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Sexual Violence Resource Center

Dedicated to helping all survivors of sexual violence



Concerned Other Packet



Dear Parent(s)/Concerned Other(s),

When someone close to you has been sexually violated, it may feel as though you have no place to turn. It is common to have many conflicting and complex feelings when placed in a situation such as this. For this reason, the Blue Earth County Sexual Violence Resource Center (SVRC) is here. The SVRC offers free and confidential assistance to help you through this process. Our female and male advocates are trained professionals who are dedicated to assisting you.

Within this packet, you will find a lot of information. Please do not feel overwhelmed; this packet is meant to be read at your leisure. Please also know that you are not alone in this process. Annually, the SVRC works with approximately 200 secondary survivors (parents, family, partners, and friends).

Lastly, although things may seem overwhelming now, please remember that they will get better. The Sexual Violence Resource Center is here for you to utilize and can be contacted during office hours at (507) 304-4295. You can also call our 24-hour crisis line, otherwise known as Safeline, at 1-800-630-1425.

Sincerely,

Jayne Jackson

Jayne Jackson
Program Coordinator
Sexual Violence Resource Center
Blue Earth County Human Services



Concerned Other Packet
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Sexual Violence Statistics — You are NOT Alone

- In the United States, a woman is sexually assaulted or raped every two minutes.
- 1 out of every 3 women will be raped in her lifetime.
- 85% of victims know their attacker.
- In 2003, 1 in every 10 rape victims was male.
- On average, at least 50% of college students' sexual assaults are associated with alcohol use.
- Ages 12 to 34 are the highest risk years. Risk peaks in the late teens: girls 16 to 19 are four times more likely than the general population to be victims of rape, attempted rape, or sexual assault.
- As many as 18% of all sexual assault victims are over the age of 60.
- It is estimated that 12,000 to 19,000 people with developmental disabilities are raped each year in North America (Canada and United States).
- About 4 out of 10 sexual assaults take place at the victim's own home. 2 in 10 take place in the home of a friend, neighbor, or relative. 1 in 10 takes place outside, away from home and about 1 in 12 takes place in a parking garage.
- More than half of all rapes/sexual assault incidents were reported by victims to have occurred within one mile of their home or at their home.
- If the rape is reported to police, there is a 50.8% chance that an arrest will be made.
- If an arrest is made, there is an 80% chance of prosecution.
- If there is a prosecution, there is a 58% chance of a felony conviction.
- If there is a felony conviction, there is a 69% chance the convict will spend time in jail.
- So, even in the 39% of attacks that are reported to police, there is only a 16.3% chance the rapist will end up in prison.
- Factoring in unreported rapes, about 6% of rapists (1 of 16) will spend a day in jail.
- 15 out of 16 will walk free.

Information provided from the following sources: probability statistics compiled by NCPA from U.S. Department of Justice Statistics; 2003 National Crime Victimization Survey (NCVS); Sobsey and Dwo, (1991); <http://www.oprah.com>; The Rape Crisis Center: (www.therapeccrisiscenter.org)



Common Feelings for Victims

Emotional responses of victims to an assault will vary from individual to individual. Sexual assault is extremely traumatic and life-changing. It's important to remember that your responses are not crazy; they are normal reactions to a crazy situation—rape. Persons who are victims/survivors of an attempted sexual assault may also have similar feelings.

Fear of People, Sense of Vulnerability

Victims frequently fear people and feel vulnerable even when going through the regular activities of life. You may be afraid to be alone or afraid of being with lots of people. You may find yourself not knowing whom to trust. You may have lost your sense of safety in your environment which makes you feel vulnerable. You may fear it might happen again. You may notice any sexual innuendos, stray looks, whistles, or catcalls that you normally would not have noticed.

Helpful Ideas

- Try to spend time with your friends, family, and people you trust.
- Learning to trust others and learning to trust your own judgment takes time and support from others. This is particularly difficult if the assailant was someone you know. Not trusting others is temporary and is a coping mechanism. You will be able to trust when you have had a chance to heal and are feeling less vulnerable.
- Talk to trusted support people about your feelings.
- Trust your gut feelings and instincts if someone feels unsafe.
- It is okay to experience different feelings.

Loss of Control Over Your Own Life - Fear of the Assailant

The assailant stepped into your life and took control. You did not have a choice and did what you needed to do to survive. You may feel unsure about yourself and may temporarily lack your normal self-confidence. Decisions that were made routinely before now feel monumental. You may feel that because of the assault you have to change your life. You also may feel that the assailant has taken away all of your control and your normal life, leaving you feeling used, dirty, or bad.

Helpful Ideas

- Your ability to make decisions will return.
- People who offer options and support your decisions unconditionally can help you regain trust.
- It is not paranoia to take precautions that will help you feel safe.
- Your fear is a result of the situation and the feeling of being out of control. Trusting only those who have earned your trust, locking doors, staying with trusted friends, taking self-defense classes, etc., are normal means to help you feel safe. They may help you regain a sense of control over your life.

Anxiety, Shaking, Nightmares

You may experience these after an attack. This can begin shortly after the attack and may continue for a long period of time. Nightmares can replay the assault, be dreams of being chased, or other such nightmares. You may fear that you are losing it and that you should be over it by now.

Helpful Ideas

- These responses, as scary as they are, are normal reactions to trauma and can be the way your emotions act out the fear experienced.



- It is important to be able to talk about nightmares and fears and how they affect your life.
- Keeping a journal and writing about feelings, dreams, and fears can be a useful tool.

Sexual Concerns

You may experience a variety of sexual concerns after an assault. You may want no sexual contact. You may need intimacy, like nurturing, holding, etc., or not to be sexual. You may experience some confusion about separating sex from sexual violence, particularly sexual acts that you may do with your significant other may provoke flashbacks of the attack.

Helpful Ideas

- Sexual healing takes time.
- It is okay to ask your significant other to nurture you and not ask for any sexual contact.
- A patient, gentle, intimate significant other is helpful in your healing process.
- To retreat sexually is a normal coping mechanism.
- You have a right to refuse to be sexual until you feel ready.
- Rape is not sex. Intimate consensual love-making bears no resemblance to sexual violence.

Guilt, Shame, Self-Blame

Most victims feel guilty and ashamed about the assault. You question that you somehow may have provoked it or asked for it or that you should have known what was going to happen or that you shouldn't have trusted the assailant or that you should have prevented the assault. Some of these feelings are the result of society's myths about rape and sexuality. You may know what society believes and you worry about what others might think of you. Sometimes blaming yourself helps you to feel less helpless.

Helpful Ideas

- **No one deserves to be sexually assaulted. Tell yourself that many times a day. It is not your fault.**
- Being sexually assaulted does not make you a bad person. You did not choose to be sexually assaulted.
- Education about the facts surrounding sexual assault may be helpful in dispelling shame and self-blame.
- Pride yourself for having done the best you could to survive the incident.

Anger

Anger is an appropriate, healthy response to sexual violence. It usually means that you are healing and have begun to look at the assailant's responsibility for the assault. People vary greatly in how readily they feel and express anger. It may especially be difficult to express anger if you have been taught that being angry is not okay. Anger can be vented but in appropriate ways. You may also turn your anger inward, which would be recognized as sadness, pain, or depression.

Helpful Ideas

- Anger can be worked out physically without harming yourself or others. Go for a walk, run, shoot baskets, bike, hit pillows, journal, etc.
- Anger needs to be directed at the assailant and not you.



Handling the Crisis Stage

Many survivors of sexual violence go through a period where sexual violence is all they can think about. You may feel overwhelmed by any decisions in your life. You may find yourself having flashbacks, crying all day, or being unable to work. You may have dreams about the attacker. You may be afraid to fall asleep. Powerful reactions are also likely if you are dealing with repressed memories of sexual violence.

The most important thing to remember is that the crisis stage is a normal part of the healing process. It will come to an end. Working with others during this stage will help you feel in control.

The following may help you through this difficult time:

- **Know that you are not going crazy.** What you are going through is a recognized part of the healing process.
- **Don't hurt or try to kill yourself.** You deserve to live. If you start feeling suicidal or like hurting yourself, reach out for help.
- **Find people you can talk to.** You don't have to bear it alone.
- **Get skilled professional help.**
- **Do nice things for yourself.**
- **Drop what isn't essential in your life.** Release the pressure any way you can. This means dropping unsupportive people, quitting activities, lightening your workload, getting extra child care.
- **Create a safe place.** Have at least one place where you feel safe.
- **Watch your intake of drugs and alcohol.** Repeatedly numbing your feelings will only prolong the crisis.
- **Get out of abusive situation.** If you are currently in a situation where you are being abused, get out of the situation. If you feel like there is no way out, contact a battered women's shelter for support and assistance. The local battered women's shelter crisis line is 1-800-477-0466.
- **Sit tight and ride out the storm.** Your decision-making capability may be limited right now. Except for getting out of abusive situations, the crisis stage is usually not a good time for making major life changes.
- **Remind yourself that you are brave.** This is a challenging, scary, difficult period. You do not have to do anything but survive.
- **Remember to breathe.** Stay as connected to yourself as you can.
- **Develop a belief in something greater than yourself.** Believing in a higher power can give you inspiration and strength.
- **This too shall pass.** Your experience tomorrow, next week, or next year will not be the same as it is now.
- **Journal-writing.** When you have the energy, you may want to consider writing a journal to express your feelings and record your dreams. This will also be a way for you to see your recovery.

