SEXUAL ASSAULT

INTERVENTION MANUAL

Rape Information and Counseling Service

Springfield, Illinois

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Sexual Assault Intervention Manual

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Dedication

Rape crisis centers and hotlines have been working with the victims of sexual assault for the past decade--providing crisis counseling, advocacy, public education, and other services that effect the survivors directly or indirectly. These grassroots centers are the product of women who had the courage, insight, and imagination to create and organize a method of fulfilling the needs of rape survivors. The information in this training manual is the result of dedicated work and experiences of staff and volunteers of community-based rape crisis centers. To these people, the Rape Information and Counseling Service dedicates this manual.

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printed: November, 1981

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Preface

Rape is a crime of violence. The sexual aspect of this violence should not obscure the true nature of the act: a life threatening attack that violates the inner-most self of the victim. Rape leaves its survivors with a particular trauma that encompasses psychological, physical, and sociological reactions. The needs of the survivor vary with each individual and each attack. This manual, designed for rape crisis workers, can be used by anyone concerned with responding to the needs of rape survivors or who seeks a better understanding of the violence of sexual assault, its victims, and the aftermath of the crime.

Acknowledgements

We would like to express appreciation to the following for their assistance and contributions to this manual.

Citizen's Committee for Victim's Assistance, Chicago, IL
Peg Cochenour, Counselor
Detective Bureau, City of Springfield Police Department
Jane Fee, Rape Information and Counseling Service
Wayne Golomb, Attorney at Law
Debbi Kapp, Counselor
Memorial Medical Center, Springfield, IL
Jane Menten, Springfield Area Planned Parenthood
David Miller, Rape Information and Counseling Service
Polly Poskin, Women's Alliance, Springfield, IL
Bill Roberts, Sangamon County State's Attorney
Jill Welander, Rape Information and Counseling Service

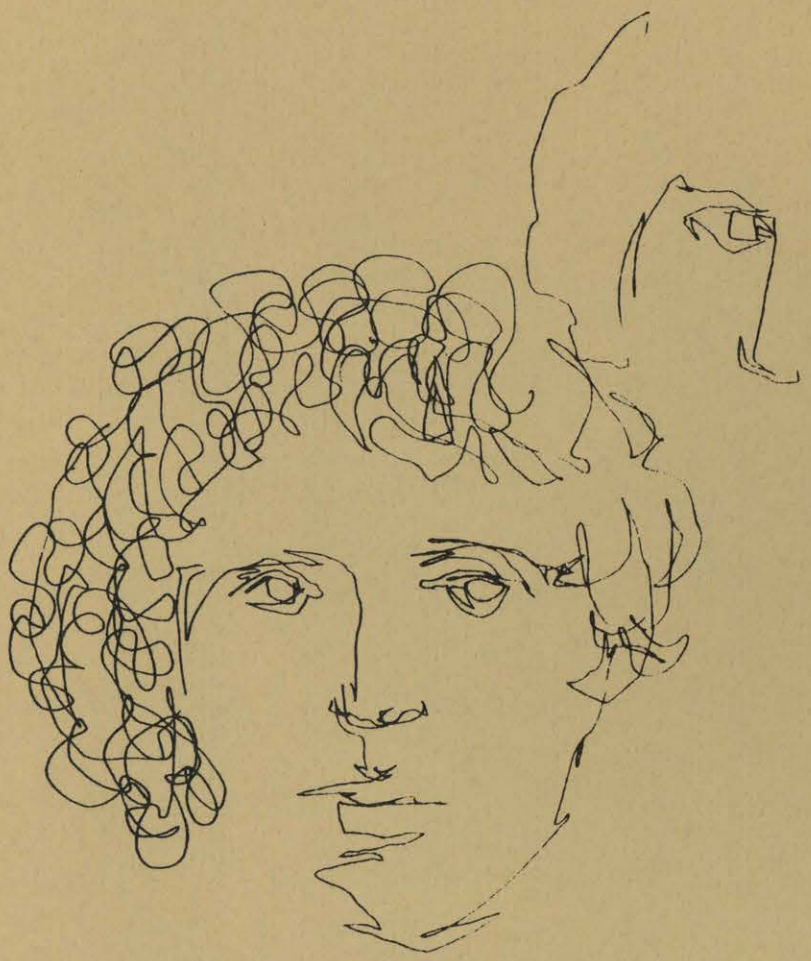
Terminology

Survivor/victim

The status of women who have been raped is being changed from victim to survivor. This change represents a positive way of viewing persons who have been sexually assaulted. The term "victim" connotates weakness and passivity. A survivor is someone who has endured a life-threatening crisis. "Survivor" connotates a position of strength, the emphasis placed on the positive aspects of power and endurance rather than the tragedy. The term is testimony to the physical and psychological strength of those who survive a sexual assault and regain dignity and control. Since "rape survivor" is a new concept, both terms, "rape survivor" and "rape victim," are used in this manual.

Rape/sexual assault

Rape is legally defined as a type of sexual assault characterized by heterosexual intercourse, while other forms of sexual assault are classified as deviate sexual assault. We define both rape and sexual assault as any sexual contact in which one person is unwilling. Since the dynamics, the motivation, and the emotional impact on the victim are not determined or affected by the particular form of invasion, "rape" and "sexual assault" are, in most instances, used interchangeably in this manual. The distinction between rape and other forms of sexual assault is relevant in medical and legal contexts, but not to the counseling of rape survivors. When working with a rape survivor, the counselor should operate according to that person's definition of rape and sexual assault.



The Reality of Rape: An Overview

Section I
The Reality of Rape: An Overview

The Mythology of Rape

The crime of sexual assault is severely misunderstood. In order to deal effectively with those who have survived a sexual assault and educate others about the crime, we need to understand what rape is and why it occurs. This may involve unlearning some commonly held myths about the nature of sexual assault, about the rapist, and about the rape victim. These misconceptions serve to perpetuate the crime and make convictions extremely difficult. They also increase the trauma for rape survivors.

Counseling rape survivors and their families will often involve providing information on the nature of sexual assault. The myths about rape place the blame on the victim, adding guilt to the emotional stress she is experiencing. The rape survivor may also have to deal with others--family, husband, boyfriend, friends, police, medical personnel, co-workers, employer--who hold prejudices against her because of their misconceptions about sexual assault. Insinuations and accusations that she was responsible for the assault may compound the victimization and the anger she is experiencing.

The Illinois Rape Study Committee, in its report to the House of Representatives (December, 1980), stated as its first conclusion:

> The public must be educated to understand that rape and other sexual assaults are not crimes of passion, but acts of criminal aggression, most of them violent in nature. It is the offender not the victim who is responsible for the sexual assault.

Rape is not an act of sexual passion. It is a crime of calculated aggression. But the belief that rape is primarily sexual is pervasive, and dangerous. It leads to misunderstandings that hold the victim responsible for the crime. It is the underlying assumption behind the jokes and accusations that belittle her experience. Because of the myths, the crime is underreported and difficult to prosecute. The blurring of rape and sex is at the root of the entire mythology, creating misconceptions about the victim, the offender, and the act itself.

Myths About Rape

Since rape is sexual contact, it is believed that it is performed for sexual gratification. However, the needs it actually fulfills

are non-sexual. Rape is the misuse of sexuality to release anger and gain a feeling of dominance and control. It is not an expression of sexual desire but an expression of hostility, anger, and aggression. Its primary component is violence, not sex.

Convicted rapists, as recorded by A. Nicholas Groth, Director of the Sex Offender Program for the Connecticut Department of Corrections, do not describe their compulsion to rape as a sex need, but as a control need. The majority of rapists were either married or involved in one or more consensual sexual relationships. Sexual deprivation was not the reason behind their decision to rape. In Groth's study of more than 500 convicted rapists, three out of four experienced sexual dysfuction during the rape. Their bodies did not respond sexually because the situation was not primarily sexual. With Albert DeSalvo, the "Boston Strangler," the act of overpowering the victim was so satisfying that he often did not have to complete the sex act. In discussing his rape of a 78-year-old woman, DeSalvo commented, "Boy it made me feel powerful."

Since rape is mistaken for a crime of passion, it is believed to be an impulse act--the result of an overwhelming sexual urge. The popular notion of the rapist as someone who, at the sight of a provocative woman, cannot control his desire is founded in the belief that rape is sexually motivated. In a study conducted over a two-year period in Philadelphia, criminologist Menachem Amir found that the majority of rapes are not spontaneous acts. Of the 646 cases he studied, ninety percent of group rapes (more than two assailants), eighty-three percent of pair rapes, and fifty-eight percent of single assailant rapes were planned in advance. Another study, consisting of interviews with convicted rapists, revealed that only seventeen percent agreed that they were <u>even slightly</u> out of control at the time of rape. Rape is not compulsive sexual behavior but the result of a conscious decision to commit an act of violence.

There are also misconceptions about the circumstances of rape: the man lurking in the alley or behind bushes. While this does happen in isolated cases, the majority of rapes occur between people who know each other. In forty to sixty percent of reported rapes, the victim and the assailant were previously acquainted. Even these figures are misleading, since rape between friends, relatives, or acquaintances is reported less often than stranger rape. In acquaintance rape,

the victim is more likely to feel ashamed or guilty, and less likely to be believed.

Myths About the Rapist

Popular images of the rapist include: boogie man, deranged maniac, pervert, swashbuckling villain. A man who rapes is unlikely to resemble any of these images. The characteristics that distinguish a man who rapes from a man who does not are not discernable from his appearance or lifestyle. Rape offenders are not psychotic, nor are they sexual deviates. They include men from all social, ethnic, racial, and economic backgrounds.

There is nothing particularly abnormal about rape offenders, according to Menachem Amir (Patterns in Forcible Rape): "Studies indicate that sex offenders do not constitute a unique or psychopathological type; nor are they as a group invariably more disturbed than the control groups to which they are compared." While rapists may have a greater tendency to display violence and aggression than "normal men," they do not show a sexual deviation. Men who commit other sex crimes, such as exhibitionism and voyeurism, show greater sexual deviance in psychological tests than both the rapists and the men in the control group. As reported by Susan Griffin in Rape: The Power of Consciousness, parole officer Alan Taylor said of the convicted rapists he worked with in San Luis Obispo, California: "These men were the most normal men there. They had a lot of hang-ups, but they were the same hung-ups as men walking out on the street."

Psychiatrist Nicholas Groth does not see the rape offender's disturbances as primarily sexual, but notes that, "He is not a sexually comfortable and secure male. Instead, he tends to be handicapped by stereotyped impressions of what are appropriate male and female role behaviors and expectations...He sees his task as one of conquering women and competing with men." Rapists usually have poor social relationships with men and women. They may have problems expressing feelings, and they show little capacity for warmth, trust, compassion, or empathy. More than likely, they will objectify women, not viewing them as full human beings, or will feel a generalized hatred or resentment toward women.

Myths About the Victim

Myths about the survivor assume that she is an attractive and provocative woman who "was asking for it." Other myths are that "no woman can be raped against her will"; "you can't thread a moving needle"; and that "all women have a secret desire to be raped." Or that the victim is a vindictive woman who "cries rape" after consenting to sexual relations.

These myths were formulated under the assumption that rape is performed for sexual gratification. It has been found, however, that the victim of rape is not chosen for her sexual attractiveness. She is chosen because she happened to be available and vulnerable at the time of the rape. Known victims range in age from 6 months to 91 years. When asked how he found his victim, a rapist interviewed by Nicholas Groth replies, "How do you find a glass of beer? You go look."

The National Commission on the Causes and Prevention of Violence did a study on the role of the victim in cases of murder, assault, robbery, and rape. Rape actually involved less victim precipitation than any other violent crime. Although victims of rape are the only victims made to feel guilty, they turned out to be the most "innocent." In this study, victim precipitation for forcible rape consisted of agreeing to sexual relations but retracting before the sex act took place, or inviting sexual relations through gestures, etc.

That no woman can be raped against her will is a contradiction in terms, for rape is an act of violence committed against the will of the victim. Many rape victims are made to feel guilty for not fighting back effectively enough to prevent the rape. Yet, in Amir's study, eighty-seven percent of the victims were threatened with death if they did not submit and physical force was used in eighty-five percent of the cases. Twenty-five percent were attacked with dangerous weapons. Even if a weapon is not used, women seldom have the same muscular strength as men. Women also have less experience with physical combat and are not often psychologically equipped to fight, having been socialized to be unassertive. When confronted with the threat of rape and even death, many women are immobilized with fear. In choosing a victim, rapists will find a woman in a vulnerable situation who has little choice but to submit.

It is also part of the mythology that women secretly want to be raped. This myth assumes that women are innately masochistic. Masochism is not natural to female sexuality, although it exists in some women (and men) as a form of culturally induced passivity. That masochism would lead to enjoying rape is another fallacy. A woman may have fantasies about being overcome with passion, but this has no relation to the reality of rape. There is a difference between being swept off your feet and being knocked to the ground. In sexual fantasy there is choice over the partner and the circumstances. In rape, the victim has no such control.

Another myth is that there are many false reports of rape. Women have experienced disbelief and further humiliation and harrassment when reporting a rape. With this as a deterrant, it is unlikely that women will make a false report. The fact is that incidence of false reportage is approximately four percent--equal to that of other crimes. This four percent includes reports that could not be substantiated through available evidence.

The myths about sexual assault have been repeatedly disproven by empirical studies and by the experiences of rape offenders and rape survivors. Yet they remain ingrained in societal attitudes and beliefs. Rape crisis centers, or any sensitive organized support system for rape survivors, are in a position to alleviate the injustices that result from these myths.

> Rape is the only crime in which the victim is double violated, first by the attacker, then by society. It is the only crime in which social, religious, and cultural core attitudes turn upon the victim. In rape, society tends to blame or accuse the women.
>
> Pittsburg Police Superintendant
> Robert Colville, as quoted in
> The American Criminal Law Review

The Reality of Rape

Rape occurs whenever there is sexual contact without mutual consent. It is an act of aggression and intimidation. Physically and psychologically, rape is an internal invasion, a blunt intrusion into what is most private and personal. When rape occurs, a person's self-determination is denied and the core of her being is annihilated. Rape is a threat to all women, and to its victims it carries the threat of death.

