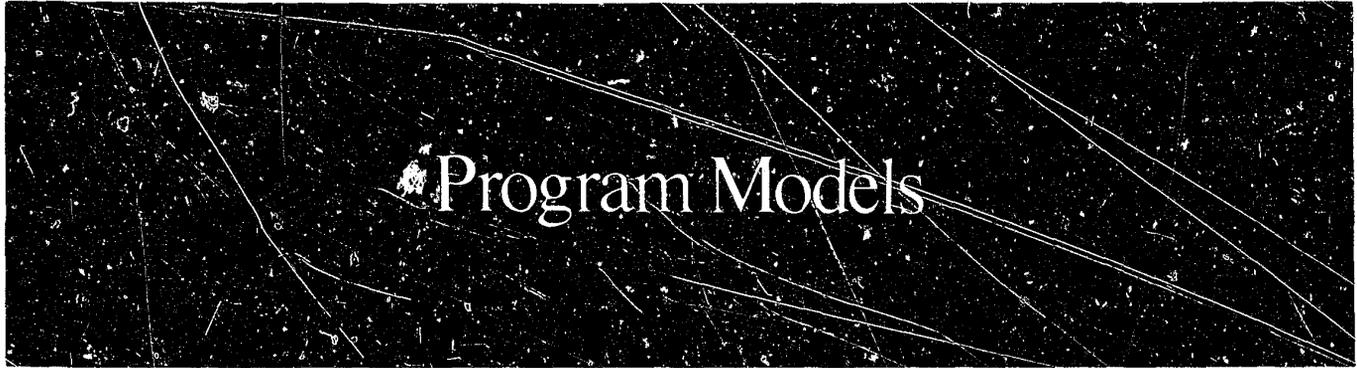


U.S. Department of Justice
National Institute of Justice
Office of Development, Testing, and Dissemination



Rape: Guidelines for a Community Response

An Executive Summary

66818

Program Models are a synthesis of research and evaluation findings, operational experience, and expert opinion in a criminal justice topic area. Each report presents a series of programmatic options and analyzes the advantages and disadvantages of each. The intent is to provide criminal justice administrators with the capability to make informed choices in planning, implementing, and improving efforts in a program area. The Models may also serve as the basis of testing and demonstration efforts.

The following individuals provided information
and assistance in the conduct of this study

Ossie Brown
District Attorney
East Baton Rouge
Parish, Louisiana

Sandra K. Lambert
Executive Director
Pennsylvania Coalition
Against Rape

Karla J. Fultz
Attorney at Law and
Former Special Prosecutor
for Sex Crimes
Polk County, Iowa

Donna D. Schram, Ph.D.
Consultants, Urban Policy
Research

Margaret J. Gates
Co-Director, Center for
Women Policy Studies

Susan Oldham
National Institute
of Justice
Program Monitor

U.S. Department of Justice
National Institute of Justice
Office of Development, Testing, and Dissemination

Program Models

Rape: Guidelines for a Community Response

An Executive Summary

by
Deborah M. Carrow

June 1980

NATIONAL INSTITUTE OF JUSTICE

Harry M. Bratt, *Acting Director*

Prepared for the National Institute of Justice, U.S. Department of Justice by Abt Associates Inc., under contract number J-LEAA-013-78. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Table of Contents

1.1	Introduction	1
1.2	Victim Services	3
	<i>Hotlines</i>	4
	<i>Counseling</i>	5
	<i>Escort Services</i>	5
	<i>Third Party Reporting</i>	6
	<i>Other Services</i>	6
1.3	The Rape Crisis Center	6
	<i>Independent Rape Crisis Centers</i>	7
	<i>Affiliated Rape Crisis Centers</i>	8
	<i>The Advisory Board</i>	8
	<i>Staff and Volunteers</i>	8
1.4	Criminal Justice Response	9
	<i>Police Response</i>	10
	<i>The Prosecutor's Response</i>	10
1.5	Medical Service Response	11
	<i>Medical-Criminal Justice Collaboration</i>	12
	<i>Medical Assistance for the Victim</i>	13
	<i>Payment for Medical Services</i>	13
1.6	Public Education	14
	<i>Public Education Topics</i>	15
	<i>Public Education Approaches</i>	15
1.7	Legal Issues	16
	<i>Redefining the Crime of Rape</i>	17
	<i>Eliminating the Corroboration Requirement</i>	18
	<i>Excluding Evidence of Prior Sexual Conduct</i>	18
	<i>Restricting Cautionary Instructions to the Jury</i>	18
	<i>Ensuring Access to and Confidentiality of Treatment</i>	18
	<i>Victim Compensation</i>	19
1.8	Evaluation of Rape Intervention Programs	19
1.9	Costs	20

1.1 Introduction

Rape is a violent crime, with the potential to inflict grave physical, psychological, and social harm on the victim. The physical attack threatens the victim's safety, health, and even her life. The psychological crisis brought about by the attack may impose a crippling, though invisible handicap on the victim. Finally, the victim must face the social stigma of rape, as both she and her family attempt to cope with the anger, guilt, and trauma resulting from the attack.

The extent of this problem is staggering. Between 1968 and 1977 the Uniform Crime Reports published by the Federal Bureau of Investigation indicated that rape was the fastest growing violent crime in the United States, with the reported incidence increasing 103 percent during the nine year period. In fact, this represents only part of the picture. The actual incidence of rape is estimated to be some 3.5 to 9 times the reported rate. Compounding this problem is the limited success of the criminal justice system in responding to rape. In 1977, only half of the reported rapes were cleared by arrest; only 65 percent of those arrested were prosecuted; and of these 40 percent had their cases dismissed or were acquitted.