24-Hour Crisis Lines

Yellow Ribbon
1-800-865-0606

Immanuel-St. Joseph's
507-345-2610

Safeline
1-800-630-1425



How to Help a Survivor of Recent Sexual Abuse

General Help and Support

- Talk, listen, respect, and be emotionally available to the survivor.
- Accept what the survivor tells you.
- Accept the fact that the assault/abuse happened.
- Understand that it is not the survivor's fault.
- Listen non-judgmentally. Suggest options and actions (medical, psychological, and other assistance) but let the survivor decide what action to take.
- Let the survivor talk about the incident but don't force a discussion.
- Respect and understand that, temporarily, the survivor may become distant from loved ones.
- Assure the survivor that you will be available to provide support throughout the process of recovery.
- Give the survivor time to heal. Be patient and understand that the healing process takes time.
- Take the initiative to maintain communications with the survivor.
- Moderate your natural tendencies to become overprotective.
- The survivor may need to seek medical attention immediately. You can help by encouraging and accompanying the survivor to obtain medical attention. If the survivor wishes to seek criminal action, this should be done as soon as possible after the incident.

Additional Suggestions For The Romantic Partner Of The Survivor

- Ask for permission before touching or holding the survivor.
- Do not rush sexual contact. The survivor needs to decide when it is right to have sexual contact and to pace the intensity of involvement.
- Accept the fact that the survivor's renewal of sexual interest may occur at a slow pace.
- Discuss the subject of sex in a non-sexual environment (i.e. not in bed).

In Helping The Survivor, Here Are Some Feelings You May Experience:

Impatience:

- The survivor's dependence on you may feel overwhelming.
- Recovery can be a long, slow process that may take years. You may fear that the survivor will never be the same again.

Guilt:

- You may feel guilty that you did not prevent the assault/abuse. It is neither your fault nor the survivor's fault. The perpetrator committed the crime, not you.

Fear:

- Your closeness to the survivor's experience may underline the vulnerability to violence that we are all subject to. You may feel vulnerable because you realize that it could happen to you.



- If you are a man, you may be afraid you will be associated with the perpetrator.
- If you are a sexual partner, you may be afraid to have sex with the survivor.
- It is important to realize that your feelings are natural. Accept your feelings and try to understand and to get help for yourself.

How to Help Yourself

- Talk with people you can trust. You, too, need support from others.
- If you are male and the survivor is female, do not take personally any hatred she feels towards men. Her anger is with the perpetrator and may generalize into a temporary anger toward all men.
- Talk to a counselor or call a rape crisis hotline. It is hard to witness someone in emotional pain. Take care of yourself as you help the survivor.
- Educate yourself about rape and rape prevention.
- Moderate your stress levels through activities with other friends and/or through “alone time.”
- Do not expect to be able to make the survivor feel better all of the time.
- Do not blame the survivor. Even when you feel poor judgments were made by the survivor, no one deserves to be sexually assaulted or abused.
- Do not blame yourself. The only person who is at fault is the person who committed the crime.

For More information:

http://www.acu.edu/campusoffices/cou_med/counseling/help/others.html

What Victims & Survivor Need

by Cedar Morigan

Over the past 13 years in my personal work with 12 mental health professionals, I have come to some realizations. At first, of course, because I am a victim/survivor, I didn't trust those realizations; so I spent time talking with other victim/survivors about them. Much to my surprise, I found out that what I was thinking and feeling was accurate for most victim/survivors of incest and child sexual abuse. Those realizations are about what we do need in terms of working with advocates, counselors, and mental health people. So I have made the decision to write this article for you and most importantly for victim/survivors in order to validate what it is that we need in our healing process.

All of what I have to say won't be true for all victim/survivors, but a lot of it will be true for most of us. The following items are not ranked in order of priority. I feel that they are all a priority and need to be respected as such.

What We Need:

- Someone who will do supportive facilitating for our healing process. We may at times be unsure of what that process is, but we do not need for anyone to try and “fix” us.
- Someone who is not directive with us. We need to control our own healing.



- Someone who can make suggestions or come up with creative third alternatives when we are stuck in “either/or” places.
- Someone who has no expectations that we will follow their suggestions.
- Someone who has only one expectation about our healing process: That we will do what we need to do for ourselves.
- Someone who has educated themselves about our issues and doesn’t expect us to do that in a session.
- Someone who encourages the expression of our feelings and can help us to identify those feelings.
- Someone who can do more than identify feelings. We need to be able to express them fully in a supportive environment.
- Someone who asks before they touch us without any expectations that we will say yes.
- Someone who can do anger and rage work in whatever way we need to do it.
- Someone who is honest with us.
- Someone who owns their own mistakes and talks with us about them if they happen with us.
- Someone who respects our timing and doesn’t have a hidden agenda.
- Someone who doesn’t assume we aren’t still being victimized. Check that out with us.
- Someone who doesn’t label or categorize us. Let us choose our own labels when we are ready.
- Someone who does not expect us to throw our survival skills away. Those skills have helped us to survive. When we have learned new skills, we will decide which ones to continue to use.
- Someone who can take care of themselves and won’t allow us to care-take them. We can learn from our example about how to take care of ourselves.
- Someone who can provide us with a safe place to do our healing. Ask us what we need in our physical surroundings.
- Someone who will own their discomfort with any of our issues so that we know that it is the issue and not us that you are uncomfortable with.
- Someone who does not ever shame us.
- Someone who won’t become defensive if we say that we feel like we are being shamed.
- Someone who does not judge us or our behaviors.
- Someone who takes notes in a session and doesn’t just put down their thoughts or perceptions of what happens.
- Someone who doesn’t try to control our feelings or thoughts.
- Someone who respectfully confronts game-playing and then lets us decide if we want to do anything about it by facilitating exploration or other options.



- Someone who knows and understands what it means to each of us to be a victim/survivor.
- Someone who actively listens to what we are saying.
- Someone who acknowledges that our healing process is ours.
- Someone who does not take credit for our work.
- Someone who does not make assumptions about anything.

Concerned Other Support/Secondary Victims

The family members/concerned others of the victim of sexual assault/abuse are also, in many ways, victims of the assault and may experience feelings similar to that of the primary victim. They not only want to give support and help the victim deal with her/his feelings, they also need to work with their own feelings regarding the assault and the impact on the victim and their relationship with each other.

Concerned others may feel responsible for taking care of the victim or helping the victim make decisions. The decisions to be made must be decided by the victim; this will begin the process of empowerment. They may want to give the victim support but don't know what to say or do.

Feelings of Concerned Others:

- Concern for the victim.
- Confusion about how to deal with the trauma.
- Difficulty understanding why.
- Helplessness. Wishing they could have protected the victim or prevented the assault and wanting to "fix" the situation so that life can get back to "normal."
- Guilt over "buying into" some of the myths surrounding sexual assault, such as victims provoking or asking for the assault or looking at sexual assault as sex instead of violence/abuse and viewing the victim as a willing sexual partner.
- Shame regarding the reaction of family members, acquaintances, and community, should the sexual assault become common knowledge. This shame could lead to feeling a need to distance themselves from the victim, leaving the victim feeling isolated, rejected, or blamed for the assault which can be very damaging.
- Temporary loss of intimacy with the victim. It may be difficult for the concerned other to not take this loss personally. Victims have been forced to recognize their own vulnerability and as a result, may find it difficult to trust enough to be sexual, even when the relationship is strong and nurturing. Being sexual, even in a healthy relationship, may bring back memories of the assault. Intimacy will return with the help of a nurturing, patient partner.
- Feeling out of control of their life. someone has stepped in and changed the concerned other's life, nothing feels the same. Feeling out of control is a normal response to sexual assault; control will return with time and healing.



- Wanting to harm the perpetrator. Although a natural reaction, wanting to strike out at the assailant may create further crisis and force the victim to protect the concerned other rather than take care of his/her own healing.
- Frustration with the legal and law enforcement systems.
- Anger. Anger is a healthy response to sexual assault and can be directed at the assailant or the systems that don't work. Although anger is appropriate, acting out violently is not appropriate. Concerned others need to understand that venting anger on the victim will further her/his feelings of guilt and self-blame. Sexual assault is never the victim's fault.
- Difficulty expressing their own feelings, difficulty asking for help -- may feel that because they are not the primary victim, they should not be using victim support systems or that they should be able to "handle it."

Remember:

- Giving support means listening, asking how you can help, encouraging the victim to ask for what she/he needs, being sensitive and patient, not trying to "fix" the victim or the situation, supporting the victim's decision in order to allow her/him to regain control of her/his life, not buying into the myths surrounding sexual assault.
- No one deserves to be sexually assaulted! Sexual assault is never the victim's fault. It does not matter if you know the assailant or even if you've chosen to have sex with him/her in the past! Victims cannot "ask" to be sexually assaulted by what they wear, what they say, or by "leading someone on."
- Some situations might make you more vulnerable (for example: drinking or hitchhiking), but it does not mean you deserve to be sexually assaulted.
- Concerned others are responsible for dealing with and finding support for their feelings regarding the sexual assault! The primary victim can only be concerned with her/his own healing.
- Pushing the victim to be intimate or sexual before they are ready will only slow down their healing process and can be damaging to the relationship.
- Healing from sexual assault takes time, and it is a normal reaction to want it "over with." "Hurry up and get well" messages will only force the victim to stuff feelings, internalizing her/his anger and pain, causing her/him to distance from those they care about and feel further isolated.
- A disruption of routine even without crisis is anxiety-producing. Recognize that you and the victim may both be in crisis. Prioritize issues that need immediate attention and let go of decisions that can wait.
- Be sensitive in the way you ask questions regarding the assault! "What were you wearing?" may suggest to the victim that she/he might be to blame for the assault.
- All victims blame themselves for the assault or for being unable to prevent the assault. Consistently, reassure the victim that it wasn't her/his fault -- that she/he did the best they could given the situation to survive.
- Your own feelings, personality, or your role with the victim may make it difficult to ask for help. It is extremely important for you to talk about the assault and its effect on you with a support person who has knowledge or sensitivity about the issue surrounding sexual assault -- a friend, a family member, a counselor, or an advocate from a rape crisis/sexual assault center.