Rape affects its victims on all levels of existence: physical, psychological, social, spiritual, emotional, and, in some instances, economic. The majority of rape survivors fear for their lives during the attack. A five-year follow-up study of rape victims who were examined at Boston City Hospital showed that forty-two percent of these survivors viewed the rape as the single most upsetting event of their lives. (Burgess and Holmstrom) Contrary to the claims and insinuations in popular culture that a violent sexual encounter over which the woman has no choice or control can be fun, rape is a devastating experience with long-lasting effects. While most crises reach resolution in four to six weeks, the rape victims Burgess and Holmstrom interviewed needed from a few months to more than five years to recover from the experience.

Underlying rape mythology is the notion that there is an innate force in men that makes them want to rape, and some part of every woman wants to be raped. The assumption is that male sexuality is naturally aggressive and sadistic and female sexuality is naturally passive and masochistic. Carried to the extreme, the understandable outcome is rape. It is understandable in terms of our cultural mores, but it is not instinctive or natural. Rape is learned behavior. It is a dehumanizing distortion of sexuality that cannot be separated from the society in which it occurs.

While rape is not universal to the human species, it is uniquely human. Chimpanzees and monkeys, observed in their natural habitat, understand that sex should not be forced when one partner is unwilling. Their mating is initiated and controlled by the female estrous cycle. When a female is ready to mate, she sends out biological signals but has the option of accepting or rejecting her potential partners. Even the most persistent suitor does not copulate unless the female is willing and cooperative.

There are also human cultures in which the practice of rape is totally foreign. The Arapesh, a New Guinea mountain-dwelling people studied by Margaret Mead, have no concept of rape. Their culture is gentle, non-aggressive, and non-competitive, and their understanding of male nature does not include the will to rape.

What is there in our cultural concept of "male nature" that can explain why a rape happens every seven minutes in the United States? Since it is not a biological urge that causes rape, we can look into the psychology of the offender to see why men rape. The rapist, we find, is an ordinary guy who tends to lapse into slight aberrations of behavior. Until recently, the rapist has not been studied extensively--outside of criminology statistics on modus operandi, age, race, etc. Nicholas Groth's work with convicted rapists gives us some insights into the motivating force behind rape. According to Groth, there are three components to rape: power, anger, and sexuality. His interviews with rapists repeatedly reveal that sexuality is merely the method through which power and anger are expressed. Either the need for power or release of anger is the dominant element in each rape. Groth classifies rape in three categories: power, anger, and sadism.

The power rapes are the most common. This rapist is seeking to compensate for personal inadequacies by gaining temporary control over another human. He will usually be attempting to act out a fantasy, which is likely to resemble the all-too-common scenario in movies and fiction in which the woman, after being forced into sex, decides she enjoys it. The reality, however, never matches up.

> I felt let down. I didn't experience the same feelings in the actual assault that I expected to feel. Everything was pleasurable in the fantasy, and there was acceptance, whereas in the reality of the situation it wasn't pleasurable, and the girl was scared, not turned on to me.
>
> (Men Who Rape, p. 27)

Despite the fact that he finds rape unsatisfying, the power rapist continues to pursue the fantasy. The basic fallacies in the fantasy unquestioned, he blames instead the circumstances, and thinks that, this next time, he will experience the fantasy. He doesn't, and eventually gets caught or just stops, but not until a lot of women are raped.

Anger rapists are more commonly convicted since their victims are more likely to be strangers and to be physically harmed from the attack. The attack may take the form of a violent explosion.

> I was enraged when I started out. I lost control and struck out with violence. After the assault I felt relieved. I felt I had gotten even. There was no sexual satisfaction; in fact, I felt a little disgusted. I felt relieved of the tension for a while, but then it would start to build up again....
>
> (Men Who Rape, p. 15)

The anger rapist sees sex as degrading, carrying to an extreme what many people do when they use a sexual term to verbalize their anger, frustration, and hostility.

The rarest form of rape is the sadistic rape. For this rapist, the anger and power are eroticized. The attacks may be excessively brutal, since he takes pleasure in the victim's torment, suffering, anguish, and helplessness. These are the rapes that make headlines. The victim of a sadistic rape is likely to incur permanent physical damage, if she lives.

Of the approximately two in ten rapes that are reported, one in four results in arrest and one in sixty results in conviction (Sexuality Today, August 21, 1978). If courts have difficulty distinguising between a rape and a consensual sexual encounter, it is because there are elements of rape in many of our cultural behavior patterns. Men are expected to be aggressors in love and courtship, and women passive and submissive. It is a fallacy that men cannot control their sexuality. Yet women have somehow been given responsibility for controlling it. Boys learn that sex is something they are supposed to take, and girls learn that it is something they are expected to withhold and protect. Sex becomes a commodity that women bargain with, withholding it in order to increase its value and demand. "...and when I beg you to say "yes," say "no." Then let me lie outside your bolted door...so Love grows strong..." states Ovid in his classic manual on sexual relations. The man is then expected to unbolt the door with the force of his passion. It is not surprising that some teenage boys, confused over their role expectations, rape their female peers. When sex is wedded to power and mastery, and divorced from sharing and reciprocity, the line between romance

and rape becomes arbitrary and thin.

One characteristic of the rape offender is that he tends to adhere to traditional notions about male/female behavior patterns. Prescribing a different set of characteristics and behaviors to each gender, and tying these to a superior/inferior status, insures that one group (females) is subordinate to the other (males). A perusal of children's books and fairy tales reveals the differences in behavioral expectations: Sally is silly. She needs help. Jane calls Dick. Come Dick. Come help Sally. Dick saves Sally. Little Red Riding Hood ventures into the woods where she falls prey to the wolf and must be saved by the kindly, competent woodsman. The three little pigs, however, do not allow themselves to be intimidated by the big bad wolf (not by the hair on their chinny-chin-chins). Sleeping Beauty is the female ideal who lies, passive and beautiful, until she is brought to life by her prince. Jack, through cunning and ingenuity, climbs the beanstalk and conquers the giant.

In many of our contemporary male heroes, glorified skills in both sex and killing are closely associated. As Susan Griffin comments: "James Bond alternately whips out his revolver and his cock, and though there is no known connection between the skills of gunfighting and lovemaking, pacifism seems suspiciously effeminate." Our culture has a peculiar attraction to pain and death, and a tendency to erotize violence. The combination of violence and sex, as any media producer will tell you, is what sells, it fills the air waves of prime-time T. V. Whether it's cowboys, cops, or space wars, there is always the young sexy woman who--though she may be able to handle a gun--is ultimately vulnerable. The magazine rack at the corner drugstore, available to adolescent boys, is filled with detective magazines. Each of their covers show an attractive and terrorized young woman who is gazing in helpless horror at the gun or knife that looms over her partially clothed body. One does not have to look at hard-core pornography to see that violence and degradation are an integral part of male-defined sexuality.

The partnership of sex, violence, and degradation finds it natural expression in rape. The rapist, however, knows that any satisfaction he may achieve from the act is not from sex itself but from the power and domination. In an economic and social system based on competition and hierarchical relationships, success is measured in terms of one's

ability to dominate. In order to feel powerful, there must be others who are weaker and subordinate. If a man feels powerless in relation to others in the male hierarchy, there is always someone he can dominate--a woman. And the rage and frustration he may feel toward the men who have power over him can be deflected toward a female scapegoat. Rape, and the weakness and dependence of women, serve a useful purpose in a society that is male-dominated and competitive.

In order to compete effectively, people must be alienated from each other. The concept of "every man for himself" instills distrust in every relationship and isolation in each individual life. While the phrase in the previous sentence puts barriers between men, it assumes that men and women are in totally separate territories. It excludes women because they are not to be out in the world competing, but in the home nourishing.

Kept separate, the experiences and perceptions of the genders are not aligned. The predominant perspective is the male perspective, in which women are seen as the "other." Women are, on the one hand, feared and despised, and, on the other, loved and protected as cherished possessions. The two impulses are not in dichotomy to each other; they share the same root. Many scholars were surprised when it was discovered that Sir Thomas Malory wrote the classic tale of chivalry, The Knights of the Round Table, while in prison for rape. Feminists, however, were not suprised.

Kept separate, males and females also have a tendency to objectify each other and not fully recognize their common humanity. Atrocities can be performed on human beings when the victims are viewed as objects, as less than human. A woman who survived a group rape reports being referred to as a "piece of meat" by her assailants. One of the more successful methods women have used to avert a rape attempt is to say or do something that reminds the attacker that he is dealing with a human being.

Rape is an act of domination that is inherent in a society that values the power to dominate. It is a male-female struggle that is basic to a society that assumes that men and women are in opposition to each other. It is a dehumanizing act that is not taken seriously by a society that does not value each individual's personal needs.

Women are begining to change the conditions of their world, and are realizing that the struggle to become full and independent beings

is long and difficult, but not impossible. Correcting the wrongs of the rape mentality involves not only salving its wounds, it means the eventual eradication of rape. Rape is not an isolated phenomenon that can be rooted out of the society that creates it--its roots are too deep-seated and too tangled. But change can begin in how we feel about ourselves and how we relate to others. It can begin with knowledge and the belief that a world without rape is not impossible.

Rape Statistics

1980

NATIONAL (According to the U.S. Uniform Crime Report)

- Total reported rapes were 82,088.
- Reported rapes increased 8% from 1979.
- Of every 100,000 women, 71% reported a rape. This is a 38% increase from 1976.
- Arrests increased 1% from 1979 and 18% from 1976.
- Of males arrested 54% were under age 25 and 29% were 18-22 years old.
- Of males arrested, 51% were white and 48% were black.
- Of males prosecuted, 9% were under age 18.
- Of arrests made, 49% were prosecuted or cleared through "exceptional means" (death of defendant, etc.).

ILLINOIS (According to Crime in Illinois)

- Total reported rapes were 3,032. This was a 7.5% decrease from 1979.
- Arrests were made in 1,606 of reported rape cases
- Of those arrested, 1,428 were adults and 178 were juveniles.
- Of those arrested, 411 were white, 1,042 were black, and 153 were other races.

SANGAMON COUNTY (Including the city of Springfield)

- Total reported rapes were 47, an increase of 9.3 % from 1979.

SPRINGFIELD

- Total reported rapes were 37, an increase of 23% from 1979.

RICS HOTLINE

- Total rape crisis calls were 120.

1981--January to June

SANGAMON COUNTY (Including the city of Springfield)

- Total reported rapes reported were 45.

SPRINGFIELD

- Total reported rapes were 40

RICS HOTLINE

- Total rape crisis calls were 37

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The Rape Survivor

Section II

The Rape Survivor

The Trauma of a Rape

Other than murder, rape is the most serious crime perpetrated against a person. Rape is a violent attack that threatens the victim's life and violates her physical and psychological well-being. She is forced to relinquish control over her body and her life. Her most personal self is invaded and abused by an acquaintance or stranger who needs to derive power by harming and humiliating her.

The violation of self experienced in the actual attack is only part of the trauma of rape. She is victimized by both her attacker and by the societal stigma surrounding rape. The stigma may be internalized or it may be imposed upon her. If the survivor accepts the myths about sexual assault, responses such as guilt, blame, and embarrassment will make the recovery process difficult. Even if she does not believe the myths herself, she may come into contact with people who do. Insensitive responses from family, friends, and institutions will compound the trauma.

The Survivor's Response to Rape

The physical and emotional response to rape varies with the survivor and the type of attack. The survivor's coping skills, her attitude toward herself and the attack, and the strength of her support system influence how traumatic and how long the process of recovery will be. Yet researchers and rape crisis counselors have found that there are some common patterns that all survivors share. These patterns can best be explained in three phases: the immediate crisis, the pseudo-adjustment phase, and the resolution phase. This information is meant to be used as a frame of reference when working with rape survivors. Individual survivors and their progress should not be strictly judged according to these categories. A survivor may move from the pseudo-adjustment phase to the resolution phase and back again or may experience responses from two different phases simultaneously.

Phase I: The Immediate Trauma

The immediate trauma may last a few days to a few weeks. The survivor may feel different degrees of disorientation depending on the type and severity of the attack. She may be extremely verbal

or she may be very quiet. Her feelings of fear, anger, rage, guilt, sadness, and embarrassment may be demonstrated by being aggressive, by crying, shaking, smiling, and sometimes even laughing. Other victims may appear subdued or very calm and composed. If her reaction is controlled the survivor may (1) be denying her feelings or turning them inward instead of releasing the tenison caused by the attack, (2) be in a state of shock and disbelief, (3) physically and mentally exhausted. During this phase, the victim must make immediate and long-term decisions. She may also be undergoing the medical examination, police investigation, and beginning legal procedures.

Phase II: Pseudo-Adjustment

The pseudo-adjustment phase can last a few weeks to a few months or longer. This is characterized by what one victim defines as "wanting to be normal again, wanting to continue my normal routine." The survivor's life has been disrupted and she tries to return to her pre-crisis state.

This is a pseudo-adjustment phase because often the victim will try to return to "normal life" before she has resolved the crisis and the resulting conflicts. The survivor may force herslef into a busy routine, throwing herself into her job, family, or other activities to take her mind away from the attack. She might even deny that the attack occurred. This phase can last for as long as the surviovr can "successfully" suppress or deny the attack, the anger, the hurt, and other feelings that resulted from it.

Phase III: Process of Resolution

The process of resolution begins when a survivor realizes that she must deal with her feelings about the rape. She might be experiencing depression and feel that something must change. She might experience something that makes her recall the rape. She may see someone who looks like the rapist, have a similar experience, or see a movie, read a story, or hear someone else's experiences that reactivate her memories of the rape. She might become obsessed with the assault. The survivor realizes that the rape experience is controlling her life and that she needs to work out the trauma alone or with another's help.

The survivor works to gain an understanding of the crime against

her. She begins to understand that anger toward the assailant is appropriate and necessary. The survivor accepts that the attack occurred without feeling guilty or responsible for the rape. At this time she realizes that it is the assailant who is responsible for the attack and directs her anger appropriately. She can reestablish control over her feeings and, if necessary, change patterns that have placed her in a vulnerable position. Resolution is often completed when a survivor can put her experience into a positive perspective. She views the rape crisis as a challenge she has overcome. Through growth and change, this crisis can be integrated into her life.

The Feelings of the Survivor

Every survivor personalizes an attack differently; yet, there are common emotional responses experienced by survivors. Common responses are fear, guilt, embarrassment, sense of powerlessness, and anger. The degree and duration of the trauma experienced depend on the coping skills of the survivor, her attitudes toward herself, the strength of her support system, and the type of attack experienced.