Until recently, little attention was given to the crime of rape or the consequences to the victim. Untrained in the issues of rape and methods of handling victims in crisis, police were insensitive to the victim's needs or even distrustful of her account. Investigations were given low priority, and were assigned to less experienced staff. Hospitals allowed crucial evidence to remain uncollected, while failing to treat the emotional and psychological needs of the victim.

If the case proceeded on to the judicial system, the victim fared no better. At each stage of the case, she was required to repeat her story to a different prosecutor. Rape cases were given low priority, and were assigned to the least experienced personnel. If the case went to trial, the victim's behavior and history were subject to as much scrutiny as those of the offender.

The early 1970s marked the beginning of a change in the treatment of rape incidents. Concern over violent crimes in general, combined with a growing national concern over the status of women, brought the issue of rape and the treatment of rape victims to the nation's attention. At the forefront of this changing perspective was the rape crisis center. As the offspring of the feminist movement, these centers first appeared in the early 1970s. Generally staffed by volunteers and operating with minimal funding, these programs provided victim services, sought to improve criminal justice agency procedures, offered public education, and lobbied for the reform of laws relating to rape.

Interaction between many of these centers and the criminal justice system was often strained, even adversarial. Too often, the women's groups were unwilling to work with established agencies, while the criminal justice system resisted and resented the attempts of these groups to provide assistance. Gradually, however, many feminist organizations came to be viewed as a significant political and social force in the community; in turn, they began to recognize the value of working "with the system." As they won acceptance, rape crisis programs were able to develop cooperative and coordinated actions with other organizations and public agencies.

Over the last decade, the rape crisis movement has made remarkable progress. Rape crisis centers provide hotlines, and have trained escort/counselors available to accompany victims through every stage of the medical and legal process. Centers have provided the impetus for improved hospital procedures, and many have developed special liaisons with specific medical facilities. Referral sources for rape victims have multiplied. Police and prosecutors are beginning to place a higher priority on sexual assault cases and have instituted procedural and policy reforms reflecting this emphasis, while rape crisis programs have increasingly recognized that the best way to combat sexual assault is to arrest and prosecute the rapist. Finally, all parties have come to realize the value of a comprehensive, community-wide response to rape.

The goals of a community response address all components of the system. These goals are:

- (1) To implement a public education program which will
 - alter community attitudes concerning the crime of rape;
 - increase community awareness of rape prevention techniques;
 - increase awareness of services for rape victims;
 - increase public support for the community-wide effort.
- (2) To develop victim-oriented procedures throughout the community which will
 - reduce the physical and psychological trauma of victims;
 - enhance the victim's treatment;
 - encourage victim cooperation.
- (3) To improve criminal justice procedures in order to
 - increase the reporting of rape;
 - increase arrests for rape;
 - increase convictions for rape.

To assist this effort, the National Institute of Justice, U.S. Department of Justice sponsored the development of a Program Model entitled Rape: Guidelines for a Community Response. That document (which is available from the U.S. Government Printing Office, Order No. 027-000-00-886-1, price \$7.00) describes the components which make up an effective community response to rape, defines the activities and approaches which seem to be most effective in this response, and provides guidance on possible implementation issues and pitfalls.

Information for the Program Model was drawn from two major sources: LEAA-sponsored research on the topic of sexual assault and an extensive telephone survey conducted in late 1978 of 31 rape crisis programs operating throughout the United States. Thus, the Program Model presents a synthesis of current research, evaluation findings, operational experience, and expert opinion on the issues of rape.

The full report of Rape: Guidelines for a Community Response devotes a chapter to each of the following:

- Victim Services
- Rape Crisis Centers
- Criminal Justice Response
- Medical Service Response
- Public Education
- Legal Issues
- Evaluation of Rape Intervention Programs
- Costs

This Executive Summary highlights the major findings and conclusions of the Program Model, devoting a section to each of the Program Model chapters.

1.2 Victim Services

In the past, responsibility for a public response to rape rested solely with the criminal justice system. Limited by funding constraints, traditional procedures, and a narrow concept of the appropriate police and prosecutor role, the criminal justice system's response has centered on the offender: if the victim was considered at all, it was as a source of evidence and testimony.

Communities have come to realize that this response to rape is partial at best. Rape victims both need and deserve a range of services to help them through the immediate crisis of the assault and to support them through

long-term adjustments to the incident. In addition, it is now recognized that these services may actually enhance the ability of the criminal justice system to respond to the crime of rape by increasing the probability of victim cooperation with police and prosecutors.

Many jurisdictions have now developed a range of services designed to answer the specific needs of the rape victim. For example, 24-hour crisis hotlines are available for crisis intervention, referrals, and general information. Counselors are available to escort victims through the medical and legal procedures which follow a sexual assault, while short- and long-term counseling services facilitate the victim's emotional and psychological recovery.

Although these services are most often provided by staff of the rape crisis center, groups such as the police, prosecutors' office, hospitals, or other local agencies may also sponsor one or more of them. Some of the more typical services for rape victims are described below. For more detailed information, see Chapter 2 of the Program Model.