Working with Friends and Family

Family members and friends of the survivor will react to the trauma in similar ways as the survivor. They will also have the additional task of responding to the survivor in an empathetic manner. You may hear family and friends say they feel as if they are “walking on eggshells” and feel helpless in this situation. The same techniques outlined for working with survivors will also work for their family and friends. The key is normalization and support. Just as the survivor needed reassurance, so will their family and friends. It is important for family/friends to also seek support for themselves during this time.

Confusing Feelings

It is normal for family/friends to feel angry, confused, and unsure of the best way to help their loved one. They may wonder if the survivor could have prevented the attack but not wish to ask such questions. They may find it difficult to listen to the “story,” hoping that silence will make it go away. At other times, they may want to hear about everything that happened.

Sometimes family/friends will find their feelings confusing. They may be embarrassed or want to keep the assault a secret for fear of what others may think. They may feel guilty or responsible, feeling they should have been able to prevent it. They may feel that if their advice had been followed, this would not have happened. Family/friends may feel anger toward the survivor or rage toward the perpetrator, and consider actions that are out of character for them. Many survivors fear their family/friends will get hurt or arrested while trying to invoke revenge on their behalf. The need to protect a loved one can often create more stress and fear if not kept in check. It is important to remember the only person responsible for the assault was the perpetrator. Neither family/friends nor the survivor is to blame.

Providing Support

Family and friends may want to make decisions for the survivor, hurry the healing process, or be overprotective. This is typically a sign that their need to be a good problem solver is becoming more important to them than the survivor’s needs. They can be most helpful to the survivor by listening, caring, and believing. They should not make decisions for the survivor. Their support and information can be encouraging, but the decisions need to be made by the survivor. The survivor

needs to feel he or she is “in control” of the situation.

Family and Friends Can Aid in Healing

- Believing the survivor.
- Letting the survivor know that she/he did the right things during the assault. Don’t question or judge what she/he did to survive. Survival is evidence that she/he handled the assault correctly.
- Reassuring the survivor that you still love her/him and that you know the assault was not her/his fault.
- Seeing and accepting the survivor’s hurt emotions.
- Recognizing the need expressed by the survivor’s behavior.
- Recognizing the survivor’s guilt and self-blame.
- Allowing the survivor to be in control of decision making. This is important for big and small decisions.
- Telling the survivor that you are there to listen and give support whenever she/he is ready to talk, but do not push.
- Respecting the survivor’s decision to report or not report the assault to the police. There are tremendous personal sacrifices involved in prosecuting a sexual assailant and the survivor may not feel able to make them.
- Getting help themselves to deal with their role in the survivor’s healing.

Fall 2000, Kentucky Association of Sexual Assault Program



Responding to Disclosure of Sexual Assault

Sometimes you just get the feeling that something is wrong. Perhaps it is because of how the person is behaving or things the person says - or even doesn't say. In times like those, there are things you can say and do which will create a safe environment for disclosure. Please keep in mind that it is vital not to ask leading questions, especially when working with children. Asking open-ended questions is a good way to avoid suggesting to the person that he or she was sexually assaulted. Questions like, "What happened to you that seems to cause the pain I see?" allows the person to respond freely.

Behavioral Changes that may Suggest Sexual Assault

In Children

- Sudden onset of bedwetting or fear of the dark
- Clinging to a parent
- Fire setting
- Cruelty to animals
- Regressing to the behavior of an earlier age
- Use of sexual terms or new names for body parts
- Excessive masturbation
- Inappropriate sexual behavior; acting out

In Adults and Children

- Fear of certain people or places
- Changes in eating and/or sleeping patterns
- Extreme moodiness or withdrawal
- Abrupt changes in conduct of any sort
- Work/School difficulties
- Frequent daydreaming - dissociation
- Problems relating to peers
- Changes in sexual behaviors - promiscuity, problems with intimacy

Creating a Safe Environment

Be aware of the following needs of the survivor

- Safety
- Security
- Understanding
- Validation
- Love and support
- Trust
- Use a private setting to talk to the person
- Sit at or below the person's level
- Use informal body posture
- Use casual eye contact - too much direct eye contact can increase feeling of shame
- Control your emotions
- Watch the person's facial expressions, gestures, and posture
- Give the person permission to feel emotions



- Use the person's words, especially sexual terms
- Give the person permission to tell by saying things like "I think you must have been hurt, and it wasn't your fault. I want to understand what happened, so I can help you feel safe. Will you tell me what happened?" or "I won't think you are bad and I won't punish you."
- Let the person know this has happened to others like them

If the person chooses not to accept the opportunity to talk, then do not pressure them. Their needs must always be the priority.

However, if the person is under 18 years of age and you suspect abuse, you must follow procedures for reporting to officials regardless of whether the child confirms your suspicions or not.

Responding To Disclosure

Immediately respond by saying . . .

- I believe you.
- I am glad you told me.
- I know it was not your fault.
- I am sorry it happened.
- I will do my best to keep you safe.

Follow up by inquiring...

- Do you feel safe from future harm?
- Have you received medical attention?

Reasons for Seeking Medical Attention

Regardless of when the assault occurred or the nature of the assault, all survivors should seek medical attention.

The survivor may...

- Be in shock
- Have internal and/or external injuries
- Have been exposed to a sexually transmitted disease
- Have become pregnant
- Need the collection and documentation of physical evidence for the prosecution's case, the police investigation, or for potential monetary compensation

Fall 2000, Kentucky Association of Sexual Assault Programs



Eleven Things Not to Say to Sexual Assault Survivors

1. **“Only crazy people need therapy.”**
Some experiences, like rape, are traumatic for virtually anyone, no matter how well-adjusted they are. Psychotherapy and rape crisis counseling can be very helpful for victims/survivors with mild moderate, or severe problems due to sexual assault.
2. **“I’ll kill the guy who did this to you.”**
While anger is a natural reaction, it can be very harmful because the victim, who has faced one perpetrator whose anger was out of control, must now try to calm down another person so there won’t be more violence.
3. **It’s better not to talk about it.”**
Studies show that talking about stressful events speeds recovery if people are allowed to talk at their own pace. Let her/him know you’re willing to hear when or if they’re ready to talk.
4. **“What are you afraid of me for? I didn’t do it.”**
Rape and incest often make victims/survivors fear sexual intimacy, at least for a while. It also causes confusion about the relationship between sex and intimacy. Survivors may need to exert and feel more control in a relationship than they did prior to the assault.
5. **“It was my fault.”**
Victims often blame themselves. Many partners and family members also insist on blaming themselves. In fact, sexual assault is no one’s fault except the perpetrator’s.
6. **“Going to the police (or testifying in court) will just make things worse.”**
In fact, some studies show that reporting to police and testifying, though painful, actually helps victims/survivors recover. These actions also help get sexual perpetrators off the street and convey the message that our society does not condone violence against anyone.
7. **“Why can’t you just forget about it?”**
Forgetting may be impossible because the reminders are constant: sex, interactions with men, harassment on the street, being in vulnerable positions, and pornography are all possible reminders.
8. **“When you fall off a horse, you have to jump right back on.”**
This saying may be true of some fears, but it does not apply to resuming sex after a sexual assault. Let the victim/survivor decide when they’re ready to have sex. Watch out for subtle pressures on the survivor to have sex. If recovery time seems excessive, seek couples counseling.
9. **“What’s the big deal?”**
For many reasons, sexual assault is a very big deal, even for sexually-active people, even if it happened many years ago. An assault can totally upset a person’s belief that the world is a safe place, that the survivor is in control of their sexuality and body, and that she/he knows who to trust. Rape is not sex; it is a life-threatening act. Incest is not sex; it is betrayal.
10. **“Why didn’t you fight?”**
Freezing, submitting, and fighting are all natural responses to being attacked. Since your partner survived, she/he did the right thing. Learning self-defense is recommended for all people, but untrained individuals must use their instincts to either fight or submit. Neither one is wrong.
11. **“Nothing I can say (or do) will help.”**
Yes, it can! Allow but don’t force her/him to talk about it and express their feelings. Listen without criticism, judgment, or condemnation. Patience and love have healed many wounds.

Adapted from Laurence Cohen’s original work.



Phases in Healing and Recovery

Helping professionals consider sexual violence to be one of the most terrifying and devastating things that can happen. In addition to the shock, terror, and numbness that is felt by survivors of other traumas and other life-threatening experiences, sexual assault survivors feel embarrassment, humiliation, shame, guilt, self-blame, and helplessness among others. The pattern of response is so unique and universal that it is known as “rape trauma syndrome.” The more severe the trauma, the longer it is likely to last. Relief from symptoms is possible as the survivor is able to heal. Although everyone is unique, there are predictable phases in recovery of rape trauma syndrome. Everyone will go through these stages at different times and in different ways.

Phase I – Impact (Shock and Disbelief)

This is a stage of confusion and disorientation immediately following the attack. It may last a few hours to a few weeks. The victim's initial reaction may include shock, disbelief, anxiety, or fear. You may ask the question, “Why me?” It is not uncommon to be shocked and refuse to even believe that it really happened. After your immediate reaction of impact, you have emotional responses of shock and disbelief as discussed earlier. You may experience these reactions through various emotional responses such as crying, laughing, talking constantly, etc. Your body may also respond in ways such as loss of appetite, exhaustion, headaches, and skin rashes. These are some of the ways a body copes with stress. It may not happen; but if it does, remember that these things do pass with time. During this phase, the victim will need to deal with decisions about medical attention, reporting to police, notifying family and friends, and other practical concerns, such as repairing locks, counseling, etc. Remember, you are not going crazy.

Phase II – Outward Adjustment (Confusion, Anger, Fear)

As the victim deals with practical concerns, he/she will often deny, suppress, or rationalize the sexual assault in an attempt to return to “normal life.” While people around the victim may see the victim as returning to life as before and comment on the adjustments they have made, the victim has underlying feelings of being empty or unreal. This period may last for a few days, a few weeks, or even years. During this phase, the victim does not want to talk about the sexual assault or have to deal with it. The victim may outwardly appear to have adjusted, but the sexual assault experience is unresolved.