Fear of the Rapist *

However he did it, the rapist overcame the victim's resistance and forced her to submit to his sexual demands. Either because of direct threats of the rapist or because media rape stories give that impression, it is likely that she felt that she would either be brutally injured or had only a few moments to live. Normal fear response may be quite generalized or specific to the rapist. The victim's fear may be particularly strong if the rapist threatened to harm her again, as often happens if he suspects she will report to the police. Fear of attack under these circumstances is a normal human fear. She is not crazy or paranoid to fear the attacker. She needs positive assurance from those around her that life is worth living and she needs to explore alternate ways of coping with her fear of attack. Help her express and specify her fear. Encourage her to list all the things she can do to protect herself including some things that are unacceptable to her such as staying home all the time behind heavily locked doors. This is an opportunity to point out that there is a range of choice, each with its price. Awareness of choice gives a sense of control, which reduces the fear. She should develop calm, step-by-step instructions on what to do if the attacker should show up. Talk about the attacker. If she knew him, does she think he'll come back? If so, encourage her to plan accordingly. The more she calmly talks about the rapist, the clearer she will be about her plan of action if he should return. Whatever she decides, her plan should be clear in her mind and simple to put into operation even when she is emotionally upset.

Anger

This is the most appropriate attitude, and it is a healthy

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response. When someone burglarizes our homes or runs into our cars, we are angry. The victim has been attacked and humiliated, so she should be angry. She can vent this anger several ways, such as pressing charges, or telling other women about the attacker or the situation he created leading up to the attack. She may tend to generalize and extend the anger to all men.

Guilt

The rape victim's feelings of guilt are difficult for her to deal with and will likely have an effect on her decision to contact the police. Many women have internalized the prevalent mythology which emphasizes the idea that women are to blame for having been raped. No matter how strongly you feel that it was not the woman's fault, it is important to let her talk and try to help her define in precise terms what she might have done "wrong" - and what she might have done differently. Regardless of the fact that she may have acted carelessly, (i.e. hitchhiking) or without good judgment (leaving her front door unlocked at night), she should, in time, be able to view the rape as a crime committed against her, for which the rapist is to blame. Part of this dicussion may center on varying lifestyles and the trade-offs that are made for living in a certain way. A woman who wants to be independent and mobile takes a certain amount of risk of being assaulted. It is not her fault for being assaulted, but she has become a more visible person and, thus, more subject to rape.

Feelings of guilt seem to vary in degree with the extent of physical injury and the type of association with the assailant. Women who have experienced severe physical injury during the rape do not have to face the issue of their involvement in the rape, because there is obvious evidence of their resistance. These victims can resolve their anger more quickly and feel justifiably sorry for themselves. Victims of a "blitz" rape also have diminished feelings of guilt. But, the woman who was raped in her own home or the woman who knows her assailant, has the most difficulty in resolving her guilt and conflicts over the rape. She may chide herself for poor judgment or seductive behavior or display other self-hating characteristics.

Sense of Vulnerability

The rape victim frequently finds that she fears people generally. She may be particularly attuned to sexual innuendos or stray looks which she realizes, due to her heightened awareness, are all around her, but which she used to take in stride. She should try to be with friends and build up her self-confidence again. This process is particularly difficult for the victim when the attacker was someone she trusted. In this case, not only her faith in others but her faith and trust in her own judgment has been undermined by the rape. She will need time and support to regain a realistic trust in herself in relation to others.

Loss of Control Over Her Own Life

The rapist has forced her to submit to something she did not want to do. Possibly, she harbored some ideas before the rape that rape couldn't happen to her, that she would be able to resist or that she could take care of herself. Since the rapist overcame her resistance by force or fear, she no longer feels sure of anything about herself and her self-determination. Sometimes even little decisions like whether to have a cigarette or whether to eat become momentous things. The victim practically has to repossess herself after the rapist took possession by force. She has to reassert the value of doing things for herself; she has to insist to herself that she is worthwhile and that she still has will power and control over herself.

If the victim has followed a lifestyle of trusting people, leaving doors open, talking to strangers, making friends in odd places, hitchhiking across country, and so on, she may feel that in addition to her body, the rapist has stolen her whole way of life.

Embarrassment

She may be embarrassed to discuss the physical details of the assault. Our bodies and sexual activity have always been regarded as private and her privacy has been stripped from her by another. Telling anyone at all may be painful.

It is likely that the rapist verbally abused her with offensive sexual language and she is embarrassed to say these words. She may also not know acceptable terminology to describe what happened

sexually.

The medical exam is especially embarrassing. Her body is again exposed and is an object of attention and inspection by strangers. She is likely to feel that her body, her appearance, and her whole being is offensive and disgusting. She may even feel sorry for the doctor who "has to look at it." She may even be too embarrassed to admit her embarrassment. Help her recognize that you and any person would be embarrassed under such circumstances. What she is feeling is normal.

Anxiety, Shaking, Nightmares

Victims often react after physical attack with shaking and anxiety. The relief of having made it, the shuddering at the thought of how close to death she was are expressed in this way. The victim remembers the incident. The trauma goes so deep that she may have nightmares. She thinks what she could have done and she thinks what he could have done. Continued support from all around her and reassurance that she is physically safe and can do things to protect herself will help these symptoms of trauma dissipate. The nightmares will continue, perhaps, but will not be as vivid.

Concern for the Rapist

Many victims express a concern about what will happen to the rapist if he is reported to the police. Some victims want psychiatric help for the rapist rather than jail. She may have very negative attitudes toward the criminal justice system and jail and may feel guilt in reporting the crime. Perhaps these attitudes are the result of the victim's effort to understand what happened and what her contributions were to the assault. If no physical beating or other violence occurred, some victims even say that it is not worth sending a man to jail. It is human to show concern for another human, especially one in trouble. But she must not let this feeling obscure the fact that he did attack her. In feeling sorry for him, she should not repress her anger for the indignities she has suffered just as most robbery victims wouldn't think of forgiving and forgetting someone who robbed them.

Wondering - Why Me?

Some women wonder why the rapist chose them. What is it about them that separates them from other women? These feelings arise from the common mistaken belief that rape happens to women who "ask for it," or who in some other way made themselves noticeable. It may help her to know that this is a common normal feeling of rape victims and that anyone can be raped. To help the victim see this, try to get her to tell you how she came in contact with the rapist and what contact she had with the rapist before the rape occurred. He probably maneuvered the situation to lead to the rape. In short, she should be reminded that the rapist made the decision to assault her.

Shame

The destruction of self-respect, the deliberate efforts by the attacker to make her do things she knows she and society detest, to make her feel dirty and disgusting, may make her ashamed. Society's attitudes toward sex and different sexual acts are all reflected in her shame. The victim who feels she has been violated needs to see the rape as an attack, not her choice. She need not feel shame where no choice was involved.

Stupidity

The extent of her mistake that led to the point of rape determines how really stupid she feels. If she was hitchhiking, for instance, she may blame herself for the rape because she knew it would be risky. It is good to admit an error and to try to be more cautious in the future, but admission of error must not hide the fact that she was attacked. She was not the attacker. No person asks or deserves to be raped no matter how thoughtless or careless they were. Remind her that we all, after any accident or tragedy, can think of countless things we should or should not have done.

Two Types of Rape

The Stranger Rape

The stranger rape is committed by someone unknown to the victim. The attack usually is a surprise attack. The victim is vulnerable at the time or is caught in a vulnerable situation. The victim could be walking down the street during the day, in her house cleaning, or victimized while she is sleeping. The assailant may plan the attack or strike without plan in a fit of anger.

The most common reactions to the surprise attack are shock, anger, and fear. The survivor had no prior warning. She can see no sense to the attack, or reason for its occurrence. The criminality of the attack is apparent to the survivor. She may, therefore, be able to react appropriately by directing her anger toward the rapist. The survivor of this type of attack may experience fear for some time after the attack takes place. The fears may manifest themselves through nightmares or phobias.

The Acquaintance Rape

The assailant in an acquaintance rape is known to the survivor. She may have just met him; she may know him casually, or he could have been a trusted friend. After the attack, the survivor is likely to feel guilty, embarrassed, betrayed, and ashamed. The survivor examines the circumstances of the attack, trying to decide what happened to precipitate it. She might critically reevaluate her actions, her clothing, the conversation--looking for the reason behind the attack. She might feel embarrassed to tell anyone about the rape, especially if she blames herself. The survivor may feel isolated, not knowing who to trust. The combination and intensity of these reactions can immobilize the survivor. When she begins to feel powerless to act, depression can result.

Survivor's Rights *

Every victim of sexual assault should have the right:

- to be treated with dignity and respect by institutional and legal personnel.
- to have as much credibility as a victim of any other crime.
- to be considered a victim of rape when any unwanted act of sex is forced on her/him through any type of coercion, violent or otherwise.
- to be asked only those questions that are relevant to a court case or to medical treatment.
- to receive medical and mental health services whether or not the rape is reported to the police, and at no cost.
- to receive medical and mental health treatment, or participate in legal procedures only after giving her informed consent. (Information should include all possible options.)
- to be treated in a manner which does not usurp control from the victim, but which enables her/him to determine her/his own needs and how to meet them.
- to not be exposed to prejudice against race, age, class, lifestyle, or occupation.
- to have access to support persons, such as advocates, outside of the institutions.
- to have access to peer counseling.
- to be provided with information about her/his rights.
- to have the best possible collection of evidence for court.
- to not be asked questions about prior sexual experience.
- to have common reactions to the rape, such as sleeplessness, nightmares, hostility toward men, anxiety, fear, etc., <u>not</u> be considered pathological behavior.
- to have access to a secure living situation, or other measures which might help to allay fears of future assault.
- to have her/his name kept out of the media.
- to be considered a victim of rape regardless of the assailant's relationship to the victim, such as the victim's spouse.
- to have deterred her/his assailant by any means necessary. No victim should be criminally prosecuted for harming the assailant during or immediately after the rape; or for harming the assailant in the process of preventing an attempted rape.

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- to receive medical treatment without parental consent if she/he is a minor.
- to have access to supportive legal services.
- to have a preliminary hearing in each case when an arrest has been made.
- to be advised of the possiblity of a civil suit.

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Counseling and Advocacy

Section III
Counseling and Advocacy

Qualities of a Good Counselor

Crisis counseling for rape victims involves providing practical information and calm, understanding support. In order to be effective, a rape counselor must possess the willingness to listen and the ability to respond with empathy, honesty, and without judgment. Listening should not be confused with merely hearing another person's words. Listening involves giving up your own thoughts for a while in order to focus complete attention on the person at the other end of the line.

In giving support to sexual assault survivors, it is much more important to communicate understanding and caring than it is to have any particular background or credentials. At times, professional training can be a hindrance since it tends to foster the notion that the counselor is the "expert." It is not the rape crisis counselor's duty to analyze the people who call, to coerce them into any particular action, or to profess to be a professional therapist. Her role is to believe, and believe in, the caller.

The peer counselor is not the person with all the answers; she is the person who listens. Crisis counseling is client-centered. The caller must make her own decisions. When a woman has been sexually assaulted, she has been rendered powerless. It is essential that she regain control over her life immediately afterwards. The counselor does not benefit the caller by making decisions for her or directing her actions. The counselor's role is to give non-judgmental support, accurate information, and to foster the woman's growth and independence. The crisis counselor provides options so that the caller can see her situation more clearly and make informed decisions on her course of action. It is important to stay informed on official procedures; on changes in laws, policy, and personnel; on the nature of sexual assault; and on appropriate referrals. During a time of emotional trauma or crisis, the support of a well-informed peer is invaluable.

There are characteristics that will aid in effective counseling that do not necessarily need to be learned. Many women who become rape counselors have already developed them. The ability to counsel

effectively is dependent on a person's basic values and system of beliefs. A good counselor must respect others. This involves a belief in the worth and dignity of each person and an appreciation of individual differences. A good counselor does not impose her values on others and is flexible enough to counsel those whose values do not reflect her own. Effective counseling involves the empathy and non-possessive warmth that stem from a genuine interest in and concern for others. If a rape crisis counselor has good judgment and instincts, common sense, and can stay calm and level-headed, she will be effective. Other basic qualities include empathy, genuine concern, warmth and acceptance, and honesty.

Empathy

Empathy is the ability to identify with the caller's experience in terms of how that person is feeling and how she perceives her situation. While no one can ever know exactly what another person has experienced, effective counseling includes being sensitive and open to thoughts and feelings. When empathizing with a person the counselor does not feel sorry for her or pretend to know exactly how she feels. Empathy, unlike sympathy, involves a deep understanding and an equal relationship between caller and counselor. The attitude of "you poor dear, you must feel terrible" does not demonstrate an attempt to genuinely understand how she really is feeling. A counselor must be able to see and understand similarities between the survivor's experience and her own and imagine herself in the survivor's situation. Empathy involves the recognition that rape is a violent and vindictive act that affects its survivors on a physical, psychic, emotional, and social level.

If you are a sexual assault survivor, your own experience may help you to be an effective counselor. You should be able to easily empathize with women who call the line. But if you do not yet have enough emotional distance from your own assault, listening to someone else's story may bring back feelings you thought you had worked through. Many women have found it to be therapeutic to work with other sexual assault victims. It is important, however, that your past experiences aid rather than interfere with the ability to help women who call. Sharing useful information about your own experience

can provide ideas about handling the situation, as well as breaking down isolation and communicating empathetic concern. If you find yourself talking about your own assault more than you are listening to your client, or insisting that she handle her situation the same way you handled yours, you probably need more time and someone to talk to in order to sort out your own experience. If this happens, remember that you have as much right to get support to work through your feelings as anyone who calls the hotline.

Concern and Caring

Most women who work the hotline do so because they are concerned and caring individuals. One of the ways to communicate genuine concern is to listen carefully and let the caller know you are listening. Guard against making assumptions. You are not dealing with the "profile of the victim" or any other stereotype, but with a human being who is coping with a situation that is unique to her. Let the caller know that you believe in her worth as a human being.

Warmth and Acceptance

You could be the only person the caller discusses her assualt with who does not judge her in any way. If she is not feeling strong when she calls, a critical or cold attitude may discourage her and turn her away without help. It is necessary to establish trust and rapport so that she can open up to you.

Before working the hotline, it is important to honestly evaluate your own feelings, attitudes, and biases so that they do not inadvertenently affect your relationship with anyone seeking help. If you find you cannot, for whatever reason, work effectively with an individual, arrange for another counselor to call her or have her call back at another time. Make sure you do this without rejecting her. You can say, "Mary knows more about (incest, abortion...etc.) than I do. Would you like to talk with her?"