Hotlines

The crisis hotline is one of the most common, and certainly one of the most versatile services developed for the victim of rape. As the service most frequently provided by rape crisis centers, the hotline is a source of public education; persons needing information on sexual assault issues or treatment often call the hotline for assistance. It may serve as a referral mechanism, allowing callers to contact other sources of information or services. It may be used as a primary vehicle for providing immediate crisis intervention after a sexual assault, and can serve as a counseling and referral source for women who wish to remain totally anonymous. It can also be a means for women victimized months or even years ago to vent some of their feelings and concerns about their assault. Finally, it can function as the access point to the whole range of victim services available through the rape crisis center.

Most communities try to operate the crisis hotline on a 24-hour basis, using volunteers and/or paid staff members as crisis line counselors. The crisis line operators are specially trained in crisis intervention and listening skills, and may also receive training on local resources and referral services for the rape victim. Since the key to a successful hotline service is public awareness and use of the crisis line, publicity is very important: posters, media announcements, billboard advertisements, and referrals by various organizations are all used to ensure use of the hotline.

Counseling

Before the advent of specialized rape crisis counseling services, the rape victim had an extremely limited range of counseling options. While private therapy was generally available, unsympathetic attitudes of treatment staff and the costs of treatment were formidable barriers to many victims. And victims who simply required an empathetic listener, crisis intervention, or information on what to do next were virtually ignored.

Through improved victim services, communities now offer both short- and long-term counseling designed specifically for the needs of the sexual assault victim. For immediate emotional and physical support, crisis intervention workers will provide victims with empathetic listening and information on available courses of action. With appropriate training, paraprofessional and volunteer staff provide short-term counseling in which they assist the victim to deal with her feelings about the incident. In addition, many jurisdictions have strengthened long-term counseling services for victims by (1) improving methods of identifying victims with long-term treatment needs and (2) making referrals to counseling services which have the appropriate skills and philosophy to treat the victims of sexual assault.

Escort Services

After a sexual assault, the prospect of facing the medical and legal procedures which follow a rape may be overwhelming--especially if the victim must face them alone. The escort service seeks to answer this concern by providing a trained volunteer or staff member to accompany the victim throughout the major "stages" of the medical and criminal justice response to the rape incident. The escort provides emotional and physical support to the victim, answers any questions she may have, explains various procedures that will occur, outlines the many options open to the victim, and provides any crisis intervention or support that the victim may require. At the same time, the escort looks after the best interests of the victim by observing the behavior and activities of hospital, law enforcement, and prosecutorial personnel to ensure that they comply with established standard procedures and treat the victim with empathy and dignity--hence the term "victim advocacy" used to describe this procedure in some communities. To avoid direct confrontations, however, any deviations from proper procedures are reported to the supervisory staff of the agency in question rather than the individual involved in the incident. Unlike many other elements of the victim service response, the escort service addresses the goal of improving victim treatment by the "system" while seeking to improve victim cooperation and reduce the victim's trauma.

justice and medical systems have matured over the last several years. Rape crisis centers are no longer viewed as a "radical alternative," but as an essential part of the response to rape.

The rape crisis center may be viewed essentially as a mechanism for providing a specific set of activities which assist the sexual assault victim and improve the social and legal environment that the victim must face. Such activities as hotlines, crisis counseling, and escort services are designed to ease the victim's trauma and speed her emotional and physical recovery. Referral activities of the center serve to link the rape victim to available sources of counseling, transportation, and financial assistance. Finally, the center may provide public education; train police, prosecutors, and medical personnel in issues and procedures involved in dealing with rape victims; and work toward the reform of laws concerning rape. Ultimately, the rape crisis center serves as a coordinating body, bringing together a host of programs, services, and reforms which will ease the rape victim's recovery and enhance the system's response to her needs, both through direct services and improved criminal justice handling of sexual assault investigations and prosecutions.

Rape crisis centers may assume a wide variety of forms and placements. For example, some localities may already possess the resources and services needed to assist the victim of rape; in these instances, the rape crisis center may serve a coordinative function only, mobilizing these resources for the benefit of rape victims. Other communities which lack the required services may find it necessary to develop a rape crisis center which can provide direct assistance to the victim. When establishing the center, several major decisions must be made concerning placement, staffing, and methods of linking the new service with existing agencies. These are examined below.

Independent Rape Crisis Centers

Most rape crisis centers have chosen to establish themselves as independent organizations, either because this was the only option available at the time the center was developed or because they believed the independent organization offered the greatest number of advantages. These benefits include autonomy, the ability to maintain impartiality, and ability to avoid "turf" conflicts which might arise if the center were affiliated with an existing agency. In addition, the independent center often appears less intimidating to the victim. However, the independent organization may also have several disadvantages, including funding difficulties, lack of credibility, lack of accountability, potential conflicts with the criminal justice system, and a potentially narrow base of community support.

Independent centers often find that their operations and financial status are enhanced by becoming a non-profit corporation. The tax exempt status may encourage individuals and corporations to lend financial assistance to the

center. Moreover, legal liability for the center falls on the corporation, rather than the staff or volunteers. Finally, the legally binding articles of incorporation help to formalize the purpose, membership, and administrative procedures of the center.

Affiliated Rape Crisis Centers

Although the majority of rape crisis centers have maintained an independent status, a significant number have been sponsored by or developed as part of a larger organization. Typical affiliations include the prosecutors' office, medical services such as local hospitals, private agencies such as the YWCA or church organizations, mental health centers, local government agencies, and police agencies.

Generally, affiliation with an existing agency will give the rape crisis center a stronger funding position, greater legitimacy, and immediate community support. Affiliation with the police or prosecutor will also increase the emphasis given to rape by the criminal justice system and encourage cooperation and support from these agencies. However, affiliated centers run a number of risks, including the possibility of (1) increased interjurisdictional or interagency conflict, (2) victim intimidation or alienation, (3) political conflict, and (4) interference or conflict between the goals and procedures of the rape crisis center and those of the parent agency.