Phase III – Resolution (Taking Back Control)

The resolution phase usually begins when the victim is depressed and feels a need to talk to someone about the assault. This phase may be brought about due to a certain incident, like seeing someone that resembles the assailant, smelling something that was similar during the assault, a color, etc. The victim may be unable to stop thinking about the assault. Resolution occurs when the victim is able to experience anger and focus the anger at the assailant.

Phase IV – Integration (Long-Term Adjustment)

The period of integration is the coming together of all the previous phases. At this point, the victim has accepted the fact of the sexual assault, has sorted through feelings, and is focusing anger on the assailant. A number of survivors do make significant changes in their lives: job changes, residence changes, changes in their relationships, and taking self-defense classes, are just a few of the new directions taken. The survivor is able to accept what has happened in his/her life and no longer lets feelings dominate them. What is happening is that they are now in control.



Responding to Feelings and Behaviors

People cope with extraordinary circumstances to the best of their ability. No matter what anyone says or does, this experience will not simply go away. However, survivors can recover from the trauma and live productive lives. Survivors are able to use *information* about posttraumatic stress responses to help understand their experiences and reduce the impact of the traumatic event. The goal is *management* of psychological reactions, not elimination of reactions. The most appropriate way to respond to most feelings and behaviors is to actively listen and normalize their experience. All survivors of trauma have existing strengths and resources that are windows to recovery and healing. IT is often not the lack of coping mechanisms which create crisis but rather the lack of confidence in those coping mechanisms.

The following are additional responses you might find helpful. For all reactions, suggest finding a physical release for energy. Encourage exercise, regular sleep, and nutritional eating. Do not underestimate the value of overall good health. Also, let survivors know of the rape crisis center or another counseling center in their area for individual or group counseling when reactions are affecting their safety or interfering with daily living activities.

If Survivor Experiences...	Then Suggest...
Hypervigilance	<ul style="list-style-type: none"> ▪ Let them know the feeling is normal. ▪ Help find ways to make surroundings feel safer (e.g., change the locks, phone by the bed, propping something against doors/windows that will make a noise if opened). ▪ Help become aware of surroundings (the dangers that could present themselves and how to avoid them). ▪ Suggest they consider taking a self-defense class.
Worry (about what others will think)	<ul style="list-style-type: none"> ▪ Allow the person to talk about it. ▪ Suggest the survivor write down or draw thoughts and feelings. ▪ Talk about society's reaction versus their own reactions. ▪ Talk about myths associated with sexual abuse and the actual facts to dispel those myths. Help survivors identify their own beliefs/myths.
Depression	<ul style="list-style-type: none"> ▪ Talk about anger, sadness, shame, guilt since these feelings are associated with depression. ▪ Create plan to contact someone when there is a need to talk. ▪ Do something different (not a usual routine). ▪ Brainstorm list of things/activities which make the person feel good. Suggest he/she picks one activity daily.
Trouble Sleeping	<ul style="list-style-type: none"> ▪ Get out of bed and do something else. ▪ Write down thoughts. ▪ Create bedtime routine to provide comfort and security. ▪ Inquire about sleep disturbances in the past. What worked or helped before? ▪ Help the survivor identify how they can feel safer in their own home (see Hypervigilance). ▪ Encourage the survivor to talk about assault during the day.
Concern About Loved Ones	<ul style="list-style-type: none"> ▪ Find out if they can or would be willing to talk to their family or friends. Offer to role-play with them about talking with loved ones. ▪ Inform person that friends/family can also utilize rape crisis program services. ▪ Validate fear. ▪ Put that fear in proper perspective (i.e., mother may tend to overprotect her kids). Help regain self-confidence through encouraging decision-making.



<i>If Survivor Experiences...</i>	<i>Then Suggest...</i>
Fear (of strangers/places, feeling out of control)	<ul style="list-style-type: none"> ▪ Encourage the survivor to go at their own pace. ▪ Offer assistance and explain how you can help. ▪ Find out what he/she need from you/others. ▪ Provide physical contact only if requested and you are comfortable with it. ▪ Avoid close-ended question. ▪ Focus on feelings rather than facts. ▪ Affirm that they are in control.

Children and adolescents are more likely to have behavioral responses. All of these behaviors express important needs and feelings. It is important to correct the behavior while finding other ways to address the needs.

<i>If Survivor Does...</i>	<i>Then Suggest...</i>
Aggressive Behavior	<ul style="list-style-type: none"> ▪ Provide clear support for emotions. ▪ Ensure that the survivor is safe. ▪ Help the survivor name emotions. ▪ Show empathy. For example, "I know you're in pain; let's find a better way to deal with the pain. Maybe you can hit a pillow or draw a picture of how you feel." ▪ Teach the survivor to express anger directly in words. ▪ Model healthy ways to express anger.
Self-Mutilation	<ul style="list-style-type: none"> ▪ Develop plan that the survivor will tell you or another trusted adult when he or she feels like hurting himself or herself. ▪ Watch the survivor's body language, listen to tone of voice and then identify the survivor's likely emotions in words he or she can understand. ▪ Encourage activities to develop friendships. ▪ Ensure knives, scissors, and other harmful items are not available.
Compulsive Masturbation	<ul style="list-style-type: none"> ▪ Provide clear support, such as talking about how natural it is to want to feel good. ▪ Note how often the sexual behavior occurs. ▪ Remove sexual stimuli that may increase sexual feelings or confusion. ▪ Teach the survivor that masturbation is done in private, such as the bedroom behind closed doors.
Sexually Acting-Out	<ul style="list-style-type: none"> ▪ Set limits gently but clearly. For example, "It's not okay for you to touch the private parts of my body, and I won't touch yours" or "I can see you want to get my attention, there are other ways to do that." ▪ Provide clear support. Acknowledge the emotions, even if you must help change behaviors. ▪ Encourage the survivor to talk to you or another trusted adult if he or she needs to act out sexually. ▪ Encourage the survivor to engage in physical activities that expend energy. ▪ Do not ignore or minimize the behavior. Talk explicitly about how the behavior can be unsafe and what behaviors would more likely meet the emotional need to feel close.



Helping a Friend

Your support as a friend can make a big difference to somebody who has been raped or sexually abused.

Let your friend know you want to listen. It doesn't matter so much what you say, but more how you listen.

- Find a time to be alone with them.
- Let them talk, don't interrupt.
- Show interest in what they say by sitting close, facing them, and looking at them.
- Nod your head occasionally to let them know you are with them and listening.
- You may feel nervous about stalls and silences; they're okay, just let them happen.
- If they need help to continue talking, try repeating back the things they have said.

Believe them. People rarely make up stories about rape or sexual abuse.

Let them know you care. This may be the first time your friend has ever talked about the rape or sexual abuse. Give whatever expression of sympathy is comfortable. Some that have worked for others:

- "I said, 'It must have been tough and frightening.'"
- "I cried with her/him."
- "I reached out and touched her/his hand and put my arm around her/his shoulder (I was hesitant to touch her/him because she/he was talking about touch as a bad experience, but it worked out)."
- "I was afraid to open my mouth; even though I didn't think it was funny, I felt a giggle coming on, but I didn't let myself giggle. I concentrated on breathing deeply and the giggle went away." (If you do giggle or smile at the wrong moment, you can say something like, "I don't know why I did that, it just came out.")

Reassure them that they are not to blame. Blaming questions such as, "Why didn't you scream?" or "Why were you hitchhiking?" are not helpful. Instead, you might say, "It's difficult to scream when you are frightened." or "Hitchhiking is risky; but you were asking for a ride, not to be hurt/abused."

Let them be in control about who knows about the rape or sexual abuse. Keep whatever they say between you and maybe a trusted adult, such as a teacher or a mom. "I told two friends and asked them not to tell anyone. One friend didn't tell anyone. But my best friend told my classmates, and rumors were spread around school. People treated me different--either like I did something wrong; or they treated me special, like I had a fatal illness."

If your friend is the victim of incest, being a friend means to tell someone who can do something about it. You might tell a trusted adult, such as a parent, a teacher, or a counselor. Trained people who work at rape crisis centers or counseling agencies for kids also know what to do. Child protective services or the police can be called since incest is against the law.

Take care of yourself. Hearing about the abuse of a friend is upsetting. Sometimes as people are recovering from abuse, they reject those friends who are most helpful at their time of crisis. You are a clear reminder of the abuse they want to forget. Most likely, if you give them the time and space they need, they will return the friendship.



The Basics Do's and Don'ts

Do...

1. Say you believe them.
2. Say you care about them.
3. Ask if they want you to hold them.
4. Tell them you are proud of them for surviving.
5. Stick by them.
6. Let them make decisions.
7. Let them cry, yell, or talk.
8. Listen!

Don't...

1. Embrace them without asking.
2. Get angry at them.
3. Blame them.
4. Boss them around.
5. Rant and rave with fury at the assaulter.
6. Pretend the assault wasn't serious.

Criminal Justice Procedures: Adult Criminal Cases

Sexual assault is a crime and therefore it is the responsibility of the State to prosecute the offender. The criminal justice procedures dealing with sexual assault can be a very long and confusing process; but hopefully, in the end, justice will be served. If you decide to report the assault, it is important that you know what lies ahead in the criminal justice procedures – you should know that the journey will not be easy and that the Blue Earth County Sexual Violence Resource Center is there to support you throughout the process.

Listed below are the steps of the criminal justice procedures for sexual assault. Keep in mind that each case is different as is each victim's experience with the process. However, if you have a general idea of the criminal justice procedures, you will be able to understand a hint of what lies ahead.