Honesty

Honesty is essential; the caller has to be able to trust you. There are two ways you could be dishonest with a client: giving inaccurate information and giving inaccurate responses. To avoid the latter, simply be yourself. Do not play the role of how you think

a hotline counselor should talk or act. If you respond to her as one human being to another, you will give her what she needs. It is also essential to be realistic and accurate in giving her information about her options. If you do not know the answer to a particular question, be honest and tell her how she can get the information, or find out the answer and get back to her. In helping her assess her options, be realistic--don't raise false hopes. Also be realistic in terms of what commitments you make. Once a commitment is made, it must be followed through.

How to Listen and Respond

The most important skill you will need as a counselor is the ability to listen well, especially when helping a client work with her feelings. This sounds easy, but it may involve practice and concentration.

First, your attitude as a listener is important. You need to stay calm and communicate that calmness to the caller. All your attention must be focused on the caller. Many people are busy thinking of what they will say next and miss what the other person is saying or hear it incorrectly. In order to truly hear: listen with an open mind, with empathy, and without judgment or preconceived notions about how she is feeling. Be careful not to project your assumptions about what she "must" feel based on what you know about sexual assault. Remember that you are talking to a person, not a stereotype.

Listen for feelings. Be aware of pitch, tone, pacing, voice inflections. Pay attention to the feelings she mentions and also to the feelings behind what she is saying directly. Try to follow her thought pattern without introducing new material. Be aware that the words may be communicating only part of the message. But remember that she is the only authority on her feelings, and the things you observe may not mean what you think they mean.

Active listening includes receiving, recording, and defining what the caller is saying. How you respond and give feedback can greatly affect how much the caller is helped. You should communicate that you really hear what she is saying. Feedback should be descriptive, not evaluative. In this, the counselor describes her reaction to a statement, leaving the client free to do what she wants with this feedback. Feedback is more useful when it is specific and when it deals with behavior that the caller has the ability to change. There are a number of tools you can use in listening and responding to a caller. Do not use any one method exclusively during a conversation. You will do best if you follow your intuition.

Reflection of Feelings

The purpose of reflecting feelings is to help the caller express her emotions. Being alert to the feeling and reflecting it is a response which is appropriate at any time during the interaction, but

it is especially important at the beginning of the call. Do not introduce the idea of taking action until you have given her a chance to express herself fully and yourself a chance to understand what she is experiencing.

In the example below, select the response which indicates that you understand not only the words of the caller, but the feelings behind the words.

"I wonder what my husband will do when he finds out I've been raped."

1. I am wondering if you would have to tell him right away.
2. I am really sorry that you have to go through this with your husband after what you have already been through.
3. You are apprehensive about what your husband's reaction will be.
4. You'll feel better after awhile and it won't be so hard to tell him.

Number three demonstrates sensitive, empathetic listening and responding. The first response, a questioning response, does not accurately reflect what the caller said and is likely to steer the caller's attention away from her feelings. The second response, a supportive response, demonstrates sympathy rather than understanding. The third response, a reflective response, indicates that the counselor understands what the caller is saying, and is concerned. The fourth response, an interpretive response, suggests to the caller that she really shouldn't feel that way and gives inappropriate reassurance.

Reflect the feeling you hear as an observation, not as a statement of fact. For instance, say, "It sounds to me like you are frightened," "I hear some anger in what you are saying," or "Are you feeling guilty?" rather than, "I'm sure you are frightened," "You certainly are angry," or "You must be feeling guilty." If you hear a feeling, reflect it to to her, and if she denies it, either you have misinterpreted her communication or she is not ready to deal with her feelings. If that is the case, your style of communication has left the issue open for her to return to if she chooses.

Here are some other reflection of feeling responses:

1. You feel (<u>emotion</u>) about (<u>fact</u>).
   when
2. Sounds like....
3. Seems like....
4. Are you telling me that...?

Since emotions are often confusing during a crisis, it may be helpful for her to identify and label them, and to recognize that they are normal human emotions experienced by most who have been sexually victimized.

Minimal Encouragement

The "minimal" in minimal encouragement refers primarily to the quantity of input made by the counselor. This consists mainly of acknowledgement phrases that keep the dialog moving and communicate that she is being understood. Minimal encouragement includes such responses as "Yes," "Mm-hm," or "I see," responses that convey interest, encourage her to continue her train of thought, and let her know that you are still with her.

Other examples of minimal encouragement:

1. "Then?" "And?" "So?"
2. Repetition of a key word or two.
3. "Could you tell me more?"
4. "How do you feel about that?"
5. "Could you give me an example?"
6. "What does that mean to you?"

Use of this skill does not mean sitting passively while the caller rambles from topic to topic. It requires being tuned into what the caller is describing. So that you do not steer her the wrong way, it is necessary to be sensitive to what the caller wants to discuss.

Silence

Long silences do not mean that nothing is happening. Since silence can serve as a positive communication tool, counselors have to learn to be comfortable with them. The caller can use silence to sort through her feelings and thoughts. A silence can be a resting point before continuing with a new communication. The caller may be coming to a decision or clarifying the situation during the silence. You both can use the silence to relax and center yourselves, particularly during an intense session. There are no set rules as to how long a silence can or should last. Generally, the caller should be the one to resume the conversation. It is important for both the caller and the counselor to realize that it is acceptable to be silent.

Door-Openers

The victim may have difficulty in communicating, even to the

extent of not being able to verbalize that the crime has occurred. The counselor can ask her how she feels, then encourage her to talk further: "Would you like to say more about it?"; "Do you want to talk about it?" If she states that she does not want to talk about it, you can say, "It sounds to me like you're trying to forget the rape, but it's important that you resolve it. Let's talk."

Open-ended responses give encouragement and assistance in communicating, while letting the caller determine the direction the conversation is going. These are general rather than specific. Questions starting with "what" and "how" tend to be more open. Open-ended responses may take the form of either complete or incomplete statements or questions that cannot be answered with simple yes or no. For example: "You seem to have a number of concerns about telling your husband."; "What are some of your concerns about telling your husband?"; "Some of your concerns are...."; "Could you explain a little more about...?"

Paraphrasing

Paraphrasing involves discerning the essence of what the caller has just said and restating it in a briefer form without changing or assuming the caller's meaning. Paraphrasing, used properly, can achieve three purposes: (a) It communicates that you understand, or are at least trying to understand, what she is saying; (b) It gives her a chance to correct or clarify what she has just said, and perhaps to understand it better herself; (c) It can clarify a situation by restating it in a more concise and ordered manner.

This skill is helpful in clarifying confusing comments, in tying a number of comments together, in highlighting issues by stating them more concisely, and in checking your own perceptions. An example of paraphrasing is: Caller: "My mother is saying I should forget about it, my husband wants me to go ahead and prosecute, and I don't know what to do." Counselor: "Everyone expects something different from you and you're feeling confused."

Summarization

Summarization is used to review, condense, and clarify. It is similar to both paraphrasing and reflection of feelings--except that a summary covers a longer period of time, a wider range of feelings

or content, and a wider range of counselor input. It can cover either feeling or factual content, or a combination of the two. It is used to put a large amount of data into a more compact and coherent form. It helps the caller to focus on what is important to her; it serves as a catalyst for further exploration; and it helps both caller and counselor to check their perceptions to maximize understanding. It can be used when a discussion has been rambling, confusing or lengthy; when mutual assessment is needed before moving on to another phase (such as goal-setting); or at the end of a session to emphasize what has transpired and what can be learned from it.

In counseling sexual assault survivors, keep the client at the center of things. Listen and respond in ways that indicate your respect for her. Responses should show that you trust her decisions, and have faith that she can help herself rather than have things done for her.

What Not to Do

Certain types of responses should be avoided because they cut off communication. Some of these responses may seem helpful, but they take the focus off the client and her feelings.

Questioning, probing: Questions for information and clarity are vital. But loaded, excessive, or moralizing questions are not necessary. After a person's situation and needs have been determined, encourage her to do most of the talking. Everyone needs to reveal herself at her own pace and can do so once trust and rapport have been established. If she has difficulty speaking, use door-openers, reflect feelings, communicate understanding, and help her to go on.

Offering Advice/Solutions: This implies that you think you know more than she about what is right for her. It also shows you aren't listening, since advice is invariably based on your experience, not hers. Your role in problem-solving is that of facilitator. You can offer feedback and options, but she remains in charge.

Making judgments, criticizing: This is demeaning. You may not agree with your client's handling of things, but critical comments will not make her change. It will probably make her close off her feelings from you. You can be honest without putting her down, and still support her by conveying what you say with an attitude of respect.

Sympathizing, reassuring, excusing: Be careful that, in empathizing with a woman, you do not blandly sympathize. You do not want to belittle her feelings or take them lightly, even if they seem out of proportion. Also, do not reassure just to calm her down. Do not tell her everything is all right. You want to help her change, not just feel better. And if everything is all right, why is she feeling so bad? Let reassurance and support grow out of your entire attitude and the way in which you communicate your concern.

Working with Specific Feelings

The goal in crisis counseling is that the survivor return to her previous level of functioning. The crisis, however, may have affected her at a deeper level than either of you are aware. There may be earlier conflicts that were touched off by the assault, at times making her responses seem inappropriate or exaggerated. As a rape crisis counselor, you do not provide therapy for deep, long-standing psychological problems. While most crisis counseling will consist of one to eight sessions, there is rigid time limit. The amount of time needed for crisis resolution is usually determined by the client. During that time, it will be necessary to identify, ventilate, and work through some specific feelings triggered by the assault.

A crisis can be a vehicle for change. However, your expectations about what can be accomplished should be reasonable and honest--and should not be imposed on your client. You can assist her in venting her feelings and in coming to some realizations about herself. Many feelings arise during times of crisis. If they are not resolved, they can continue to surface and impede her coping abilities. If they are resolved, they can lead to self-awareness and personal growth.

Whether the contact is a one-time hotline call or on-going counseling, focusing on her individual needs can make the contact more productive in facilitating a healing process. Identifying problem areas, allowing for ventilation of her feelings, and offering support and guidance will aid rape survivors in overcoming the trauma.

Powerlessness

The powerlessness that she felt during the attack may continue to interfere with her ability to function. The belief that she can assume power over her life, may be the most important value you can reinforce for her. You may be the only one who believes in her, and the most important time to communicate this belief is when she does not feel in control. She may ask for your advice, but do not fall into the trap of deciding for her. Rather, support her in making decisions for herself. Express confidence in her ability to decide as you guide her through the steps of sorting, summarizing, problem-solving, decision-making, and goal setting.

Guilt

The idea that she had any role in causing the assault must not be accepted. In helping her to understand that she was not to blame for the violence, simply telling her may not be enough. It may sound like mere reassurance. Discuss the reasons behind the guilt in such a way that she herself comes to the conclusion that the attacker was solely responsible for what happened. It may help for her to read materials written by other rape survivors or other books and articles that explain the nature of sexual assault.

She may dwell on her behavior before and during the assault, thinking of other tactics she could have used to prevent it from happening (If only I had...). The fact that she survived a life-threatening situation demonstrates that she used some effective coping strategies. Point out the things she did that were positive. For instance, perhaps she could not prevent the rape but she managed, despite the trauma, to get a good description of the rapist. There is never one clear-cut strategy that will prevent sexual assault. She assuredly chose the best or only course of action that was open to her at the time. Nothing that she did or did not do makes her responsible for the attack.

Guilt is likely to be internalized anger. Once she realizes that she is not to blame, she can begin to feel, recognize, and release that anger appropriately. This process involves examining the course of those feelings. The rape crisis counselor can encourage her in this process and offer techniques in ventilation of anger.

Anger

A person who has been violated will invariable feel anger. This is a healthy sign in rape trauma. She may, however, have a difficult time expressing anger and instead internalize it as depression, guilt, or physical illness, or she may transfer it to others. Anger can be healthy if acknowledged and expressed. The counselor can help her to realize that anger is inevitable and potentially healthy and to find ways to channel it. She needs to be able to express it in a way that feels most comfortable to her. Some methods are: discussion of feelings, writing angry letters to her attacker, using anger dialogue in talking to a surrogate offender, beating a pillow, wringing a wet towel, shouting, crying, shaking. Anger understood can be fuel for

a great deal of action. If the range is long supressed or stemming from more than the attack, it may be overwhelming. The important thing in this case is to direct it outwardly in a way that does not perpetuate more anger and destruction.

Fear

The fear a woman feels during a rape attack can plague her after she has resumed her day-to-day activities. It may manifest itself in phobic reactions. She may become afraid of being alone, of crowds, of elevators, of the dark, of anything that might remind her of the assault. Fear is likely to be an issue with women who have been victims of a more brutal rape--an anger rape or blitz attack.

The counselor can help her assess her fears and discuss avoidance and resistance methods that can lessen her anxieties (See Section VI). She can then take practical steps to alleviate her vulnerability. She can install dead-bolt locks on her doors, have a police crime prevention unit inspect her home and give suggestions on making it more secure, and study self-defense techniques. Learning about rape prevention and self-defense and taking concrete action about what's bothering her, will help her to regain control and confidence.

Low Self-Esteem

If a woman lacks a positive self-image, this problem is likely to surface after she has been assaulted. Helplessness can damage self-esteem. She may be experiencing a cycle of victimization, seeing the rape as another incident in which her worth has been denied or devalued.

Rather than letting the attack reinforce a low opinion of herself, you can point out that she had the inner strength to endure the assault and the good sense to seek help. Observe her strengths and positive qualities. Suggest that she make a list of positive statements about herself. When she begins to feel badly about herself she can read her list and appreciate her assets. Self-esteem is increased through insight and through improvement and success in her problem-solving behavior.

Sexual Problems

Two common, and often long-term, effects of rape are mistrust of men and difficulty in responding sexually. The assault can cause problems or uncertainty in her relationship with her husband or lover.

These problems are increased if her partner is not sensitive to her feelings. You can suggest that a male counselor/advocate work with her partner to help him become more understanding, and that they receive counseling as a couple. It is important for the survivor to separate her feelings about sex and her relationship from her feelings about the assault. Since she probably has unresolved feelings from the attack that interfere with normal sexual response, these need to be recognized and worked through. As with any other problems you may encounter in crisis counseling, if it becomes evident that the difficulty is deep-seated and long-term, refer her to an appropriate therapist.