The Advisory Board

Broad community participation and support is essential for the long-term effectiveness and survival of the rape crisis center. One element of successful rape crisis programs which has proven to be extremely valuable in developing and maintaining community support is the Advisory Board. Composed of representatives of key agencies and organizations concerned with the problem of rape, a strong, bi-partisan Advisory Board can assist both independent and affiliated rape crisis programs. For example, the Board may serve to legitimize the center in the eyes of the community and the agencies represented on the Board. In addition, it provides a crucial forum for interagency exchange of information and ideas concerning the problem of rape. Finally, the Board determines the basic policies of the center and may assist in such functions as fundraising, training, public education, long-range planning, and development of operating procedures.

Staff and Volunteers

The first wave of rape crisis centers formed during the early 1970s often functioned on a volunteer basis, relying on groups of dedicated and ideologically motivated women for the operation of the center. As visibility

and the community's demand for services grew, many found it necessary to add paid staff to maintain program continuity, keep appropriate records, and manage the operations of the center. Given the many direct services and additional coordination and education activities that rape crisis centers now provide, it is both difficult and ineffective for the majority of centers to continue on a volunteer-only basis.

In general, most centers employ three to five staff members, who carry out such duties as program administration, liaison activities, budgeting, fund-raising, records maintenance, coordination of volunteer services, outreach, and training. In order to provide direct services, however, most centers must rely on volunteers, as these services would be prohibitively costly if furnished only by paid staff. Operation of the 24-hour crisis line, unlimited escort/advocacy, public education, fundraising, clerical aid, and training are often carried out by volunteers.

The number of volunteers needed will depend on the size of the community, the crisis center caseload, and the kinds of services provided by the center. Most maintain between 30 and 40 volunteers at any one time, and conduct continuous recruiting and screening to replace volunteers who leave the center. Close supervision by staff and extensive volunteer training in crisis counseling, rape information, and procedures of police, hospitals, and prosecutors are essential for the successful operation of the volunteer services.

1.4 Criminal Justice Response

While victim services and proper medical treatment are essential to the community response to rape, the criminal justice system remains the key feature of this response, for it is primarily through the criminal justice system that the community can hope to redress the wrong done to the victim and decrease the incidence of rape. Unfortunately, the criminal justice system has had relatively little success in meeting the public's expectations in these areas. Victims have complained of unsympathetic treatment, while rape rates apparently continue their steady increase. Hindered by traditional role expectations and procedures, limited funds, lack of training, and prevailing misperceptions concerning rape, police and prosecutors have not generally kept pace with the progress made in victim service or medical service components. Yet this too is changing: police and prosecutors have made tremendous advances in the last several years by improving their personnel training, revising standard procedures, experimenting with new organizational arrangements, and accepting as full partners all components of the community response to rape.

Police Response

Typically, the first contact the rape victim will have with the criminal justice system is with a local law enforcement agency. The quality of that initial encounter may determine whether or not the victim will cooperate, and can have a major impact on her emotional and mental well-being. The initial response may also have important implications for the quality of the investigation--necessary evidence may only be available to the responding officer, who can observe the victim's appearance and surroundings immediately after the incident. Finally, the staff and procedures used during subsequent police contacts can have a major influence on the degree of victim cooperation and the success of the police investigation.

There are a number of actions police departments may take to maximize the effectiveness of their response to rape. For example, case assignment policies and the department organization may be modified to reflect a priority emphasis on rape. Assigning sexual assault cases to experienced investigators, and placing these cases under the jurisdiction of a major crimes bureau, crimes against persons bureau, or a special sexual assault bureau are two measures which can enhance the police response. Many police agencies have also improved both their academy and in-service training on procedures for rape cases, including such topics as securing the crime scene, victim needs, interviewing techniques, evidentiary requirements, and legal requirements. Finally, some police officials have developed standard operating procedures which emphasize concern for the comfort, safety, and emotional well-being of the victim as well as effectiveness in evidence collection and case investigation.

The Prosecutor's Response

Handling of rape cases by the prosecutor has been severely criticized in the past. Problems associated with the prosecutor's response stem partially from factors outside the prosecutor's control--requirements for corroboration which were impossible to achieve, jury charges which increased the prosecutor's burden of proof, physical evidence which is frequently inconclusive, and a skeptical public and jury. Equally important, however, are the traditional policies and perceptions of prosecutors themselves, which often lead the prosecutor to disbelieve the victim or to refuse rape prosecutions.

With the advent of increased public interest in the issues of sexual assault, prosecutors have begun to examine their traditional response to rape and to explore new approaches to their handling of that crime. For example, prosecutors have begun to recognize the value of training in such topics as rape prosecution procedures, interviewing techniques, evidentiary requirements, and trial techniques. Continuing Legal Education programs, videotaped presentations, commercial films, and on-the-job training may be used for prosecutor training. Prosecutors' offices have also begun to develop

standard operating procedures for rape cases. Guidelines for filing, pre-trial hearings, plea negotiations, and victim interviews are particularly important.