Reporting to the Police

The sooner you report to the police, the more likely you will be successful in prosecuting. However, it is important to remember that once you report your assault, the case becomes a "state case." You may have the option to have the case dismissed at a later date if you so choose. It is ultimately the attorney's decision if the case will be prosecuted, dismissed, declined, or amended. You are now a witness in a state case prosecuted by the Blue Earth County Attorney's Office. In the initial report, the officer that answers the call will want to know a brief summary of the crime, including when and where it occurred; your name, age, address, and occupation. The officer will also ask for a description (or name) of the assailant. The officer may also ask some personal questions, not because the officer is interested, but to have enough evidence to assist in the prosecution phase.



The Investigation

Once the case is assigned to an officer, he or she will want to do an in-depth interview with you. Since this is one of the more important parts of the investigation, it will be detailed and thorough. If you have any scratches, bruises, or any other signs of attack on your body, photographs will be taken. If you do not know the assailant, you may be asked to look at photographs or asked to work out a composite sketch with the police artist for identification purposes. In this interview, you will be asked to relive your assault; it is not because the officer wants to re-victimize you but to make sure all the information and evidence is collected properly and efficiently.

You may also want to have a forensic exam done at Immanuel-St. Joseph's Hospital. A trained Sexual Assault Nurse Examiner will conduct the exam in an attempt to find protein (DNA) to assist in the positive identification of the perpetrator. This will also assist the Blue Earth County Attorney's Office for prosecution purposes. This exam can only be performed within 72 hours of the assault and will be paid for by Blue Earth County.

The Arrest

The investigator will be working on apprehending the suspect. If you do not know the assailant, you may be asked to pick the suspect out of a police lineup. The suspect may be held until he/she appears before a judge and could also be held on bail.

Prosecution

Filing Charges The police report, along with the medical report (if applicable), will be sent to the Blue Earth County Attorney's Office where they will decide if there is enough evidence to prosecute the case. If it has been decided that there is enough evidence to prosecute, the attorney has the option, based on the police report, statements of each/all parties, and the evidence to charge or decline the case. If the Assistant County Attorney decides to charge the offender, he/she will draft a complaint formally charging the offender with a crime. This begins the court process. The offender will have many hearings prior to a court or jury trial or a plea. These proceedings will likely take a year or more. Should the case go to a court or jury trial, the Assistant County Attorney or the Blue Earth County Victim/Witness Coordinator will explain to you the trial process, how to testify at the trial, and what the Defendant (the assailant) may use as a defense. This is done so you will be prepared for anything you might be asked at trial. There is a possibility that the County Attorney's Office will decide not to prosecute the case – this does not mean that they do not believe you. Oftentimes, it just means that they did not feel there was enough evidence to successfully try the case "beyond a reasonable doubt." Sexual assault cases are extremely difficult to prove in court without evidence. If you strongly disagree with the County Attorney's Office decision not to try the case, you can ask for reconsideration of the case; but there is no guarantee their decision will change. **YOU DO HAVE THE RIGHT TO REQUEST A COPY OF THE STATEMENT YOU PROVIDED TO LAW ENFORCEMENT.**

Arraignment/Rule 8 The arraignment hearing is when the Defendant appears before the judge where the Defendant will be given their release conditions, decide their representation, and given their next hearing date.

Omnibus/Contested Omnibus Omnibus hearings will follow the arraignment hearing(s). An omnibus hearing is a court proceeding in which the Defendant, defense attorney, and the prosecuting attorney will present information to the judge regarding probable cause. A contested omnibus is a hearing where the defense attorney has legal/constitutional issues as to how the incident was investigated. Officers may be required to testify to the events that occurred on the day of the incident. The judge will hear testimony regarding the case and make a ruling as to what is and what is not admissible in the next court proceeding, which will usually result in a court or jury trial.

Pretrial Hearing A pretrial hearing is usually scheduled three to ten days prior to the court or jury trial. The purpose of this hearing is to go over the jury instructions, admissibility of evidence, or possibly take a plea.



Plea Bargaining Plea bargaining can take place between the County Attorney and the defense attorney. If an agreement is met, there will be no need for a trial. The attorney has the final say as to whether a plea will be accepted or not. You should be notified by the Blue Earth County Attorney's Office if a plea has been negotiated, accepted, or denied. **YOUR INPUT IS IMPORTANT. PLEASE FEEL FREE TO CONTACT THE BLUE EARTH COUNTY ATTORNEY'S OFFICE TO INFORM THEM OF YOUR FEELINGS/CONCERNS ABOUT THE PLEA AGREEMENT.**

Trial The defense chooses whether the trial will be held before a court judge (bench trial), at which there is no jury, or before a judge and jury of 12 people (jury trial). At a court trial, the judge listens to the case and makes a determination of guilty or not guilty. If the defense chooses a jury trial, the prosecution and the defense will pick a jury of 12 people from a pool of potential jurors. The jury will make the determination of guilty or not guilty in a jury trial. During the trial, you will be asked to testify (along with other witnesses; because of the Fifth Amendment, the Defendant does not have to testify at the trial). Once again, you will have to relive your assault. You will be subject to cross examination from the defense attorney. During the cross examination, the defense attorney will be looking for holes in your story and ways to dispute what you testify to. It is a good idea to go over your statement and speak to the Blue Earth County Victim/Witness Coordinator and/or Blue Earth County Sexual Violence Resource Center advocate before the trial so you can have some idea what to expect so the trial will not be as painful for you.

Post-Trial Events

If the Defendant was found guilty or pled guilty, he or she will be sentenced. Prior to the sentencing hearing, a representative from Community Corrections will be putting together a pre-sentence investigation (PSI). The PSI will contain recommendations to the Court regarding the Defendant's criminal history, recommended sentence, and information from you. The Community Corrections agent should also inform you of your right to provide the Court with a Victim Impact Statement and an Affidavit for Restitution (see brochures in this packet). The Defendant, if found guilty by a jury or judge, has the right to appeal the case. If the case is appealed, it will go to the Appellate Court along with arguments by the prosecutor and defense attorney.

If the Defendant is found not guilty, that does not mean that no crime was committed nor does it mean that the jury did not believe the victim. A not guilty verdict means that the jury did not hear enough evidence to be certain, beyond a reasonable doubt, that the Defendant was guilty as charged. If the verdict is not guilty, please consult with the advocate or your therapist, if you are seeing one.

Civil Trial

Regardless of the verdict from the trial, you have the right to sue for damages as a result of the sexual assault. If you wish to do so, you must hire a private attorney to try the case.



The Juvenile Court Process

How Juvenile Cases are Handled

In a juvenile case, the victim does not bring charges against the accused. A crime is considered a wrong against the State. The County Attorney may file a petition against the juvenile charging him or her with a crime on behalf of the state. In some situations, when a crime has been committed a law enforcement officer will issue a ticket, also called a citation.

A delinquent act is an act committed by a juvenile that would be a crime if committed by a person over age 18. When a juvenile has been charged with a delinquent act, the legal process is significantly different from the process used for adults. In some situations minor offenses are considered juvenile petty offenses instead of delinquencies.

The juvenile justice system works to treat and rehabilitate juvenile offenders. In addition, juvenile courts generally move more quickly to resolve cases and provide the accused more privacy than adults charged with similar crimes.

Investigation and Charging

A crime committed by a juvenile is investigated like any other crime. After the crime is reported, the officer conducts an investigation. If the investigation indicates a crime has occurred the case is then either referred to the County Attorney to decide if there is enough evidence to prosecute the case or the law enforcement officer may issue a citation. Next, the county attorney's staff will review the information, decide whether the evidence supports charges, and if so, file charges. If there is not enough evidence, the case may be declined or returned to the officer for additional investigation.

Detention

In some situations, a juvenile may be taken into custody and detained. The police officer may release the juvenile to the custody of a parent or guardian or continue to place the juvenile in a detention facility. The law requires that a juvenile be released from detention unless certain extreme circumstances exist. Most juveniles in detention must come before the court within 36 hours for detention hearing. Most juvenile offenders are not detained. They are summoned to court by a mailed notice.

Blue Earth County also offers a Youth Diversion Program for some juvenile first time offenders ages 10-17. The Youth Diversion Program allows the juvenile to complete probationary consequences for his or her behavior and avoid going through District Court. Consequences given in the Youth Diversion program may be a supervised probationary period, juvenile work crew, community service hours, fines, and counseling. If the juvenile offender does not complete the required tasks in the time given, he or she will be referred to court.

Locations of Hearings

The hearings may take place in different locations. A juvenile offender's arraignment hearing, pretrial hearing and trial generally occur in the county where the crime was committed. The disposition hearing often takes place in the county of residence.

Arraignment

At the arraignment hearing, the juvenile will appear in court and be asked to "admit" or "deny" the offense alleged in the petition. If the juvenile is charged with a delinquency offense, the court appoints an attorney to



represent them at the arraignment hearing. Upon a guilty plea, the juvenile's case goes to disposition otherwise known as sentencing, either immediately or in the future. A not guilty plea leads to a pre-trial.

Pre-trial Hearing

In some jurisdictions, the defense may request a contested pretrial hearing to decide issues of law before trial. Citizen witnesses are usually not called to testify at these hearings. The juvenile may enter a plea at this hearing.

Trial

In most cases, juvenile trials are held before the judge. However, in some rare instances, a juvenile has a right to a jury trial. A juvenile offender otherwise has the same legal protections during trial as an adult charged with a similar crime. The judge or jury will make a determination that the petition is "proven" or "not proven". If the judge finds that the petition has been proven, the case proceeds to a disposition hearing.

Disposition Hearings

If the juvenile is found guilty or enters an admission, a disposition hearing is scheduled. Disposition hearings are otherwise known as sentencing in adult court. The judge has many options including probation, restitution, juvenile work crew, community service, house arrest, foster care and out-of-home placement. There is no jail time unless the juvenile commits a felony and is tried as an adult. The disposition will depend on the seriousness of the offense, the juvenile's criminal history, availability of appropriate services and other relevant factors.