Immediate Crisis Calls

If a caller has just been raped, she has both practical and emotional needs. Determine what has happened to prompt the call and what her immediate concerns are. Remain calm. Speak slowly and in an even tone (but not to the point of being unnnatural). Your manner should be relaxed, supportive, genuinely concerned, and calm and collected. Each survivor has specific needs that are unique to her situation. Do not make assumptions but pay attention to her individual concerns. Give information, not advice.

First check on the caller's immediate safety.

1. Is she hurt? If her injuries are serious, and if she gives permission, call an ambulance. People who are in shock may not be aware of physical pain.
2. Is she still in danger?
   a. If she feels the rapist might still be nearby, with her permission, call the police.
   b. If she does not want the rape reported, say that she heard a prowler. Let her know a report can be made anonymously and without obligation to prosecute.
   c. Advocates can assist her in arranging temporary housing.
3. Does she want to go to the hospital emergency room? This may be necessary if she plans to prosecute or injuries are apparent.
   a. She should be accompanied by a friend, relative, or advocate.
   b. She should not shower or bathe, douche, or change clothes. If she cannot supply another set of clothes, arrange for an advocate to bring some.
   c. The survivor should be notified that she is guaranteed treatment even if she cannot pay for it. When she does not have insurance or public assistance, the Department of Public Health will reimburse the hospital (See Rape Victim's Emergency Treatment Act, Section IV).
   d. Determine which hospital she will be going to. Call ahead to the emergency room, identify yourself as a rape hotline worker, and let them know a rape victim will be coming in for an exam. The advance notice can insure that a room will be ready for her when she arrives.

e. If she does not want to go to the hospital, give information on alternative medical care: private doctors, Planned Parenthood, the Public Health venereal disease clinic, other clinics.

4. Inform her about the advocacy service.
   a. Advocates can assist her with a variety of concerns. They can provide emotional and practical support whether or not she decides to go through the medical and police procedures.
   b. If you will be sending advocates, determine where they will meet. Repeat the address back to her to recheck it. Ask for a phone number in case there are complications (not finding the address, etc.). Let her know approximately how long it will be before the advocates arrive.
   c. Once advocates are sent, your role is a difficult one: waiting to receive check-in calls from advocates. You may also be providing emotional support to advocates.
5. Does she want to take legal action?
   a. If she has decided to contact the police, find out where the assault took place to determine which police department will handle the case.
   b. She will need to go to the hospital emergency room for evidence collection.
   c. Give information on police procedures and offer to send advocates to support her through the procedures.
6. Be alert and sensitive to her emotional reactions.
   a. Some shock-related signs are: an unusually calm and composed manner, incoherent speech, uncontrollable sobbing or crying, confusion over time intervals and numbers, inappropriate laughter, extreme anger. Other post-rape reactions include embarrassment, guilt, shame, anger, fear, suspicion, hysteria, excessive talking, silence, flippancy, helplessness, or a feeling of being unclean or damaged.
   b. Be supportive of the survivor. Encourage her to express her feelings.
   c. It is normal for the attack to cause disruption in her life for a while. Give information on follow-up counseling.
   d. Tell her you are glad that she called and offer to call back at your mutual convenience. If this is arranged, take all possible precautions to insure confidentiality.

Other Counseling Issues

Calls from Men

Male callers are generally (1) male rape or incest survivors; (2) friends or relatives of sexual assault survivors; (3) seeking information not related to a specific assault (speaking engagement, information for a research paper, etc.); (4) sexual assault offenders; (5) prank or obscene callers.

Most of the calls from men are handled the same as calls from women. Some cases may be handled more effectively by a male counselor/advocate, so this option should be offered.

Men who have been raped experience many of the same emotional responses as women. The counselor needs to be supportive and understanding. If there is a sense of discomfort, inform the caller that male counselors are available. He may also be responding to a stigma which surrounds same-sex assault. See Section VI, Sexual Abuse, for the particular issues and victim reaction involved in male rape.

Rapists have called rape crisis hotlines, so don't assume it's a fraud if it happens to you. Guard against letting any stereotyped ideas about the rapist interfere with your ability to handle the call. He may be making a serious commitment to change, so be supportive. If you have difficulty handling the call, refer him to a male counselor/advocate or to appropriate long-term counseling.

Calls from Friends and Relatives of Survivors

Relatives and friends also have special needs in dealing with the crisis. You can help them to handle their feelings more maturely so that they can become more helpful to the survivor. They may be acting off the myths and placing blame on the survivor, although perhaps not on a conscious level. Your role in working with friends or relatives may be to help them reach a calm, rational understanding of what the survivor has experienced and of ways in which they can be supportive. Do not let anyone criticize or blame the survivor in her presence. Be aware that she is not helped by extreme anger or a desire for revenge. You may also act as mediator, as with a husband and wife who are having conflicts touched off by the rape. See "Note to Those Closest to the Victim" at the end of this section.

Rape survivors will sometimes pose as a friend or relative or in some way conceal the fact that they have been raped. Remember to be open to this possibility. Establish trust and ask open-ended questions that will allow her to reveal herself if she is ready. Be sensitive to emotional content behind what the caller is saying; be warm and supportive, and urge the caller to call back if she needs additional information.

Counseling Older Women

Advanced aged does not offer immunity to rape. When an older woman is the victim of a sexual assault, the attack may be brutal since anger rapists often seek out an older woman. She may have been seen as an authority figure against whom the rapist vents his anger and resentment. An elderly woman may be seen as particularly vulnerable because of her declining physical condition and the circumstances of her life (living alone, taking public transportation).

In some cases, recovery may be difficult for the older rape survivor. The majority of older rape victims are attacked by strangers and in their own homes, two factors which tend to lengthen the recovery period. Most older women, having coped with the loss of loved ones and other tragedies, have strength and skills in coping with trauma. A rape would be an unexpected trauma and may involve added difficulties.

There are other considerations in counseling older rape survivors:

1. Because of the social values of her generation, the older survivor may feel a great sense of shame and embarrassment. She may feel that she has been disgraced and that revealing the rape would jeopardize her respectability. If this is the case, she probably will not discuss the experience with her family and friends. She may also have fewer available friends to whom she can turn. Concealing the rape may add to feelings of isolation and loneliness. If she has no supportive network the psychological recovery will be more difficult and a greater responsibility will be placed on the counselor.

De-emphasizing the sexual nature of the act would be an important step in the therapeutic process. She should come to see that

being a victim of a crime does not damage her reputation, and that keeping it to herself does damage her psyche. She should be encouraged to reach out to others so that her emotional needs may be met.

2. A sense of helplessness may be activated by the assault. The physical, social, and economic resources of an elderly person may be diminishing. If she was already feeling vulnerable, the attack may make her feel more so. This can contribute to a feeling of hopelessness, of giving up. The woman's family may become overprotective, forcing her into a "helpless old lady" role.

The counselor can help her to become aware of her strengths. She can point out instances in which the woman displayed courage, resourcefulness, knowledge, and ability. While encouraging self-awareness and courage.

3. If the rape occurred in her home, there may be other complications. Remaining could make it difficult to dissolve the memory. Leaving could also be physically and emotionally stressful.

These situational factors should be noted by the counselor. The woman's feeling of fear can be worked with by realistically assessing the situation and by taking steps to make her and her home more secure. If she is moving in with her children, the whole family should be worked with to make the move less stressful.

Prank or Obscene Calls

If you begin to doubt the validity of a call, continue to handle it as you would any other rape call. If the call is really a prank, the caller is still a person with problems. If the calls are repeated and become annoying, try, in a non-threatening way, to get the caller to level with you.

Obscene calls are not to be tolerated. A rape hotline functions to combat sexual victimization, not to subject people to it. If you receive an boscene call, hang up immediately. If the caller repeats, the police or phone company can trace the call.

As with any call that is upsetting, counselors should ask for support from others in the organization if they find a call particularly disturbing.

Counselor Burn-out

Few people who try to respond to the needs of others escape emotional involvement. One of the reasons a peer counselor can be effective is that she is not a detached professional, but simply a caring human being. It is difficult, but sometimes necessary, to be caring and human without becoming emotionally attached.

One way to avoid blowing a fuse is not to overload. First-time counselors can be over-nurturing. This fosters dependence and, in the long run, will hinder her growth. A crisis counselor does not need to take care of all of a client's probelms. Also, do not think that you are the only one who can help her. While some survivors prefer to work with one counselor, crisis counselors are relatively interchangable.

If you have any problems concerning you work on the hotline, discuss them with someone else in the organization. Remember that, besides giving support to sexual assault survivors, counselors and advocates must give support to each other.

Advocacy

Advocacy, when working with survivors of sexual assault, can mean a few minutes of reassurance in a hospital waiting room or three phone calls to the police station trying to locate a detective working on a specific case. It can be waiting for hours in an attorney's office or giving support to family and friends of a survivor.

Whatever the circumstance, the advocate provides support, information, assistance, and at times, intervention on behalf of a survivor in a time of crisis and confusion. Any of these services can make the legal and medical systems less impersonal and indifferent. Advocates can provide a caring, supportive atmosphere where the survivor can take control over her life and the events that happen to her.

An advocate is a support person in a time of crisis. Many times a survivor's support system such as family and friends are not available at the time of crisis. Other persons feel that their support system could not understand or cope with the sexual assault. The advocate also has the practical information and contacts that a survivor may need, besides a thorough understanding of sexual assault and its aftermath. She can guide a rape survivor through the maze of medical and legal procedures. She can be both objective and empathetic. Advocacy for sexual assault survivors involves counseling, gathering and supplying information, giving physical and emotional support, and acting as a liaison with other agencies. Advocacy means being a friend during a crisis period.

Counseling and Support

The survivor may feel alone and isolated, not knowing what to do or how to sort out her feelings about the rape. The feeling of vulnerability can overcome the survivor and make her feel helpless in trying to decide a plan of action. These feelings along with the after affects of the rape can compound the survivor's trauma. The advocate can aid the woman in working with these feelings. An advocate is an active listener. She allows a woman to express her fears, doubts, and concerns about the attack in an atmosphere which

is caring and non-judgmental. A survivor must know that her emotions are valid and that her concerns are real. If a survivor is immobilized by her emotions, an advocate can help her put them in perspective by offering information and by sharing experiences that relate to the survivor's experiences.

An advocate may be counseling the survivor on an on-going basis to help her with the emotional aspects of the crisis. If the survivor would like continuing face-to-face counseling, she and the advocate can arrange a time for the sessions. A counseling contract can be agreed upon. The contract serves to focus the sessions to make them more productive. Examples of contracts are: I will overcome my fear, I will release my anger, I will regain power over my life and gain decision making abilities.

Information and Referral

The advocate is an important information and referral resource person. The survivor must have reliable and accurate information on medical, law enforcement and legal procedures so that the survivor can make informed decisions. The advocate must be well versed in these areas and must be able to relate the information clearly and realistically. If the advocate does not know the information requested, she should not be afraid to admit it. A call to the hotline or other appropriate resources can be made to obtain the information. If the survivor's needs are more extensive than the rape center's services, referral to another trusted agency or individual can best serve the survivor's needs.

Physical Assistance

Physical support means accompanying the woman in a task that needs to be accomplished. This may include driving her to and from the hospital or being with her during interviews with legal personnel. Many times, just the presence of a woman can make talking to the police, doctor, or state's attorney a little less embarrassing or traumatizing. The physical support of an assertive (but not overbearing) advocate can help the survivor feel less vulnerable and more powerful herself. An advocate can act as a buffer between the survivor and the agencies. The presence of the advocate can also guarantee that the woman receives fair treatment or that the

information she receives is accurate.

Intervention

If a survivor is feeling particularly vulnerable and feels that she is being mistreated or mislead, an advocate can intervene for her. The advocate must be very clear about her role as intervenor. Many times it is very easy for an advocate to become outraged or upset when a survivor relates a certain incident. The advocate must know the difference between crusading and intervening. One guard against crusading is by respecting the survivor's wishes and by acting only with her permission.

When intervening it is very important to understand all the facts and incidences related to the survivor's grievance or concern. The advocate should be assertive but courteous to the individual or appropriate supervisor when discussing the particular grievance. That person should have the right to express his/her opinion and or perspective in return. It is important to remain as objective as possible. If the discussion is conducted with mutual respect, hopefully a resolution or at least an understanding will result from the intervention.

An advocate who is representing a survivor should be able to address the issues without expressing her own personal beliefs or bias. If she is not objective and respectful, an argument is likely to occur. Once again it must be stressed that the role of the advocate is not as a crusader or mentor. The advocate is the support person for the survivor and must aid the survivor in taking back control in her life.

A Note to Those Closest to Rape Victims: Families, Lovers, and Friends

How does rape affect a woman? How does rape affect those closest to a rape victim? How can those closest to a rape victim do "the right thing?" We have some ideas which we wish to share with you, and we hope they will offer a beginning for giving effective support to victims of rape. For more than anyone else, it is those closest to a victim who influence how she will deal with the attack.

Most women who have been raped do not react to the sexual aspects of the crime, but instead they react to the terror and fear that is involved. Often an immediate reaction of the woman is "I could have been killed." Many of those around her, particularly men, may find themselves concerned with the sexual aspects of the crime. The more this preoccupation is communicated to the woman the more likely she is to have difficulties in dealing with her own feelings. Probably the best way to understand her feelings is to try to remember or imagine a situation where you felt powerless and afraid. You may remember feeling very alone, fearful, and needing comfort.

Often the raped woman needs much love and support the first few days. Affection seems to be important. Stroking or caressing can be comforting. They help break down the loneliness and alienation. This, of course, leads to the question of sex. It is impossible to generalize about how the woman will feel about sex, nor should you guess. If you have been involved sexually with the woman, try to discuss, at an appropriate time, how she feels in general about the attack, about you, and about sex. (An appropriate time is not right after the rape. Let her comments to the first two questions guide you in deciding whether you would be pushing the point too soon.) Some women will be anxious to resume normal sexual relations as a way of forgetting the rape; others will be more hesitant.

In the case of virgin rapes, female support seems most important. It is a good time to discuss the pleasure involved in sex--

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as well as to reassert the woman's right to decide when and with whom she wishes to have sex. Hopefully, a woman's mother will feel comfortable about this; if not, a friend or sister-- especially if she has been raped--might help.

It seems advisable for the woman to talk about the rape; however, it is not possible to generalize about how much she should be encouraged to talk about it. Women do not seem to appreciate specific questions; they tend to be too probing and callous. To probe in these areas may only worsen any problems the woman may have in dealing with the rape.