Procedural and organizational changes have also been implemented in some prosecutors' offices. Traditional prosecutor policies often have negative consequences for the victim of rape: filing decisions, preliminary hearings, and initial victim interviews may be carried out by less experienced personnel; victims may be required to repeat their story to several different prosecutors; information may not be communicated between attorneys as the case moves from one stage to the next; and individuals with little experience in trial proceedings or sexual assault cases may receive final assignment of the case for trial. To alleviate some of these problems, prosecutors' offices have instituted a number of policy and organizational changes. These include creation of special filing units, vertical prosecution (assignment of a case to one prosecutor for the entire court process), and establishment of special bureaus within the prosecutors' office. In addition, prosecutors have undertaken such measures as assigning "special prosecutors" within the office, designating special court sessions (parts) for the prosecution of sexual assault cases, and early prosecutor involvement in the case. Special efforts may also be made to assign cases only to experienced attorneys and those who have sufficient interpersonal skills to deal with the victims of rape.

One of the most consistent complaints of rape victims has been that prosecutors fail to inform them about legal processes and to prepare them to testify. In response, some offices have developed procedures to improve victim involvement and support. These include the following: allowing advocates to accompany the victim during all prosecutorial proceedings; involving the victim in filing decisions whenever possible; excusing the victim from pre-trial processes to the greatest extent possible; preparing the victim for all judicial proceedings; and discussing plea negotiations with the victim. These improvements may be further enhanced by continuous contact between the prosecutor and other agencies which deal with rape victims. Improvements in evidence collection, law enforcement investigations, and victim relations may result when prosecutors' offices play an active role in the community response to rape.

1.5 Medical Service Response

It has often been stated that the rape victim is victimized twice: once by the rapist and once by the system that responds to the rape. Nowhere is the possibility for a further invasion of self and dignity more immediate than in the medical facility. There, the victim may be asked to recount the original rape incident; her story may be doubted; she may feel subject to public scrutiny; she may wait in confusion for hours; and she will have to submit to a little understood and possibly embarrassing physical examination.

After years of work by sensitive individuals across the nation, this scene is becoming the exception rather than the rule. The medical facility and its response to the rape victim have been recognized as a crucial link in the community response to rape, one which deserves as much attention, support, and reform as the criminal justice response or the rape crisis center itself. It is the juncture through which all rape victims should pass, regardless of intent to report, political inclination, or economic background. As such, it is crucial that the medical facilities be prepared to deal with the various needs of all victims by facilitating interaction with those groups the victim desires to contact and by providing service based on the victim's needs--not on the needs of the other components of the community system.

Improvements in the medical response to rape may be grouped into three major areas: services provided in cooperation with the criminal justice system; services designed to assist the victim, regardless of the involvement of other aspects of the community response to rape; and payment for medical services. Each of these is examined below.

Medical-Criminal Justice Collaboration

The medical system response to a rape incident can have significant implications for the criminal justice system. Should the medical facility fail to collect the required evidence, or fail to collect it properly, the chance to identify and convict the offender may be lost. In addition, the victim's willingness to report the incident to the police or cooperate in judicial proceedings may be strongly affected by the quality of her initial contact with the medical system.

One effective way to ensure that the simultaneous goals of evidence collection and sensitive treatment of the victim are met is to formalize procedures for these cases through standardized written guidelines. The guides detail staff roles, dictate procedures which will increase the emotional and physical comfort of the victim, and establish the procedures used to ensure a complete medical record and proper collection of evidence. The guides are most effective when they are developed in collaboration with the police, prosecutor, and rape crisis center, and implemented in all medical facilities in the community.

Training for hospital personnel can also improve medical-criminal justice collaboration, particularly when representatives from various agencies involved in the response to rape participate as instructors. The training can focus on standard procedures as well as the responsibilities of various agencies, the reasons behind certain procedural requirements, the common myths and prejudices about rape, and the emotional and physical reactions of rape victims.

Although every hospital should be equipped to serve the medical, emotional, and legal needs of the rape victim, many communities have found it advantageous to direct victims of rape to one or two specially designated medical facilities. Benefits of using one central receiving hospital for all rape victims include: minimized training costs; increased hospital staff expertise in rape incident procedures; greater likelihood of medical staff cooperation and empathy; and uniform, high quality evidence collection.

Medical Assistance for the Victim

The victim of rape is more than a potential witness against an assailant, more than the bearer of crucial evidence for a prosecution--she is a person who has suffered a physical and emotional assault leaving real physical and emotional damage. Hospitals have the responsibility to recognize both types of injury.

Treatment of the victim's physical injuries generally follows standard medical practice. However, the physician should make certain that the treatment does not inadvertently interfere with evidence collection and that the emotional needs of the victim are also addressed. It is particularly important that the medical facility attempt to relieve the distress and embarrassment of the victim by allowing victim support personnel to counsel and assist the victim; providing greater privacy in admitting procedures; conducting rape examinations in private rooms; eliminating unnecessary questions or remarks directed at the victim; and ensuring that the examination is explained to the victim.

The need for treatment does not necessarily cease once the initial examination is completed. Recognizing this fact, some medical facilities have developed special notification procedures to remind victims of follow-up treatment and tests for venereal disease and pregnancy. In addition, hospitals have taken increasing responsibility for the mental health of the victim by providing initial psychological screening and counseling, and by developing referral arrangements with such sources as community mental health centers, private psychologists, and rape crisis center counselors.

Payment for Medical Services

After going through the physical, emotional, and social trauma of the rape incident, one more burden may be placed on the victim of sexual assault: payment for the medical examination. Often, the victim must bear this cost directly. Victim compensation programs will rarely provide compensation for medical costs under \$100, while private medical insurance payments for the rape examination will not assist those women unable to afford such coverage.