Crime Victims and Juvenile Hearings

Minnesota law (Minn. Statutes Sec. 260B.163, 1(c) and 260B.163, 1(c)(2)) prohibits the public from attending juvenile hearings in most cases. However, the court can grant exceptions to this rule:

- If a person has a direct interest in the case, such as a crime victim;
- A victim has the right to attend the disposition hearing;
- If a juvenile is alleged to have committed an offense or has been proven to have committed an offense that is a felony and was at least 16 years old at the time of the offense;
- If a person has a direct involvement in the work of the court;

If you would like to attend a juvenile hearing, please contact the Sexual Violence Resource Center.

Medical Expenses? Loss of Property? Counseling Expenses? Out-of-Pocket Expenses?

Victims can request the court to order the juvenile to pay restitution if the juvenile is found to have committed the offense. The Minnesota Crime Victims Reparations Board helps victims and their families ease the financial burden they face as a result of a violent crime. The Board provides financial assistance to reimburse victims for their out-of-pocket losses suffered as a direct result of the crime.

Crimes covered by the program include: homicide, assault, child abuse, sexual assault, robbery, kidnapping, domestic abuse, stalking, criminal vehicular operation and drunk driving. The incident must be a crime involving an injury or death. The program does not compensate victims of property crimes or pay for property damaged during a violent crime. The crime must also have occurred in Minnesota. The program does not provide coverage to Minnesota residents who are injured in other countries, unless the crime was an act of international terrorism.

In order to qualify for financial assistance under this program, a claim form must be sent to the Crime Victims Reparations Board within 3 years of the crime and the victim must have reported the crime to the police within



30 days (some exceptions apply). The victim must cooperate fully with the investigation and prosecution of the case. The victim cannot have been committing a crime or any misconduct that is connected to the incident.

For more information about your rights or the juvenile court process, contact:

Blue Earth County Attorney's Office
Mark A. Lindahl
410 S. Fifth Street
PO Box 3129
Mankato, MN 56002
Telephone: 507-304-4352

Blue Earth County Sexual Violence Resource Center
Jayme Jackson
410 S. Fifth Street
Mankato MN 56002
Telephone: 507-304-4295

The Civil Court Option

In addition to the fact that many sexual assaults are criminal offenses, they are also violations of civil law. This means that when an individual has been sexually assaulted, he or she may sue for damages in civil court as well as reporting to law enforcement for a criminal investigation. A big difference between criminal and civil court is that the burden for winning civil damages is lower – a preponderance of evidence – than in criminal court, which requires proof beyond a reasonable doubt.

When a person sues civilly, the purpose is to win money damages from the offender to pay for medical or counseling bills, lost wages, pain and suffering, and possibly as a means of punishing the offender by ordering payment of money. For this reason, civil attorneys will usually only sue an offender who has the ability to pay large sums of damages as the attorney's fee is based on the money damage award. Thus, only a small percentage of cases of sexual assault result in civil court proceedings as well.

Harassment Restraining Order and Order for Protection

Another form of civil remedy besides suing for damages is to obtain a harassment restraining order (HRO) or Order for Protection (OFP). The purpose of these documents is to have a court order that the offender has no contact with the victim/survivor, including staying away from the residence or work place. Violation of these orders is a crime with punishment depending upon whether the offender has violated similar orders in the past. The Blue Earth County Sexual Violence Resource Center can assist you with obtaining an HRO or OFP. Either document may be used if sexual assault took place, but there are some differences. An HRO is used where there is little or no relationship between the offender and the victim/survivor. Thus, where they live in separate households or have been dating for a short time, an HRO is probably appropriate. An OFP is used where the two people live in the same household, have a child in common, or have a significant dating relationship.

For More Information

For more information, please contact the Blue Earth County Sexual Violence Resource Center at 507-304-4295.

Information taken from Sexual Violence Justice Institute at http://www.mncasa.org/svji_legal_civil.html.



The Crime Victim Justice Unit (CVJU): A Walk Through

The Crime Victim Justice Unit (CVJU) investigates complaints from crime victims who feel they have been mistreated by criminal justice personnel or victim service agencies. The following is a walk through of the investigation of a complaint submitted to the CVJU. In this process, the CVJU determines whether there has been victim mistreatment or a statutory rights violation under Minnesota Statutes Chapter 611A.

“Hello, this is the Crime Victim Justice Unit.”

The majority of complaints make their first contact with the CVJU office by telephone.



Telephone Assistance

CVJU staff members answer questions about the criminal justice system, connect the caller to resources, make suggestions and provide options to address the issues.

Oftentimes, just by explaining the process, the CVJU staff can reassure the caller that the case is progressing in a typical and appropriate fashion.

In those cases in which the caller would like to file a complaint, the CVJU sends a complaint form.



Forms Come Into CVJU Office

CVJU staff review the complaint forms that come into the office. After a basic screening to ensure that the complainant is a victim of a crime, a case file is opened.



Getting Documents

The first step is to request documents from the agency that is the subject of the complaint, such as a law enforcement agency or prosecutor’s office. The CVJU has statutory authority to request these documents and the agency has ten business days to respond.





The Crime Victim Justice Unit: A Walk Through continued from previous page



Investigative Process
The primary steps in an investigation include: reviewing documents from the relevant agencies, interviewing agency personnel, and interviewing the complainant and other individuals.



Assessment
The CVJU makes a determination, based on the investigation, whether there was victim mistreatment or a violation of any victim rights under Minnesota Statutes Chapter 611A.



Communicating the Findings
The CVJU communicates the results of the investigation in writing to the complainant and the subject agency.



Outcomes



Statutory Rights Violation and/or Victim Mistreatment
If there has been a finding of a statutory rights violation or victim mistreatment, the CVJU sends either a formal report or a detailed letter to the subject agency explaining the finding and making recommendations for change as appropriate. The agency has 30 days to respond, after which the complainant is sent a copy of the report or letter along with a copy of the response from the agency.



No Violation or Mistreatment
If there has been no finding of a statutory rights violation or victim mistreatment, the complainant is notified either by a formal report or by letter. The subject agency is sent a copy of this at the same time.



Case File Closed
After all parties have been notified and have had an opportunity to respond, the case file is closed.



Examples of How a Partner Tries to Gain Power and Control

Isolation

- Forbids you to talk with your friends
- Accuses you of cheating
- Decides the social and school activities in which you will participate
- Discredits your parents'/friends' advice
- Encourages you to turn against your parents/friends

Emotional Abuse

- Puts you down or makes you feel bad about yourself
- Breaks dates or cancels plans without any reason
- Embarrasses you in front of family and friends
- Uses words or tells jokes that humiliate you
- Uses drugs or alcohol to excuse abusive behavior
- Changes moods abruptly

Sexual Abuse

- Pressures you to engage in sexual activity
- Spreads rumors about your sexual behavior
- Puts down or makes fun of your sexual behavior

Threats

- Threatens to hurt you if you decide to break up
- Threatens to commit suicide when you talk of breaking up
- Threatens to hurt others who talk to you
- Threatens your family and friends

Bossy

- Makes all the decisions in the relationship
- Speeds or drives recklessly to scare you
- Uses a loud or intimidating tone of voice
- Calls repeatedly to check up on you or to harass you

Intimidation

- Destroys your personal belongings
- Speeds or drives recklessly to scare you
- Uses a loud or intimidating tone of voice
- Calls repeatedly to check up on you or to harass you

Stalking

- Frequently follows you
- Makes persistent and unwanted contacts
- Leaves messages intended to show that you are being watched

Excerpted from <http://www.wvdhhr.org/bph/trust/examples.htm>



Facts About Sexual Assault and AIDS

Sexual assault is a terrifying experience which may leave you feeling hurt, angry, humiliated, and violated. Added to the trauma of the assault is the fear of pregnancy, sexually transmitted infections, and AIDS. Although the likelihood of pregnancy or contracting an infection, including AIDS, is low with only one act of forced sexual contact, the Sexual Violence Resource Center advises that you seek prompt medical attention following an assault to completely rule out the possibility.

The following data is from the San Francisco Forensic AIDS Project and provides facts about sexual assault and AIDS.

- If the emergency physician feels that there is a risk for transmission of AIDS, he may ask you to take an HIV test. It is your choice whether or not you have the test done at this time.
- The chances of contracting AIDS from one incident of forced sexual contact are very low, even if the assailant has the AIDS virus.
- There is no evidence to suggest that sexual offenders, as a group, are at any higher risk than the general population for carrying AIDS.
- The likelihood of an assailant having AIDS increases if the assailant is promiscuous or an intravenous drug user.
- Although there is only a small chance of contracting AIDS from sexual assault, it is important to seek follow-up testing. It is possible to be tested as early as three months after the assault; however, more accurate test results can be obtained by testing at six months and one year intervals after the assault.
- Factors that might make a victim somewhat more susceptible to contracting AIDS may include: menstruating at the time of the assault, forced intercourse resulting in vaginal or anal tearing, anal intercourse, or if the victim already has an STD/STI at the time of the assault.

AIDS/STI TESTING

Local testing for AIDS and STIs is available at:
Immanuel-St. Joseph's Hospital
Open Door
and
Planned Parenthood

Counseling and testing for AIDS by appointment only.

Should you have any other questions, contact:
MN AIDS Hotline: (612) 373-AIDS or 1-800-248-AIDS
CDC National AIDS Hotline: 1-800-342-2437



STI/STD Facts & Information

Vaginitis

(most common causes: Yeast infection, Trichomonas, Bacterial vaginosis)

Signs and Symptoms

Vaginal Symptoms for Women:

- Itching, burning, or pain in vagina
- More discharge than normal
- Discharge may have foul odor and/or looks different
- Some women have no symptoms

Men can acquire germs which cause vaginitis in women.