Instead, questions about how she feels now and what bothers her the most are more useful. They are not threatening and should allow her to talk about her most immediate concerns. Remember, too, the woman wants to talk about other things. Often the rape may leave a woman concentrating on other problems and it is important that she talk about these. Probably the most practical sugestion is that you communicate your own willingness to let her talk. Because of your closeness to her, the woman may be more sensitive to your feelings. If the rape distresses you, it may be impossible for her to talk to you. She may also try to protect you. In these and other cases, where she really will not be able to talk with you--encourage her to speak with someone she trusts. Remember that the rape has brought up feelings of powerlessness--encouraging her to talk to whom she wants, when she wants, is more helpful than feeling that it is necessary to talk to you.

If rape is treated as a serious crime and not a heinous experience, women would probably have less difficulties in dealing with it. The woman survived the attack, and one would suppose that she would want to resume living a "normal" life as quickly as possible. In a healthy, supportive environment, most women will find the rape meshes with other unhappy experiences in their lives. Because of others' reactions, or her own life situations at the time of the rape, other women will find the rape was indeed a traumatic milestone. If after a reasonable amount of time, a woman seems unable to cope with the day-to-day problems of life, professional help may be sought.

Whether or not professional counseling is sought, it is not a replacement for warm, concerned, loving communications. A professional counselor may help, but he or she cannot replace your role in the relationship. Rape not only affects the woman, but also you, as it plays upon your own fears and fantasies. Try to recognize the fears for what they are; otherwise, you may end up projecting them on the woman and cause some serious problems for her and your relationship.

Finally, it should be noted that, if the woman has pressed charges, the whole process involves numerous hassles and stresses. Your awareness of the legal processes and problems involved and your support will be helpful.

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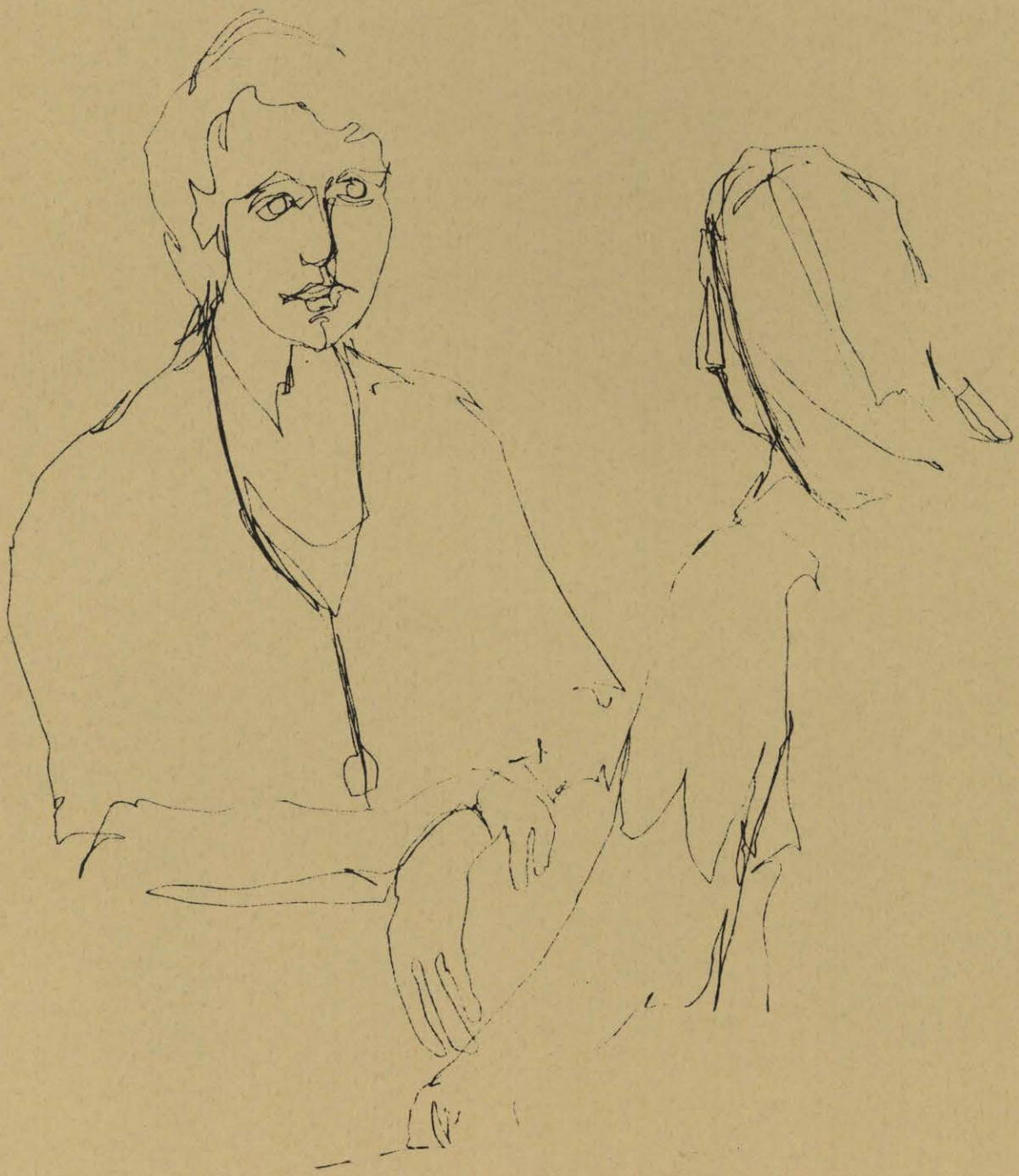
Medical Concerns



Section IV
Medical Concerns

Immediate Medical Concerns of the Rape Survivor

The effects of rape are physical as well as psychological. It is important to be aware of the possibility of (1) physical injury, (2) venereal disease, and (3) pregnancy as consequences of rape, and to be knowledgeable about the medical care that the victim may receive for each one.

Physical Injury

The most immediate concern is whether there is physical injury to the survivor. Injuries may range from bruises, lacerations, scratches or general harm to the body. The rape itself can result in trauma to the vulva and vaginal canal, including bruises, lacerations, bleeding, and broken bones. Similar injuries may have occurred to the anus, depending on the type of assault. It is also common for a survivor to experience pulled or strained muscles, especially in the back and legs, if the rape was particularly violent. The survivor may be unaware that she is hurt, and it is important to help her to immediately assess her physical condition. The psychological experience may be foremost in her mind, and it may be difficult for her to pay attention to her body. As volunteers, we can help her realize the necessity of an immediate medical check-up, even if she is not going to report the rape.

Gonorreha

Gonorrhea is caused by bacteria (called gonococci) transmitted through sexual contact. Intercourse does not have to be completed for infection to occur. Gonorrhea has no noticeable symptoms in eighty percent of the women who contract it. The disease can be transmitted to others whether or not symptoms are evident.

I. Symptoms of Gonorrhea

1. Symptoms may be non-existant or mild, particularly in the initial stages of the disease
2. The infection usually begins in the cervix, where it may may cause a slight discharge of watery, yellowish-green pus. As the cervical infection progresses, the vaginal discharge may increase.
3. If the uretha is infected, the disease may cause frequent urination accompanied with a burning sensation.

4. If the rectum and anus are infected, there may be anal irritation and soreness, a mucous discharge, bloody stools, and painful defecation.

5. If the Bartholin's glands are infected, they may become hard, swollen, and, when touched, may be painful and discharge a foul-smelling pus.

6. If the disease remains unchecked, it may develop into Pelvic Inflammatory Disease (PID) which can lead to irreversible sterility if the fallopian tubes become blocked. Symptoms of PID include lower-back and abdominal pain, fever, nausea, vomiting, irregular menstrual periods, and severe cramps and an abnormally heavy flow during menstruation. Women who use an IUD have a greater risk in contracting PID.

7. If the assault included oral contact, the throat may have become infected. There may be no symptoms, although some women develop swollen glands, a sore throat, and a low-grade fever beginning two or three days after the infecting contact.

II. Testing and Diagnosis of Gonorrhea

1. Women should not douche or take medication before the examination.

2. It is important that all possible sites of infection be tested. This may have to be requested.

3. Gram stain or smear test: Discharge samples are taken from the cervix, uretha, anal canal, and throat. Smears are dyed with a gram stain and placed under a microscope to detect the presence of gonococci. This test has a low accuracy rate for women.

4. Culture test: A swab of the discharge is rolled onto a culture plate and incubated before testing. Thayer-Martin is the best medium for culturing. This test is more technically complex but more accurate that the smear test.

III. Treatment of Gonorrhea

1. High dosage injections of penicillin are the most common treatment.

2. Patients who are allergic to penicillin are usually given tetracycline, taken orally. Pregnant women should not take tetracycline.

3. Other drugs used to treat gonorrhea include spectinomycin, cephaloridine, doxcycline, or minocycline.

4. Every woman treated for gonorrhea should be re-tested one to two weeks after receiving treatment. If uncured, she will be given a different medication or the initial dosage of penicillin will be doubled.

Syphilis

Syphilis is less common but more dangerous than gonorrhea. It is caused by small spiral-shaped bacterium called spriochete (spiro-keet'). Incubation time, normally about three to four weeks, varies and can be as long as ninety days. During this time, the germs multiply but the infected person does not know she has the disease. Syphilis, when unchecked, goes through four stages. When syphilis appears in pregnant women, the fetus can be damaged at any of these stages.

I. Symptoms of Syphilis

1. Primary stage
   a. A chancre appears where the bacteria first invaded the body. The chancre is painless and may look like a pimple or blister.
2. Secondary stage: This occurs from one week to six months after the chancre.
   a. A rash may appear over the entire body or on the palms of the hands and the soles of the feet. It may be pinkish or copper-red on white skin and greyish-blue on black skin. The rash is usually dry, except when located in moist areas such as the vaginal lips or anus.
   b. Sores may appear on the mouth.
   c. Joints may become swollen and painful, and bones may hurt.
   d. Flu-like symptoms may develop: sore throat, mild fever, headache.
   e. Patches of hair may fall out.
3. Latent stage
   a. No symptoms apparent.
   b. The disease is not infectious after the first few years of the latent stage.
   c. The chancre becomes internal and the bacteria eats away at tissues and organs. The damage is irreversible. The heart and brain may be effected.
4. Late stage: The effects of the latent stage appear.
   a. Depending on which organ the bacteria attacked, the disease can cause crippling, blindness, mental incapacity, serious heart disease, or death.
   b. Since effective diagnosis and treatment of syphilis has been developed, few reach the late stage.

II. Diagnosis of Syphilis

1. Darkfield microscope exam: If a chancre is present, fluid from the sore can be examined under a darkfield microscope for the presence of spirochetes. This has a high false negative rate.
2. Blood tests are more accurate than the darkfield exam. There are three types of blood tests for syphilis.
   a. VDRL: The VDRL blood test is the easiest and least expensive to perform. Although the test is fairly reliable, pregnant women, narcotics addicts, or those infected with another disease may register a false positive. Accurate results can not be determined earlier than 4-6 weeks after contact.
   b. FTA-ABS: The FTA-ABS blood test is used in problem cases such as a suspected false negative. It can be given earlier than 4 weeks after the assault.
   c. TPI: The TPI blood test is the most technically complex. It is used only in problem cases, particularly those involving a suspected false positive.

III. Treatment for Syphilis

1. Syphilis can be cured at any stage.
2. Penicillin, given in one long-lasting dose or a series of smaller doses, is the most common treatment.
3. Tetracycline is used for those allergic to penicillin.
4. Erthromyan is given to pregnant women who are allergic to penicillin.
5. Follow-up examinations are necessary to assure effective treatment.

Herpes

If a woman has been raped, she may have been exposed to herpes. Herpes simplex is a viral disease with an indefinite incubation period. It cannot be diagnosed until an outbreak occurs. Herpes simplex type 2 (also called Herpes Genitalis) will show up as cold sores below the waist (usually in the genital area) and herpes simplex type 1 will cause cold sores above the waist (usually near the mouth). The sores look like blisters or small bumps and, in type 2, may be inside the vagina, on the external genitalia, thighs, anus, buttocks, or in the cervix. If it is in the cervix it will not be painful and is therefore less easily detected.

The first outbreak of herpes is likely to be accompanied with

fever and flu-like symptoms. The subsequent outbreaks are usually less severe. Open sores can transfer the disease and are subject to infection. Outbreaks will last from one week to one month and will be followed by a latent period of indeterminate time. Frequency of outbreaks seems to be affected by general physical and emotional health; outbreaks are more likely to happen during times of stress. The risks of herpes include greater susceptibility to cervical cancer and possible complications in child birth. There is no known cure for herpes. The best way to prevent infection and recurrence is to stay in good physical condition.

Pregnancy

The chances of pregnancy resulting from a rape are increased if a woman is not on any form of birth-control and/or she is near the middle of her menstrual cycle, between the 12th and 16th day before her next period is due. During, just before, or after a menstrual period is the least likely time to become pregnant. However, no time is completely safe. After a woman has been raped, she is under considerable pressure. This emotional stress may cause her period to be late.

An accurate pregnancy test cannot be given until about 6 weeks after the last period. It is possible to be pregnant and receive a "false negative" pregnancy test. This means that the woman is pregnant but the test indicates she is not. It is also possible to be pregnant and not miss a period throughout an entire pregnancy. These are not the usual cases and it is not necessary to stress this information with most survivors, but it is good to be aware of these possibilities in order to deal with exceptional situations.

Terminating Pregnancy

Rape crisis counselors generally do not do problem pregnancy counseling with rape survivors. However, a general knowledge of ways to terminate pregnancy will be helpful if questions by the survivor arise. We do not encourage or discourage the termination of pregnancy even in cases of rape. This is strictly the decision of the individual involved. Diethylstibestrol (DES) is a synthetic estrogen often given to rape victims during the emergency exam. It is

also called the morning after pill and can be taken for suspected pregnancy. It is usually administered as a series of pills to be taken twice a day for 5 days. All of the pills must be taken or it will not be effective. The pills should be administered within 72 hours of the rape.

DES may be dangerous for women with vaginal or uterine cancer, sickle-cell anemia or the sickle-cell trait, high blood pressure, or blood clotting problems or a family history of any of these. DES is known to have caused vaginal cancer in women whose mothers took DES during their pregnancy. DES is also associated with disorders of male reproductive organs.

Abortion

Vacuum Aspiration is the usual method of abortion up to the 12th week of pregnancy. This process takes about 10 to 15 minutes. The cervix is dilated mechanically and a nozzle of soft plastic is inserted into the uterus. Suction through the tube removes the products of conception.