Several options have been developed to alleviate the financial burden on the rape victim. Through passage of new legislation or reform of existing statutes, some states have increased the availability of victim compensation for the victims of sexual assault. In some areas, the county or city government has assumed responsibility for the cost of the examination by providing funds directly to public medical facilities or by offering funding through a local department of health or welfare. Some communities have also successfully obtained the volunteer services of physicians and the donated use of medical facilities for the treatment and examination of victims of sexual assault. Finally, in some localities the rape crisis center maintains a special fund to cover the cost of the medical examination for needy victims.

1.6 Public Education

One of the most pressing problems rape crisis programs have had to overcome is the attitude that the victim is somehow responsible for the act, or bears at least some share of the blame. For example, it is not uncommon for segments of the public to believe that "every woman secretly wants to be taken by force" or that women "ask for it" through their independent life styles or provocative clothing. The effects of these attitudes can be disastrous. Jurors' judgment and impartiality may be impaired; victims may refuse to report the assault; police and prosecutors may reject rape cases or handle them with obvious distaste. The ultimate effect of these attitudes is to create a climate which supports the crime of rape.

Realizing that a community response to rape cannot be built on a foundation of misinformation, communities are now focusing increasing attention on obtaining and teaching the true facts about sexual assault. News articles, television programs, high school classes, and speaking engagements by concerned individuals are now popular vehicles for the dissemination of rape information. A leading force in the effort to educate the community concerning the problem of rape has been the rape crisis center. Long before sexual assault became a popular issue for media presentations or an acceptable topic for high school education and speaking engagements, rape crisis groups were using public education techniques to supplant rape misinformation with the true facts, to dispel the myths, and to change the destructive attitudes on rape that have characterized many communities until now.

Public education can serve other ends as well; in fact, it may be essential for an effective community response to rape. For example, it may publicize the rape crisis center's activities and services, leading to greater victim response to the center. It can set the stage for law reform, as more and more individuals learn of the harm that outmoded and restrictive sexual assault laws may have on the victim and the community as a whole. It may build support for the rape crisis center, as the community realizes that

there is a desperate need for special services for the rape victim and learns of the benefits that the center provides. It can sensitize potential jury members to the true issues of rape and create a more favorable environment for rape prosecutions. Finally, it can sensitize families and friends to the needs of rape victims, provide information on rape prevention, and improve the system's response to rape by providing information on what to do--and what not to do--after a sexual assault.

Public Education Topics

As public education is intended both to inform the community and to encourage new attitudes, there are several topics which may be included in a community awareness program. Specifically, these include:

- rape prevention;
- advantages and disadvantages of resistance;
- availability of rape crisis services;
- what to do after a sexual assault;
- rape facts and information;
- rape myths;
- benefits of the rape crisis center program;
- impact of laws on rape treatment; and
- the role of police, hospitals, prosecutors, and mental health services in the response to rape.

Public Education Approaches

The best means to reach a broad cross-section of the community and influence public opinion is to present information and publicity through a variety of approaches aimed at a wide variety of audiences--in short, to "market" the rape crisis center's information and services.

Public speaking is one of the most common, effective, and inexpensive methods of providing public education. Although specially trained staff and volunteers of the rape crisis center generally serve as speakers for the public education effort, some communities have also been able to enlist representatives from law enforcement, prosecution, medical services, and mental health facilities as speakers. By providing a variety of speakers and a broad range of presentation topics, public acceptance and demand for public speaking engagements may be increased.

The media--television, radio, and the press--are the most important public education vehicles available to increase community awareness of rape issues. Reaching audiences several times larger than those available with public speaking activities, the media offer a powerful tool for changing public attitudes concerning rape, increasing public awareness of rape crisis services, and creating public support for the rape crisis center.

The most common form of media utilization in most areas is the public service announcement (PSA). Presented free of charge by radio and television stations, PSAs can advertise the crisis hotline, solicit volunteers, publicize rape crisis services, or provide brief rape information messages. News coverage, talk shows, documentaries, dramatizations, and news specials dealing with the issues of rape can also be very valuable tools for public education. The quality and quantity of rape issue coverage by the media will be greatly enhanced if agencies involved in the community response to rape take special care to involve the media in planning decisions and maintain ongoing contact with media representatives.

Distribution of printed materials such as booklets, brochures, posters, and billboards is a third approach to public education taken by many rape crisis centers. These materials can provide basic information on rape crisis center services, prevention techniques, and procedures to follow should a sexual assault occur. They are relatively inexpensive to produce, and may easily be distributed at public speaking engagements, retail or service establishments, public agencies, medical facilities, and schools.

A major problem experienced by many rape crisis centers has been the under-utilization of the center by minority women. In part, this may be due to cultural or language barriers. However, it appears that the problem is also rooted in the minority community's unawareness of the center's services or its perception that the center cannot meet the needs of minority women. To counteract these problems, some centers have established special public education and outreach efforts targeted specifically for minority women. Among the specific measures used are: establishing a minority subcommittee of the Advisory Board; providing public speaking engagements at minority organizations and businesses; using minority publications for publicity concerning the center; ensuring that minorities are represented in all audiovisual and printed materials used by the center; and hiring a minority outreach worker, who is usually a member of the minority community. In addition, communities with substantial numbers of non-English speaking residents should ensure that all materials and presentations are available in the native language of those residents as well as in English.