- Discharge and mild discomfort in penis
- Most have no symptoms, but still spread germs

Transmission

Some forms of Vaginitis can be spread by:

- Vaginal sex
- Oral sex
- Anal sex
- Men who carry germs which cause vaginitis

Complications/Consequences

If Vaginitis is Left Untreated:

- Uncomfortable symptoms will continue
- Men can get infections in the prostate gland and urethra
- Can be spread to other sex partners
- May contribute to pelvic inflammatory disease
- If pregnant, can lead to premature delivery

Prevention

Recommendations to Reduce the Spread of Vaginitis (particularly Trichomonas):

- Latex condoms, when used consistently and correctly, can reduce the risk of transmission of trichomoniasis
- Always use latex condoms during vaginal and anal sex
- Use a latex condom for oral sex on a vagina or anus (dental dam or condom cut in half)
- Limit the number of sexual partners
- Get a test from a doctor or other medical provider if infection suspected
- Notify sexual partners immediately if infected
- Infected sexual partners should be treated (not needed for yeast infection or bacterial vaginitis)

Treatment

Treatment of Vaginitis:

- Vaginitis can be cured with proper medication from a doctor
- For Trichomonas, infected partners should be treated at same time
- For Trichomonas, inform doctor if you are or may be pregnant.

Treatment of Yeast Infection:

- Nonprescription medication available at pharmacy should be used only by women who have had previous yeast infections diagnosed by physician



Syphilis (“Syph”, “The Pox”)
(caused by *Treponema pallidum*, a bacteria)

Signs and Symptoms

1st Stage (primary syphilis)

Symptoms show up 1-12 weeks after exposure

- A painless, open sore on the mouth, sex organs or anus
- Sores can be “hidden” in the vagina or rectum; sores last 1-5 weeks
- Sores go away, but syphilis is still in the blood

2nd Stage (secondary syphilis)

- Symptoms show up 6 weeks to 6 months after sore appears
- A rash anywhere on the body
- Flu-like symptoms

Latent Stage

- No sores or rashes, but syphilis is still in the blood and can affect the heart, brain and other organs over time (tertiary syphilis)

Transmission

Syphilis is Spread by:

- Vaginal sex
- Oral sex
- Anal sex
- Infected mother to newborn

Complications/Consequences

If Left Untreated, Syphilis Can Cause:

- Heart disease
- Blindness
- Brain damage

Syphilis During Pregnancy May Cause:

- Stillbirths (in pregnant women)
- Congenital birth defects
- Severe damage to bones, brain, lungs, liver and other organs in infected infants

Prevention

Recommendations to Reduce the Spread of Syphilis:

- Genital ulcer diseases can occur in genital areas that are even covered or protected by a latex condom. They can also occur in areas that are not covered or protected. Latex condoms, when used consistently and correctly, can reduce the risk of syphilis only when the infected areas are covered or protected by the condom.
- Always use latex condoms during vaginal and anal sex
- Use a latex condom for oral sex on a penis
- Use a latex barrier for oral sex on a vagina or anus (dental dam or condom cut in half)
- Limit the number of sex partners
- Get a test from a doctor or other medical provider if infection or exposure is suspected
- Notify sex partners immediately if infected
- Ensure partners are tested and treated

Treatment

Treatment of Syphilis:

- Syphilis can be cured with proper medication from a doctor
- Partners should be treated at same time

NOTE: A person can be reinfected after treatment.



Chlamydia

(caused by Chlamydia trachomatis, a bacteria)

Signs and Symptoms

Chlamydia Symptoms:

- Begins 7-21 days after exposure
- Many people have no symptoms

Chlamydia Symptoms For Women:

- Abnormal vaginal bleeding or discharge
- Burning or pain during urination
- Pain in lower abdomen
- Anal discomfort

Chlamydia Symptoms for Men:

- Watery or thin white discharge from penis
- Burning or pain during urination
- Anal discomfort

Transmission

Chlamydia is Spread by:

- Vaginal sex
- Oral sex
- Anal sex

Complications/Consequences

If Left Untreated, Chlamydia can:

- Lead to ectopic (tubal) pregnancy
- Lead to pelvic inflammatory disease
- Lead to infertility in men and women
- Spread to other sex partners

Chlamydia and Pregnancy:

- Can be passed to newborn during childbirth and cause serious eye infection or pneumonia
- Can lead to premature delivery and low birth weight

Prevention

Recommendations to Reduce the Spread of Chlamydia Infection:

- Latex condoms, when used consistently and correctly, can reduce the risk of transmission of chlamydia
- Always use latex condoms during vaginal and anal sex
- Use a latex condom for oral sex on a penis
- Use a latex barrier for oral sex on vagina or anus (dental dam or condom cut in half)
- Limit the number of sex partners
- Get a test from a doctor or other medical provider if infection is suspected
- Notify sex partners immediately if infected
- Ensure partners are tested and treated

Treatment

Treatment of Chlamydia:

- Appropriate medication prescribed by physician, taken exactly as directed (using doxycycline incorrectly will not cure chlamydia)
- Home remedies are not effective
- Partners should be treated at same time

NOTE: A person can be reinfected again and again after treatment.



Gonorrhea (“Clap”)

(caused by *Neisseria gonorrhoea*, a bacteria)

Signs and Symptoms

Gonorrhea Symptoms:

- Usually begin 2-7 days after exposure
- May be mild or absent, especially in women

Gonorrhea Symptoms for Women:

- Abnormal vaginal bleeding, discharge or itching
- Burning or pain during urination or bowel movement
- More pain than usual during periods
- Cramps and pain in lower abdomen
- Anal discomfort, itching or discharge

Gonorrhea Symptoms for Men:

- Thick, white or yellow discharge (pus) from penis
- Burning or pain during urination or bowel movement
- Anal discomfort, itching or discharge

Transmission

Gonorrhea is Spread by:

- Vaginal sex
- Oral sex
- Anal sex
- Infected mother to newborn

Complications/Consequences

If Left Untreated, Gonorrhea can:

- Lead to pelvic inflammatory disease
- Lead to ectopic (tubal) pregnancy
- Lead to infertility in men and women
- Cause infection in the joints
- Spread to other sex partners

Gonorrhea and Pregnancy:

- Infection may be passed to newborn during childbirth
- May cause serious eye infection in newborn
- May infect other organs

Prevention

Recommendations to Reduce the Spread of Gonorrhea:

- Latex condoms, when used consistently and correctly, can reduce the risk of transmission of gonorrhea
- Always use latex condoms during vaginal and anal sex
- Use a latex condom for oral sex on a penis
- Use a latex barrier for oral sex on a vagina or anus (dental dam or condom cut in half)
- Limit the number of sex partners
- Notify sex partners immediately if infected
- Make sure partners are tested and treated at same time to prevent reinfection
- Get tested regularly

Treatment

Treatment of Gonorrhea:

- Can be cured with proper medication from a doctor
- Partners should be treated at same time

NOTE: A person can be reinfected after treatment.



Genital Warts/HPV

(caused by human papillomavirus - HPV)

Signs and Symptoms

Genital Warts Symptoms:

- Most people have no symptoms
- Develop within weeks or months after exposure, or not at all
- Soft fleshy lumps on or near sex organs or anus
- Itching or burning around sex organs
- Warts may be hidden in the vagina or anus
- The warts may go away with treatment, but the HPV infection persists

Transmission

Genital Warts are Spread by:

- Vaginal sex
- Oral sex (rare)
- Anal sex
- Contact with infected person's warts
- Infected mother to newborn (very rare)
- Warts/HPV may be spread even if no warts are visible due to the virus present on areas not protected by a condom

Complications/Consequences

If Left Untreated, Genital Warts can:

- Be passed to newborn during childbirth; can cause warts in infant's throat (very rare)
- Spread to other sex partners

Some virus strains lead to abnormal Pap test, increased risk of cervical, and/or penile cancer, but these strains do not cause visible warts. Sexually active women should have yearly Pap tests starting 3 years after they first had sex.

A physician may perform a special test to identify the cancer associated strains.

Prevention

Recommendations to Reduce the Spread of Genital Warts/HPV:

- Genital ulcer diseases and HPV infections can occur in genital areas that are covered or protected by a latex condom. They can also occur in areas that are not covered or protected. Latex condoms, when used consistently and correctly, can reduce the risk of HPV infection only when the infected areas are covered or protected by the condom. In addition, the use of latex condoms has been associated with a reduction in risk of HPV-associated diseases, such as cervical cancer
- Always use latex condoms during vaginal and anal sex
- Use a latex condom for oral sex on penis
- Use a latex barrier for oral sex on a vagina or anus (dental dam or condom cut in half)
- Limit the number of sex partners
- Get an exam for genital warts by a doctor or other medical provider if infection is suspected

Treatment

Treatment of Genital Warts/HPV:

- Warts can be treated, but HPV cannot be cured
- Requires medical treatment by doctor
- Drugstore treatment for other kinds of warts may be harmful if used on genital warts
- No increased cancer risk with HPV strains that cause visible genital warts. But, high risk strains may be present along with visible warts
- The body may eventually clear the virus



Herpes

(caused by herpes simplex virus types 1 and 2, HSV)

Signs and Symptoms

Genital Herpes Symptoms:

- Develop 2-30 days, or longer, or not at all
- Most may never develop symptoms or the symptoms are too mild to notice
- Small, painful fluid-filled blisters on sex organs, mouth or anus
- Blisters progress to open sores that crust over and heal within 1 to 2 weeks
- Blisters may be “hidden” in the vagina
- First episode most severe, subsequent episodes milder
- Itching or burning on skin in area where blisters are about to appear
- Initial infection often accompanied by fever, headache and swollen lymph nodes
- Blisters go away, but infection still remains in the body
- Blisters can return periodically, but usually shorter duration and less severe