An advantage of vacuum aspiration is that it is relatively simple technique. It can be performed under a local anesthetic, in a doctor's office. Like all medical procedures, vacuum aspiration occasionally results in complications, including reaction to local anesthetic, uterine perforation (less than one percent), cervical damage, infection (approximately two percent), and, in some cases, imcomplete abortion. Statistics from the Center for Disease Control indicate that vacuum aspiration is a very safe procedure.

Dilation and evacuation (D&E) is the most common method of abortion from 14 to 18 weeks after a woman's last period. This procedure consists of two parts: dilation of the cervix followed by removal (evacuation) of the contents of the uterus. Dilation is frequently accomplished by laminaria--thin rolls of material that are inserted in the cervix. The laminaria absorb fluid from the cervical tissues and swell, gradually expanding the cervical opening. Usually, laminaria are left in place for several hours (sometimes overnight).

Following dilation of the cervix by means of laminaria, the contents of the uterus are removed through a combination of suction and

special instruments. D&E is more complex than vacuum aspiration, so there is a greater risk of bleeding, infection, incomplete abortion, and uterine perforation. It is, however, safer than alternative methods, such as saline and prostaglandin procedures, for this period of pregnancy. D&E does not require a hospital stay and is less expensive and less risky than abortion in later pregnancy.

By the 5th month of pregnancy, the most common method of abortion involves installation of saline or prostaglandin into the uterine cavity. In these procedures, a local anesthetic is injected into the lower abdomen and a needle is inserted through this spot with the sac containing the fetus. A fluid containing saline or prostaglandin is inserted into the uterus through this needle. Administration of these materials brings on contractions and the fetus and placenta are expelled 12 to 72 hours later.

Use of these injection methods usually requires at least an overnight hospital stay, and carries greater risk of complication than abortion procedures performed earlier in pregnancy. However, the risk of serious complication is less than the risk accompanying labor and delivery in a full-term pregnancy.

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Rape Information and Counseling Service. Resource and Training Manual. Springfield, Illinois: Rape Information and Counseling Service, 1979.

Hospital Procedures

The hospital examination for sexual assault cases is a physical check-up designed to (a) treat the survivor and (b) obtain evidence. The collection of evidence is standard procedure whether or not the patient/survivor plans to prosecute. She is also tested for preexisting pregnancy and venereal disease, examined and treated for any injuries resulting from the attack, and given prophylactic treatment in case of venereal disease and pregnancy.

The survivor will also need emotional first-aid before, during, and after the hospital exam. Most hospitals (in Springfield--Memorial and St. John's) have staff social workers who will counsel the survivor. Since the exam can be another physical and emotional intrusion at a time when the survivor is most in need of security and comfort, medical personnel have been trained to be sensitive to the trauma accompanying sexual assault and the hospital procedures are performed as quickly and sensitively as possible to minimize trauma for the survivor.

With the enactment of the Rape Victim's Emergency Treatment Act, a survivor of sexual assault is guaranteed medical treatment even if she cannot pay for it. If the survivor does not have insurance coverage or public aid, the hospital will be reimbursed by the Illinois Department of Public Health.

Pre-exam Procedures

The patient/survivor does not have to stand in the intake area or public waiting room. The clerk on duty takes her immediately to a private waiting room. The hotline counselor should call ahead to the emergency room so that they know a sexaul assault survivor is coming in and have the waiting room ready.

In the waiting room, the patient meets the registered nurse who will stay with her throughout the hospital procedures. The nurse offers emotional support and takes care of the necessary forms. The forms include the emergency room record; consent to examine, treat, and administer medication; and consent to release information to the police. She will also be given information on follow-up care for venereal disease, pregnancy, and psychological trauma. The nurse should explain what will be done in the physical

examination. If the patient wants to prosecute and the police have not been called, they may be contacted at this time. The patient also talks with the counselor from the hospital social services department.

The Examination

The registered nurse and the examining physician are present during the medical exam. The patient may request that her private doctor perform the examination. The patient may also have a support person--friend, relative, advocate/counselor, or hospital social worker--with her during the exam. The main concerns of the exam are: injuries, pregnancy, venereal disease, emotional welfare, and systematic evidence collection. The Vitullo Evidence Collection Kit is used throughout Illinois to ensure thoroughness and consistency in the collection of evidence. The examining physician makes no conclusions about whether or not a crime has occurred, but collects and records data for the crime laboratory.

Before the physical examination begins, the patient is interviewed about her medical history, gynecological history, and the nature of the attack. This information is to aid in her treatment. Her emotional state is observed and recorded. It is also noted whether or not she has showered, douched, or changed clothes since the attack. Photographs may be taken of physical injuries. If this is done, a consent form is signed.

The patient disrobes over a white sheet or paper so that any debris can be collected with the clothing. These are inspected, marked, stains (blood, semen, etc.) are preserved, and the clothes and debris are placed in paper bags and turned over to the police. A urine sample is collected to be tested in the hospital lab to determine if she was pregnant at the time of attack. Blood samples are taken to be tested for syphilis. If it can be determined that the victim gave or received venereal disease as a result of the attack, it can be used to help identify the assailant in court. Since pregnancy or venereal disease contracted from the rape would not show up at this time, a follow-up examination is necessary.

Injuries are determined in the physical examination, both general and gynecological. Hair combings and plucked samples are taken

from the head and pubic areas. The combings are checked for hairs from the assailant. Pelvic and rectal exams are performed to determine injuries in the genital area. Samples are obtained from the vagina, anus, and mouth to be tested for presence of sperm. The semen is also tested to determine the time of the rape and the blood-type of the rapist. Samples are taken to be tested for gonorrhea.

The patient is given treatment and prescriptions for medication for injuries and prophylactic medication for possible venereal disease and pregnancy. If DES is prescribed, she should be advised about possible side effects. Arrangements for follow-up testing and treatment should be made. If the victim was not accompanied to the hospital, arrangements should be made so that she does not leave alone.

THE RAPE VICTIMS EMERGENCY TREATMENT ACT

INTRODUCTION:

The "Rape Victims Emergency Treatment Act" P.A. 79-564 becomes effective January 1, 1976. That Act enables the development of areawide plans for hospital emergency services to rape victims. The Act mandates Illinois Department of Public Health to prescribe minimum standards, rules and regulations for hospitals providing such emergency services and to reimburse for hospital costs for such services to alleged rape victims not eligible for public aid nor covered by a policy of insurance.

These Guidelines are intended to serve as an interim document to assist hospitals and areawide hospital emergency committees in formulating plans for the care of rape victims. The policies and procedures recommended in these Guidelines are subject to further refinement and improvement.

All hospitals which provide emergency medical services in Illinois are encouraged to become familar with P.A. 79-564, the Illinois Abused Child Act as amended, the Crime Victims Compensation Act, the role of their hospital in the areawide hospital emergency services plan to which they belong, and any local ordinances, municipal codes, rules or regulations which may apply to the health care or reporting procedures for rape victims.

GLOSSARY:

The following are definitions of terms frequently appearing in these Guidelines:

Patient - A known or alleged sexual assault victim who presents herself (himself) to a hospital Emergency Department for care directly relating to the sexual assault.

Areawide Hospital Emergency Services (A.H.E.S.) Committee

A committee consisting of one administrator, physician and nurse from each hospital as defined by P.A. 76-1858 and filed with Illinois Department of Public Health.

A.H.E.S. Plan - A plan including hospital emergency services categorization as defined by P.A. 76-1858 and approved by Illinois Department of Public Health.

Hospital Emergency Services - Health care delivered to outpatients within or under the care and supervision of personnel working in a designated Emergency Department or Emergency Room of a hospital licensed to provide such services under Part VII of the Hospital Licensing Act.

PROGRAM ADMINISTRATION:

All plans for hospital emergency care of the patient shall be sent to the Director, Illinois Department of Public Health, 535 W. Jefferson, Springfield, Illinois 62706, for approval. Questions regarding these Guidelines or related materials should be addressed to Illinois Department of Public Health, Division of Emergency Medical Services and Highway Safety, 535 W. Jefferson St., Springfield, Illinois 62706. Requests for reimbursement for services as defined in these Guidelines should be sent to Illinois Department of Public Health, Division of Emergency Medical Services and Highway Safety, 535 W. Jefferson St., Springfield, Illinois 62706.

APPROVAL OF HOSPITAL EMERGENCY SERVICES FOR CARE OF SEXUAL ASSAULT RAPE VICTIMS:

In order to comply with P.A. 79-564 and to be reimbursed for services under these Guidelines by Illinois Department of Public Health, each hospital providing emergency services to alleged rape victims must have a plan approved by Illinois Department of Public Health. Such a plan shall contain:

1. Name of hospital.

2. Fiscal agent responsible for billing purposes.

3. An agreement between the hospital and Illinois Department of Public Health to comply with the rules and regulations promulgated by Illinois Department of Public Health as authorized under the Act (P.A. 79-564). (See attachment #1).

4. Description of the type of physician compensation arrangements available for the hospital emergency care of the patient as to whether these physicians are paid through contract with the hospital or provide fee-for-service not billed through the hospital.

5. Estimated number of patients for whom reimbursement will be requested through June 30, 1976 and for fiscal year 1977.*

6. Estimated costs to be reimbursed by Illinois Department of Public Health through June 30, 1976 and for fiscal year 1977.*

* Please note that these estimates are in no way binding to the hoapital or Illinois Department of Public Health and are only to be used by Illinois Department of Public Health for planning purposes.

7. A description of counseling services to be made available to the patient.

8. A sample of the medical record forms to be used for recording the results of medical examinations and diagnostic tests performed on the patient.

9. A narrative description or copy of any local ordinances, municipal codes, rules or regulations which may apply to the health care or reporting procedurea for Rape victims in the hospitalb area.

10. A letter of acknowledgement from the chairman of the A.H.E.S. committee that the hospital will be providing hospital emergency services for such patients.

11. A description of public education efforts to be made in instructing the potential patient as to what services will be available for victims of sexual assault.

12. A description of method(s) to be used in obtaining the six (6) week follow-up blood test required by P.A. 79-564.

DEVELOPMENT OF AREAWIDE PLANS:

All licensed general hospitals in Illinois shall provide hospital emergency services to alleged sexual assault victims who apply for such services as defined in these guidelines.

A hospital may be excepted from the requirements of these guidelines by participating in an Areawide Hospital Emergency Services (A.H.E.S.) Plan. All hospitals are encouraged to participate in an A.H.E.S. Plan for the care of such patients. The A.H.E.S. Committee is encouraged to provide Illinois Department of Public Health with such an Areawide Plan and to include the plan with Part II of the annual inventory report. Such a plan shall describe the role of all hospitals in the A.H.E.S. area and indicate which hospitals will provide services in compliance

with these Guidelines. At least one hospital in each plan must be approved by Illinois Department of Public Health to provide the services indicated in P. A. 79-564 and the guidelines. The participating hospitals are encouraged to submit their requests for approval through the A.H.E.S. Committee. One plan (addressing items 1 through 12 above) may be submitted by the A.H.E.S. Committee for all of the participating hospitals in the A.H.E.S. area. A separate agreement (Item 3 above) must be made between Illinois Department of Public Health and each participating hospital and included with the plan.

CLINICAL REQUIREMENTS:

Section G-1 of the "Rape Victims Emergency Treatment Act" (P.A. 79-564) mandates the Department of Public Health to prescribe minimum standards, rules and regulations for the emergency care of alleged rape victims. Section 5 of that Act lists the minimum requirements to be made available by the hospitals providing emergency rape services. The following seven sections elaborate upon those minimum requirements in detail for the patients.

IA. Appropriate medical examinations to ensure the health, safety and welfare of the patient.

A member of the health care team must respond within minutes, and a physician will see her (him) at an appropriate time to perform a history and physical examination of the patient in a closed environment.

The history shall include a brief, general, medical history with questions concerning possible injury, drug allergies and other relevant information. For female patients, a detailed gynecological history must be obtained, including: menstrual history (LMP, PMP), whether the patient knows or believes that she is pregnant, history of prior gynecological surgery such as hysterectomy or tubal ligation and history of contraceptive use.

A general physical examination should be performed and documented to determine the presence or absence of injury. The oropharynx and rectum should also be examined. A gynecological examination should be performed with particular attention for possible genital injuries, such as lacerations or contusions of the labia, vagina, cervix, anus or perineum. Examination should be done to ascertain whether the patient is pregnant or whether any pelvic injury or pathology is present.

IB. Appropriate medical examinations which may be used as evidence in a criminal proceeding but is not required to ensure the health, safety and welfare of the patient:

> It should be remembered that since the determination of whether or not a rape occurred is the responsibility of the court rather than those treating the patient, the medical record need not reflect any conclusions regarding whether a crime (e.g., rape) occurred. The medical record should show if the patient changed clothes, bathed or douched.

The clothing should be collected in such a way as to preserve signs of blood, abrasions, tears, stains, or foreign hair. When clothes must be cut off, the seam lines should be followed whenever possible. The patient should be advised that such damaged clothing may be used as evidence and it may be turned over to police if the victim wishes. For the female patients, the gynecologic examination should include the condition of the hymen as to whether it is present and intact, present and showing evidence of old scarring, present and showing evidence of recent rupture, or absent.

NOTES TO EXAMINING PHYSICIAN

The Vitullo Kit was developed for hospital use in collecting specimens from victims of sexual assault and submitting those specimens to police criminalistics laboratories for analysis. The specimens will ultimately be used in court by state's attorneys when prosecuting sexual assault cases; therefore, it is very important that the initial examination of the patient be conducted according to the enclosed instructions.

Please make sure that your emergency room staff members are familiar with the contents of this kit which will help facilitate examination of the patient.

This kit contains all the materials needed for evidence collection as specified by police crime laboratories. The kit also includes a **Patient Information Sheet** to be completed with the original given to the patient before she leaves the hospital, **Release of Information and Evidence** to be filled out and a copy given to the law enforcement agency representative picking up the kit, and **Medical Report Form** to be completed with both copies remaining at the hospital to be kept with patient's medical records.

ADDITIONAL MATERIALS NEEDED FOR EXAMINATION

1 disposable speculum
1 pair disposable rubber gloves
White paper or sheet for collection of hairs and fibers
10 ml. distilled water for vaginal aspiration
Aspiration pipette and bulb
Paper bag for large garments

In addition to collection of specimens for evidentiary purposes, the following tests should also be conducted:

1. A serological test for syphilis
2. Cultures for gonorrhea from the vagina, anus and mouth (as indicated)
3. A pregnancy test to determine **pre-existing** pregnancy only

These tests and their results should remain with the hospital and **not be included** in the evidence kit.