1.7 Legal Issues

The laws governing the crime of rape have long been recognized as a major stumbling block in the attempts of many communities to improve their response to rape. Where the laws allow public questioning of the victim's prior sexual history, they may discourage reporting by victims. Where rape laws require extensive corroborating evidence or place an unusually high burden of proof on the prosecutor, they may discourage prosecutions. Where they prescribe inordinately harsh penalties or provide only one degree of

rape, they may reduce convictions. Finally, when the laws reflect outmoded or inaccurate philosophies concerning the nature of the crime or the nature of women, they may encourage the continuation of rape myths and misperceptions. Thus, for many communities, part of the new response to sexual assault has included a re-examination of their laws and, where necessary, reform of their rape statutes. Some of the major areas of law reform are highlighted below.

Redefining the Crime of Rape

Traditionally, rape has been defined by three major elements: carnal knowledge of a woman; lack of consent to this carnal knowledge; and use of force to accomplish the act. The focus of these elements was rather narrow. Thus, carnal knowledge was construed as penetration of the vagina by the male's penis; lack of consent was construed as forcible resistance, even in the face of serious danger to the victim's life or well-being; and use of force was considered to be physical violence or use of a weapon.

Many states have recognized that these narrow definitions exclude several types of sexual assault and fail to consider the numerous forms of coercion available to the offender. Thus, some states now include contact with the mouth or anus as well as the vagina in their definition of rape. Others no longer limit the penetrating device to the penis. In some states, the determination of consent now depends on the outward manifestations of each actor rather than on more subjective measures, such as state of mind. Finally, some states have ruled that the sexual act must be defined as a crime--regardless of the victim's state of mind--when certain circumstances like kidnapping or threats of injury or death to a third person are present.

Some states define only one degree of rape and prescribe severe sanctions for this crime. This forces prosecutors to enter a charge of rape in only the most severe and clear-cut cases, since juries may be reluctant to convict if the penalty appears too severe. In response, many states have established several degrees of rape and a range of corresponding penalties which allow prosecutors greater flexibility in charging and thus a stronger position in plea negotiations.

Rather than expanding the original definitions of rape, some states have chosen to restructure their rape statutes. In the Michigan Criminal Sexual Conduct Act, for example, the crime of rape is replaced by criminal sexual conduct, which includes both penetration and/or contact defined in sex neutral terms. The act eliminates the issues of consent and resistance, and instead focuses on the action of the offender.

Eliminating the Corroboration Requirement

Many states require that a rape victim's testimony be corroborated by other evidence. The corroboration rule was originally developed in the belief that false rape complaints were prevalent and that juries were overly sympathetic to female victims. In practice, however, it is extremely difficult for unfounded rape complaints to proceed to trial. Instead, there is evidence that strict corroboration requirements actually discourage those with legitimate cases. These rules also fail to recognize that rape is a crime which can occur in private, isolated areas and result in little physical evidence of the criminal nature of the act.

In light of these factors, many have suggested that strict corroboration rules be eliminated. Instead, it is argued that each case should be weighed on its individual circumstances with police and prosecutors screening out unfounded complaints and judges carefully controlling the introduction of evidence during trial.

Excluding Evidence of Prior Sexual Conduct

One of the greatest fears of victims and the cause of many women's refusal to report a rape or testify at a trial is the inquiry by defense counsel into the history of their sexual conduct. There is now a trend to limit the admission of evidence of the victim's past sexual history if it is intended to suggest the victim's consent. If, however, the evidence is to be used to show bias or motive on the part of the victim, the evidence is generally admissible in all types of cases regardless of its prejudicial nature. In instances where the decision is left to the judge, most states establish procedures to determine whether the evidence should be admitted or not.

Restricting Cautionary Instructions to the Jury

In the past it was common for judges to provide cautionary instructions to the jury referring to the difficulty of disproving a rape charge (the Lord Hale Instruction) or the "unchaste character" of the victim. Many states have now restricted use of these instructions on the grounds that they may bias the jury against the victim. It has also been argued that through the use of these instructions the judge is impinging on the jury's role of assessing witness credibility, rather than limiting the jury charge to principles of law.

Ensuring Access to and Confidentiality of Treatment

Efforts to provide medical and counseling services may be constrained by reporting requirements and restrictions on the confidentiality of treatment. In most jurisdictions, for example, information shared with counselors

who are not medical doctors is not privileged, and may thus be revealed in court. Some hospitals may link the provision of free rape examinations with reporting requirements. Thus, victims who are unwilling to report the incident may be faced with a choice of (1) foregoing medical treatment if they cannot afford to pay, or (2) receiving the treatment and incurring an obligation to cooperate with law enforcement, regardless of the emotional cost. To prevent these undesirable situations, further legislative action is needed to clarify reporting, access, and confidentiality issues.

Victim Compensation

At the present, 29 states have enacted some form of victim compensation legislation. State-level victim compensation programs reimburse the victims of violent crimes for their medical costs and earnings lost as a result of the crimes. However, victims must apply for compensation benefits, and must meet a number of eligibility criteria including minimum levels of financial loss, financial need, residency, cooperation with law enforcement, reporting the incident to police, and lack of involvement or provocation in the incident.

