and corrections officials a top priority.

4. An integrated program tying together system response from

the first call to the dispatcher to the final stages of trial can dramatically decrease the dropout of victims in the criminal justice system.

5. Because of the difficulty of maintaining a high level of public awareness of the availability of services and of referral systems to get the victim into the agency where she can receive assistance, information and treatment, institutionalization of sexual assault education through schools, media and public presentations must have a high priority in effecting (a) victim reporting, (b) jury attitudes, (c) public response and (d) support for the service delivery system.

6. That with the exception of the victim advocates and the staffing of the integrating council, all other activities are within reach of volunteers recruited, trained and assigned and applied for by agencies already committed by statutory responsibility or community expectation to serve victims of sexual assault.

7. Training by confrontation of inappropriate information based on misconceptions of human sexuality is ineffective and creates opposition within the system. Training should rather be based upon factual information derived from experience and dedicated to the idea that if the procedures accomplish what they are designed to do, they will be utilized by the agencies which wish to improve their performance and look better to their community supporters.

8. Organizations to counter sexual assault must maintain a public image of serving both men and women impartially and have equal participation in the management of the integrating system, particularly within traditional male dominated fields of law en-

forcement, medicine and mental health.

END