Transmission

Genital Herpes is Spread by:

- Vaginal sex
- Oral sex
- Anal sex
- Contact with infected person’s lesions
- Infected mother to newborn
- Viral shedding may occur in the absence of blisters, so transmission is possible when lesions are absent
- Most transmission occurs in absence of sores

Complications/Consequences

Genital Herpes can:

- Make infection by other germs, like HIV, easier the blisters provide easy entry to other STD germs.
- Cause recurrent painful attacks

Genital Herpes and Pregnancy:

- Newborn may acquire infection from mother during delivery
- Infection in newborn may cause death, or severe damage to the brain, lungs and

liver

- Most pregnant women with recurrent genital herpes deliver normal infants
- Risk is highest for infants born to mothers who have first (primary) episode of genital herpes during pregnancy

Prevention

Recommendations to Reduce the Spread of Genital Herpes:

- Genital ulcer diseases can occur in genital areas that are covered or protected by a latex condom. They can also occur in areas that are not covered or protected. Latex condoms, when used consistently and correctly, can reduce the risk of genital herpes only when the infected areas are covered or protected by the condom
- Always use latex condoms during vaginal and anal sex
- Use a latex condom for oral sex on a penis
- Use a latex barrier for oral sex on a vagina or anus (dental dam or condom cut in half)
- Limit the number of sex partners
- Get an exam for genital herpes by doctor or other medical provider if herpes infection suspected
- Notify sex partners immediately if infected
- When pregnant, inform doctor if previously infected with herpes
- Never have sex with someone who has genital herpes when sores are present

Treatment

Treatment of Genital Herpes:

- No cure available; infection persists for life
- Recurrent episodes of blisters can be prevented by taking an antiviral medication each day
- Treatment of recurrent episodes generally does shorten the length of illness
- Comfort measures are available for recurrent episodes



Pubic Lice (“Crabs”) and Scabies

(caused by Phthirus pubis, the crab louse, and Scabies caused by Sarcoptes scabiei, a mite)

Signs and Symptoms

Pubic Lice and Scabies Symptoms:

- Severe itching
- Sometimes lice can be seen in hairy parts of body

Transmission

Pubic Lice and Scabies are Spread by:

- Sexual contact
- Close physical contact
- Infested towels, toilet seats, bedding and clothing

Complications/Consequences

If Left Untreated:

- Pubic lice can spread from pubic hair to other hairy areas
- Scabies can spread through a family

Prevention

Recommendations to Reduce the Spread of Pubic Lice and Scabies:

- Get a test from a doctor or other medical provider if infection suspected
- Limit the number of sex partners
- Notify sex partners immediately if infested
- Infested sex partners should be treated
- Avoid sleeping in the same bed or sharing towels or clothes with someone who is infected
- Get tested regularly

Treatment

Treatment of Pubic Lice and Scabies:

- Can be killed with proper use of medication from doctor
- Wash all clothes, bedding in hot water
- Vacuum furniture
- Treat partners at same time

NOTE: A person can be reinfected after treatment.

For more information, please contact:

Infectious Disease Epidemiology, Prevention, and Control Division STD and HIV Section

Minnesota Department of Health

PO Box 9441
Minneapolis, MN 55440-9441
(612) 676-5414
(612) 676-5653 TTY
www.health.state.mn.us

Minnesota Family Planning and STD Hotline

1-800-783-2287 Voice/TTY
www.stdhotline.state.mn.us

CDC National STD and AIDS Hotlines

1-800-227-8922
1-800-243-7889 TTY
www.ashastd.org



Drug Facilitated Sexual Assault

What are date rape drugs?

These are drugs that are sometimes used to assist in a sexual assault. Sexual assault is any type of sexual activity that a person does not agree to. It can include inappropriate touching, vaginal penetration, sexual intercourse, rape, and attempted rape. Because of the effects of these drugs, victims may be physically helpless, unable to refuse sex, and can't remember what happened. The drugs often have no color, smell, or taste and are easily added to flavored drinks without the victim's knowledge.

There are at least three date rape drugs:

- **GHB** (gamma hydroxybutyric acid), street terms include: Liquid Ecstasy, Liquid X, Easy Lay, Scoop, Georgia Home Boy, Goop. GHB has become popular among teens and young adults at dance clubs and raves; referred to as a "club drug." Body builders sometimes use GHB to "bulk up."
- **Rohypnol** (flunitrazepam), street terms include: roofies, R-2, Mexican Valium, circles. Rohypnol is also a "club drug."
- **Ketamine** (ketamine hydrochloride), street terms include: Special "K", K, green, cat Valium. Ketamine is also a "club drug."

Although we use the term "date rape," most experts prefer the term "drug-facilitated sexual assault." Experts refer to "date rape drugs" as "predatory drugs." These drugs have been used to help people commit other crimes, like robbery and physical assault, and have been used on both men and women.

What do the drugs look like?

- GHB has a few forms: a liquid with no odor or color, white powder, and pill.
- Rohypnol is a pill and dissolves in liquids. New pills turn blue when added to liquids. However, the old pills, with no color, are still available.
- Ketamine is a white powder.

What effects do these drugs have on the body?

The drugs can affect you quickly. The length of time that the effects last varies. It depends on how much of the drug is taken and if the drug is mixed with other substances, like alcohol. Alcohol can worsen the drug's effects and can cause more health problems. Also, one drug - GHB - can be made by people in their homes, so you don't know what's in it.

GHB GHB can cause these problems:

- | | | |
|--|----------------------|-------------------|
| ▪ can't remember what happened while drugged | ▪ drowsiness | ▪ slow heart rate |
| ▪ coma | ▪ nausea | ▪ sweating |
| | ▪ problems breathing | ▪ tremors |
| | ▪ problems seeing | ▪ unconsciousness |



- death
- dizziness
- dream-like feeling
- relaxation
- seizures
- vomiting

Rohypnol Rohypnol can cause these problems:

- can't remember what happened while drugged
- confusion
- difficulty with motor movements
- dizziness
- drunk feeling
- loss of consciousness
- lower blood pressure
- muscle relaxation or loss of muscle control
- nausea
- problems seeing
- problems talking
- sleepiness
- stomach problems

Ketamine Ketamine can cause these problems:

- aggressive or violent behavior
- convulsions
- distorted perceptions of sight and sound
- dream-like feeling
- feeling out of control
- hallucinations impaired
- motor function
- loss of coordination
- lost sense of time and identity
- memory problems
- numbness
- out of body experiences
- problems breathing
- slurred speech
- vomiting

Are these drugs legal in the United States?

Some of these drugs are legal, but that doesn't mean they're not going to hurt you. Even if they're legal, you should not use them unless your health care provider prescribes them.

- *Rohypnol* is NOT legal in the U.S. It is legal in Europe and Mexico and prescribed for sleep problems and as an anesthetic (medicine given during surgery so you don't feel pain). It is brought into the U.S. illegally.
- *Ketamine* is legal in the U.S. for use as an anesthetic for humans and animals. It is mostly used on animals. Veterinary clinics are often robbed for their Ketamine supply.
- *GHB* was recently made legal in the U.S. to treat problems from insomnia (a sleep problem).

Is alcohol a date rape drug?

While GHB, rohypnol, and ketamine are considered "date rape drugs," there are other drugs that affect judgment and behavior, and can put a person at risk for unwanted or risky sexual activity. Alcohol is one of those drugs. When a person is drinking alcohol:

- It's harder to think clearly and evaluate a potentially dangerous situation.
- It's harder to resist sexual or physical assault.
- Drinking too much alcohol can also cause black-outs and memory loss.

But remember: even if a victim of sexual assault drank alcohol, they are not at fault for being assaulted.



How can I protect myself from being a victim?

- Don't accept drinks from other people.
- Open containers yourself.
- Keep your drink with you at all times, even when you go to the bathroom.
- Don't share drinks.
- Don't drink from punch bowls or other large, common, open containers. They may already have drugs in them.
- Don't drink anything that tastes or smells strange. Sometimes, GHB tastes salty.
- Have a non-drinking/sober friend with you to make sure nothing happens.
- If you think that you have been drugged and raped, go to the police station or hospital right away.
- Get a urine (pee) test as soon as possible. The drugs leave your system quickly. Rohypnol leaves your body 72 hours after you take it. GHB leaves the body in 12 hours.
- Don't urinate before getting help.
- Don't douche, bathe, or change clothes before getting help. These things may give evidence of the rape.
- You also can call a crisis center or a hotline to talk with a counselor. One national hotline is the National Domestic Violence Hotline at 800-799-SAFE or 800-787-3224 (TDD). Feelings of shame, guilt, fear, and shock are normal. It is important to get counseling from a trusted professional.

All information provided by the U.S. Department of Health and Human Services (<http://www.hhs.gov>) and the Drug Enforcement Administration, DOJ (<http://www.usdoj.gov/dea>)

For more information, Contact the National Women's Health Information Center at 1-800-994-9662 or the following organizations:

Drug Enforcement Administration, DOJ

Phone: (202) 307-1000
<http://www.usdoj.gov/dea>

National Institute on Drug Abuse, NIH, HHS

Phone/Hotline: (800) 662-4357
Spanish Language Hotline: (800) 662-9832
<http://www.drugabuse.gov>

Food and Drug Administration, OPHS, HHS

Phone: (800) 332-4010
Consumer Information Hotline:
(888) 463-6332
<http://www.fda.gov/>

Office of National Drug Control Policy

Phone: (800) 666-3332
(Clearinghouse)
<http://www.whitehousedrugpolicy.gov>

Men Can Stop Rape

Phone: (202) 265-6530
<http://www.mencanstoprape.org>

National Center For Victims of Crime

Phone: (800) 394-2255
<http://www.ncvc.org>

Rape, Abuse, and Incest National Network

Phone: (800) 656-4673
<http://www.rainn.org>