As noted in Section 1.5, victim compensation may be the most feasible and equitable approach for covering the costs of the rape victim's medical examination. Law reform efforts concerned with victim compensation statutes should therefore focus on (1) passage of victim compensation statutes in those states which have not yet taken this move, and (2) reform of existing victim compensation statutes to ensure that eligibility criteria, minimum loss criteria, or other requirements do not pose unnecessary barriers to rape victims seeking compensation. Further information on the development and operation of compensation programs is available in the Program Model entitled Crime Victim Compensation.*

1.8 Evaluation of Rape Intervention Programs

Localities which have begun to modify and improve their response to rape may face numerous funding, staffing, and time constraints. In the press of providing direct services and improving the system response to rape, it is all too easy to postpone or ignore the task of program evaluation. Despite the apparent difficulty of conducting program evaluations, communities can benefit substantially from assessing their responses to rape. For example, evaluations can aid administrators in managing the program, highlight the

*U.S. Department of Justice, National Institute of Justice, Crime Victim Compensation--Program Model by Deborah M. Carrow (Washington, D.C.: Government Printing Office, 1980).

need to improve services, assure funding sources of program achievements, and ultimately help shape policy decisions of the agencies involved in the response to rape.

As the one link between all public and private services extended to the victim of rape, the rape crisis center is in a unique position to assist in the evaluation of the overall community response to rape. A major focus of this evaluation must, of course, be the activities and programs of the rape crisis center itself.

The primary concerns in any program evaluation will be identifying program objectives, determining possible measures of effectiveness, and data collection and analysis. To address these concerns, evaluators should consider both process measures (data relating to service delivery) and impact measures (data relating to the project's influence on activities outside the project, such as crime rates, rape reporting rates, or criminal justice system functioning). Among the evaluation techniques which programs might consider are (1) a questionnaire study of victim satisfaction with rape crisis center services; (2) comparisons of data on criminal justice system operations before and after implementation of the improved response to rape; (3) surveys to assess public awareness of project activities and attitudes concerning rape; and (4) comparisons of rape reporting, arrest, and conviction rates before and after implementation of the project. However, in conducting an evaluation, programs must be aware of the limitations in available data, the difficulties in collecting new data, and the common pitfalls in interpreting measures of rape program success. A detailed discussion of these issues can be found in the Program Model.

A second vital activity in the community response to rape which is often underemphasized is the maintenance of detailed records and data on rape program activities, clients and impacts. These records may have enormous value in evaluating the system's response to rape, in justifying funding requests, and in assessing patterns and changes in the crime of rape which may assist all agencies in improving their response to this crime. Relevant information on the victim, the assailant, and the incident should be recorded along with a summary of the case processing activities of the rape crisis program, medical services, and criminal justice agencies. However, all agencies must ensure that victim data remains confidential and that access to this information is closely controlled.

1.9 Costs

The cost of providing community-wide rape intervention programs is generally quite low. Most rape crisis centers, for example, are able to carry out their operations on a yearly budget of \$50,000 or less. Several features of

the typical rape crisis center contribute to the ability of these programs to provide a wide range of services at minimal cost, including:

- the use of volunteers;
- an emphasis on mobilizing existing community and criminal justice resources to assist the victims of rape; and
- concentration on instituting low- or no-cost procedural improvements in the medical and criminal justice systems' handling of rape cases.

Generally, the costs of planning an improved community-wide response to rape are minimal, and consist primarily of the time investment of planners and the costs of initial public relations activities. Concerned agencies and individuals will often donate the use of their time, facilities, and resources to assist in this effort.

Once the program is implemented, the size of its operating budget will vary as a result of many factors, including: the number of direct services provided by the center; the affiliation of the rape crisis center; the willingness of other community agencies to share or donate resources; the number and type of staff hired; the extent to which the center makes use of volunteers; and the amount and type of public education carried out by the center. The bulk of the program costs will be consumed by the salaries of paid staff. However, centers which are not affiliated with an existing agency may also allocate a significant portion of their budget to rent, utilities, furniture, materials, and equipment.

Rape crisis programs may draw on a wide variety of sources of financial support. However, as a community program, local funding sources should provide for the bulk of the center's needs. Concentration on local funding brings a number of benefits: it will help the center affirm its community orientation and responsiveness to local concerns; it will strengthen the center's position as an established local service; it may increase the center's financial stability, as loss of one funding source will be less severe when the center is supported by a variety of local funds; and it may help the center to attract other sources of funding, since granting agencies and foundations are more likely to support programs with a demonstrated record of community approval.

Sources of community-based financial support which centers may tap include local governments, charitable organizations, local organizations such as churches or the YWCA, business or service clubs, local foundations, colleges and universities, private donations, and fees from the center's training activities or public education materials.

Supplementing these local sources are grant funds available from the federal government or private endowments. While these funds are at best temporary, they are often important sources of "seed money," allowing rape crisis programs time to establish their operations and develop local funding sources.

Almost every rape crisis program has the goal of becoming a permanent part of the community it serves. There are a number of avenues for obtaining this status, including developing stable private funding, becoming a part of the government structure, or receiving permanent local funding. Regardless of the approach taken, there are several key practices which will enhance a center's ability to achieve a permanent status: planning for continued funding from the moment the program begins operations; keeping the project in the public eye through continued public education activities; and maintaining evidence of impact through a program data base which records the center's impact on victim utilization, user satisfaction, police reports, arrests, and convictions. In addition to these approaches, many centers are now expanding the services they offer or combining forces with other groups offering similar services. By providing crisis services to many different client groups, such as battered women, depressed or suicidal persons, teenagers in need of information on drugs or sex, and rape victims, centers may make use of a broader range of funding sources and may be able to develop a stronger base of community support.

**U.S. Department of Justice
National Institute of Justice**

**Official Business
Penalty for Private Use \$300**

**Postage and Fees Paid
U.S. Department of Justice
Jus 436
THIRD CLASS**



Washington, D.C. 20531

END