WHEN CHILDREN are brought in for examination due to a sexual assault of any kind, the attending physician must decide on a case-by-case basis whether or not a complete vaginal examination should be done. If the examination would be too physically or emotionally traumatic for the child, then obtain specimens by **gently swabbing** the exterior vaginal and rectal areas. Use a moist swab or pipette for these cases.

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INSTRUCTION SHEET

Specimens provided to the law enforcement crime laboratories should be labeled with patient's name, name of attending physician, initials of hospital staff person as witness, date of examination and type of specimen. Collection of specimens should be handled as follows:

1. CLOTHING

The condition of the patient's clothing should be observed and noted by the examiner. **Do not** have the patient disrobe until it is time to perform the examination. To minimize loss of evidence, have the patient disrobe over a white cloth sheet or a white sheet of paper. Any specimens found (hair, dirt or fibers) should be collected and put into one of the envelopes and labeled.

Any suspicious moist or dried stains (or debris) on clothing or body may be used as evidence. If patient consents, her clothing should be collected and placed in separate paper bags. For smaller items such as underclothing, use the paper bags provided in the kit. For larger items and outer clothing, use hospital provided bags. Seal bags with cellophane tape and properly label.

When removing garments, the police request that they (1) be removed without cutting any existing holes and (2) not be shaken. Blood and semen stains on clothing should be allowed to dry before being placed into separate bags.

SAVE ALL CLOTHING COLLECTED FOR THE LAW ENFORCEMENT REPRESENTATIVE TO PICK UP. PLEASE KEEP CLOTHING BAGS WITH KIT IN SAME STORAGE AREA TO PREVENT LOSS.

2. HEAD AND PUBIC HAIR SAMPLES

A composite sample of head and pubic hair is needed for comparison purposes. It is preferred that the hair standards be plucked in order to obtain the hair roots; however, if patient objects to this process the samples may be collected by combing. Five to ten pubic and head hairs are necessary for comparison.

Hair should be combed onto a white piece of paper and then placed into envelopes provided and labeled as 'head hair' and 'pubic hair'. Again, be sure to include the patient's name, date of examination, name of examiner and initials of attending nurse.

3. FINGERNAILS

In some cases, foreign material is present beneath the patient's fingernails. Scrapings should be obtained from each fingernail using the orange stick provided. This is especially important if the patient says she scraped the assailant's face, arm, clothing, etc. Scrapings should be placed in envelopes, labeled as 'right hand' and 'left hand', sealed with tape and provided with necessary labeling data.

ALL SMEARS

Gently rub the material from swab onto a microscopic slide. **Do not fix or stain the slide.** Mark the frosted slide end with pencil giving patient's name, source of specimen (see below) and initials of person collecting specimen.

Place slide in mailer, allowing it to dry before sealing. Seal mailer all around with cellophane tape. Place a **white label** on mailer which states the type of specimen, name of patient, name of examiner, initials of attending nurse and date of examination.

NOTE: Before collecting orifice specimens determine from patient if assault was vaginal, rectal and/or oral and **take specimens only as indicated.** If in doubt of type of assault collect specimens from all three orifices.

4. VAGINAL SPECIMENS

Vaginal Smear: Use a cotton swab from one of the test tubes to swab the vaginal vault. Then follow procedure described above for "All Smears."

Vaginal Aspiration: NOTE - **Before aspiration of the vagina be sure to take gonorrhea culture.**

If secretions **are** present in the vagina, aspirate them and place them in the test tube, reinsert vaginal swab, seal top all around with cellophane tape to prevent loss of liquid and properly label.

If secretions **are not** present, irrigate the vaginal vault with 10 ml. **distilled water.** aspirate, place in test tube,reinsert vaginal swab, seal top all around with cellophane tape to prevent loss of liquid and properly label.

5 . **RECTAL SPECIMENS**

Rectal Smear: Moisten cotton swab from second test tube with distilled water and swab the rectum. Then follow procedure described above for "All Smears."

Rectal Swab: Using same swab from second tube, swab rectum and place swab in tube. Seal top all around with cellophane, affix label and provide labeling data.

6 . **ORAL SPECIMENS**

Oral Smear: Swab interior of mouth with cotton swab from third tube. Then follow procedure described above for "All Smears."

Oral Swab: Using same swab from third tube, swab interior of mouth, place swab back into tube, seal top all around with cellophane tape, affix label and provide necessary data.

NOTE: Do not include additional **slides, tests, other specimens** or **unused components** in this kit.

7 . **BLOOD (FOR *SUBURBAN* HOSPITALS ONLY)**

The vacutainer tubes should be used to draw blood samples for blood typing. This can be done at the same time as the VDRL. Approximately 7 ml. of blood should be drawn into each tube (both red top and purple top). The samples should then be separately labeled using the white labels provided, **taped together** to prevent breakage and placed back into the kit.

When blood samples are taken, **the kit must be stored in a refrigerator** to prevent spoilage until an evidence technician or other law enforcement person arrives to pick up the evidence.

After specimens have been obtained and the kit properly sealed with orange evidence tape, fill out the information on the outside top of kit and **notify your local police department or crime lab** so they can arrange to have the kit picked up for analysis. If additional evidence such as clothing, shoes, etc. are to be sent to the lab for examination, these items must be turned over to the police at the same time as the evidence kit.

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MEDICAL REPORT FORM FOR SEXUAL ASSAULT CASES

(Please print, type or use patient stamp)

Name of Patient _____

Address _____

Hospital Number of Patient _____

Date _____

Vital signs

Time _____

B.P. _____

Pulse _____

Resp. _____

Temp. _____

Date and Time of assault: _____

Contraception and type of: _____ LMP: _____

Since attack the patient has: ☐ Douched ☐ Bathed ☐ Urinated

☐ Defecated ☐ Changed Clothes ☐ None of the above

HISTORY:

Pertinent medical details of assault: _____

Significant past medical history: _____

PHYSICAL EXAMINATION (include all details of trauma):

PELVIC EXAMINATION

Ext/BUS/Hymen _____ Uterus _____

Vagina _____ Adx _____

Cervix _____ Rectal/Vaginal _____

DIAGNOSTIC TESTS

☐ Pregnancy Test ☐ Pos ☐ Neg

☐ VDRL/FTA

GC Cultures

Vaginal ☐

Rectal ☐

Oral ☐

EVIDENCE TESTS

Vaginal Smear	☐	Vaginal Swab	☐
Rectal Smear	☐	Rectal Swab	☐
Oral Smear	☐	Oral Swab	☐
Head Hair	☐	Pubic Hair	☐

Fingernail Scrapings or cuttings ☐ Saliva Test

Blood ☐ Other ☐ Blood Patch

TREATMENT: ☐ Prophylaxis for venereal disease _____ Time | RN

☐ Pregnancy — medication and/or counseling _____

Was written and verbal information given to patient? ☐ Yes ☐ No

If patient is under 18 years of age, was Illinois Department of Children and Family Services notified? ☐ Yes ☐ No

Was Authorization for Release of Evidence to Law Enforcement Agency completed? ☐ Yes ☐ No

Nurse _____ Physician _____

Signature Signature

Printed Name Printed Name

Hospital Copy

Citizens Committee for Victim Assistance, 1979

AUTHORIZATION FOR RELEASE OF INFORMATION AND EVIDENCE TO LAW ENFORCEMENT AGENCY

(Please print, type or use a patient information stamp)

Patient's Name: _____

Date of Birth: _____

Hospital Number: _____

I hereby authorize _____
(Name of Hospital)

to release the following information covering treatment given to me on _____ to _____
Month Day Year (Name of law enforcement agency)

	AUTHORIZED FOR RELEASE	NOT AUTHORIZED FOR RELEASE
	(Check those which apply)	
1. Copies of medical records covering treatment provided by the above-mentioned hospital for this incident	☐	☐
2. X-rays or copies of X-rays taken in connection with examination	☐	☐
3. Slides/smears/specimens	☐	☐
4. Photographs	☐	☐
5. Clothing	☐	☐

Authorized for release (please list clothing or miscellaneous items)

Article	**Description**

Name of person authorizing release of information (please type or print): _____ Date _____
Last First Middle

Person authorizing release of information is (check one): ☐ Patient ☐ Patient's Parent ☐ Patients' Guardian ☐ Other (specify) _____

Signature of person authorizing release of information _____

RECEIPT OF INFORMATION

I certify that I have received the following items (check those which apply):

☐ One sealed evidence kit ☐ Medical records ☐ X-rays or copies of X-rays

☐ Slides/Smears/Specimens (if no evidence kit is used) ☐ Photographs

☐ Sealed clothing bag(s) (if more than one sealed clothing bag, please note): _____

☐ Other _____

Signature of person receiving information and/or articles: _____ Date _____ Time _____

ID#/Star#/Title _____

Person receiving article(s) is representative of _____

Name of person releasing articles: _____
Printed Name Signature

Original to Hospital / Carbon Copy to Law Enforcement Agency

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MEMORIAL MEDICAL CENTER

Consent Form For Alleged Rape

I _____ give my consent to the performance of the following procedure on _____ (myself or name of minor) as a result of a sexual assault which occurred at _____ (Location) on _____ (Date) at _____ (Time).

The examination and collection of specimens will be performed by Dr. _____ and the laboratory of Memorial Medical Center.

Please initial the appropriate box:	CONSENT	DO NOT CONSENT
1. History and general physical examination.	( )	( )
2. Vaginal Examination.	( )	( )
3. Collection of specimens for the State Crime laboratory which include: vaginal, oral and rectal smears; blood specimens; head and pubic hair specimens; fingernail scrapings; clothing.	( )	( )
4. Specimens for MMC laboratory which includes: vaginal smears; urine for pregnancy test; blood specimen; culture vaginal smear.	( )	( )
5. Blood test for alcohol and drug scan.	( )	( )
6. Photographs of evidence of bodily injury and of clothing if applicable.	( )	( )
7. Release of the above information including laboratory results, clothing and photographs, if taken, to the police department having jurisdiction.	( )	( )
8. Treatment for bodily injury and emotional distress if applicable.	( )	( )
9. Treatment for the prevention of VD.	( )	( )
10. Treatment for the prevention of pregnancy, if applicable.	( )	( )
11. Counseling by a member of the Department of Social Services, Memorial Medical Center.	( )	( )

These procedures have been explained to me to my satisfaction.

_____ Witness

_____ Signature

_____ Witness

_____ Address

_____

_____ Relationship if patient is a minor

DEPARTMENT OF EMERGENCY MEDICINE

MEMORIAL MEDICAL CENTER

INFORMATION CONCERNING VENERAL DISEASE, ITS TREATMENT AND SIDE EFFECTS OF TREATMENT

GONORRHEA ranks first among the reportable, communicable diseases in the United States. About 2.6 million new cases occur annually. It is estimated that one of thirty rape victims develop gonorrhea from the assault. Complications which may occur from untreated gonorrhea include infections of the female organs, which may result in abscesses and sterility, and joint infections.

SYPHILIS is the most severe of the venereal diseases. Although the actual incidents of occurrence as the result of rape is not known, it is estimated that approximately one in one thousand rape victims will develop syphilis. The complications of untreated syphilis can be very severe and involve every organ system of the body.

Other venereal diseases, such as lymphogranuloma venereum and clianchroid are rare.

PREVENTIVE TREATMENT FOR VENEREAL DISEASE

The drug of choice for prevention of venereal disease is Penicillin administered by injection with Probenecid tablets given orally. If you are sensitive to and cannot take Penicillin, other drugs such as Tetracycline Hydrochloride given orally or Spectinomycin Hydrochloride given in one injection may be used. (Reference - Division of Disease Control, Illinois Department of Public Health, July, 1972).

POSSIBLE SIDE EFFECTS OF TREATMENT

With the exception of the occurrence of the severe anaphylactic reaction occurring as a result of Penicillin injection in a patient who is extremely sensitive to the drug, the reactions to treatment are usually not severe.

1. Local pain, redness and swelling at injection site.
2. Generalized skin rash.
3. Joint pain and swelling.
4. Nausea, vomiting and diarrhea occurring with oral medication.
5. Fever.

The above has been explained to me to my satisfaction and I request/refuse preventive treatment for venereal disease.

_____

Signature

_____

Signature (minor)

_____

Date

_____

Witness

You have been advised to make an appointment with Dr._____ for two weeks from now and again in six weeks. It is very important that you keep these appointments so that you can be sure venereal disease or pregnancy has not occurred as the result of the assault upon you. This is especially important since the preventative treatment for pregnancy and venereal disease is not 100% certain.

In addition to the above, you should call your physician, or in the event he is not available, the emergency department of Memorial Medical Center, if any of the following symptoms occur:

1. Possible venereal disease symptoms:
   a. A single, painless sore occurring any place on your body.
   b. Skin rash.
   c. Sore throat or sores on the mouth.
   d. Fever.
   e. Burning on urination.
   f. Vaginal discharge.
   g. Rectal irritation and discharge.

Since the early signs of venereal disease may go away with or without medical treatment serious disease may be present and damage vital organs without having proper treatment. Therefore, it is important that you make follow-up visits to your physician.

2. Possible symptoms of pregnancy:
   a. Missed menstrual period.
   b. Nausea and vomiting.
   c. Changes in the breasts.
   d. Increase vaginal secretions.
   e. Unusual craving for certain food.

PSYCHOLOGICAL FOLLOW-UP

You have been counseled by a member of the Department of Social Service of Memorial Medical Center concerning any of the emotional problems you may have now or develop in the future as a result of your assault. You have been advised by them as to how to obtain follow-up counseling should you be troubled by emotional distress or need help with any social or legal problems.

The above advice regarding follow-up care for the possibility of the occurrence of venereal disease, pregnancy or psychologic trauma has been explained to me.

_____
Signature

_____
Signature (youth's)

_____
Date

_____
Witness

Medical Treatment for Minors

If a survivor is sixteen or under and does not want to tell her parents about the assault, there may be complications in obtaining medical care. Her parents will have to be informed if she decides to prosecute or needs later pregnancy counseling. The Department of Children and Family Services must be notified of the assault if the survivor is under sixteen.

Hospital Emergency Room

In most cases, minors will need parental consent before receiving treatment in the hospital. Consent can be waived if she would suffer harm in waiting. If this is not the case, she will need alternative health care.

Private Physician

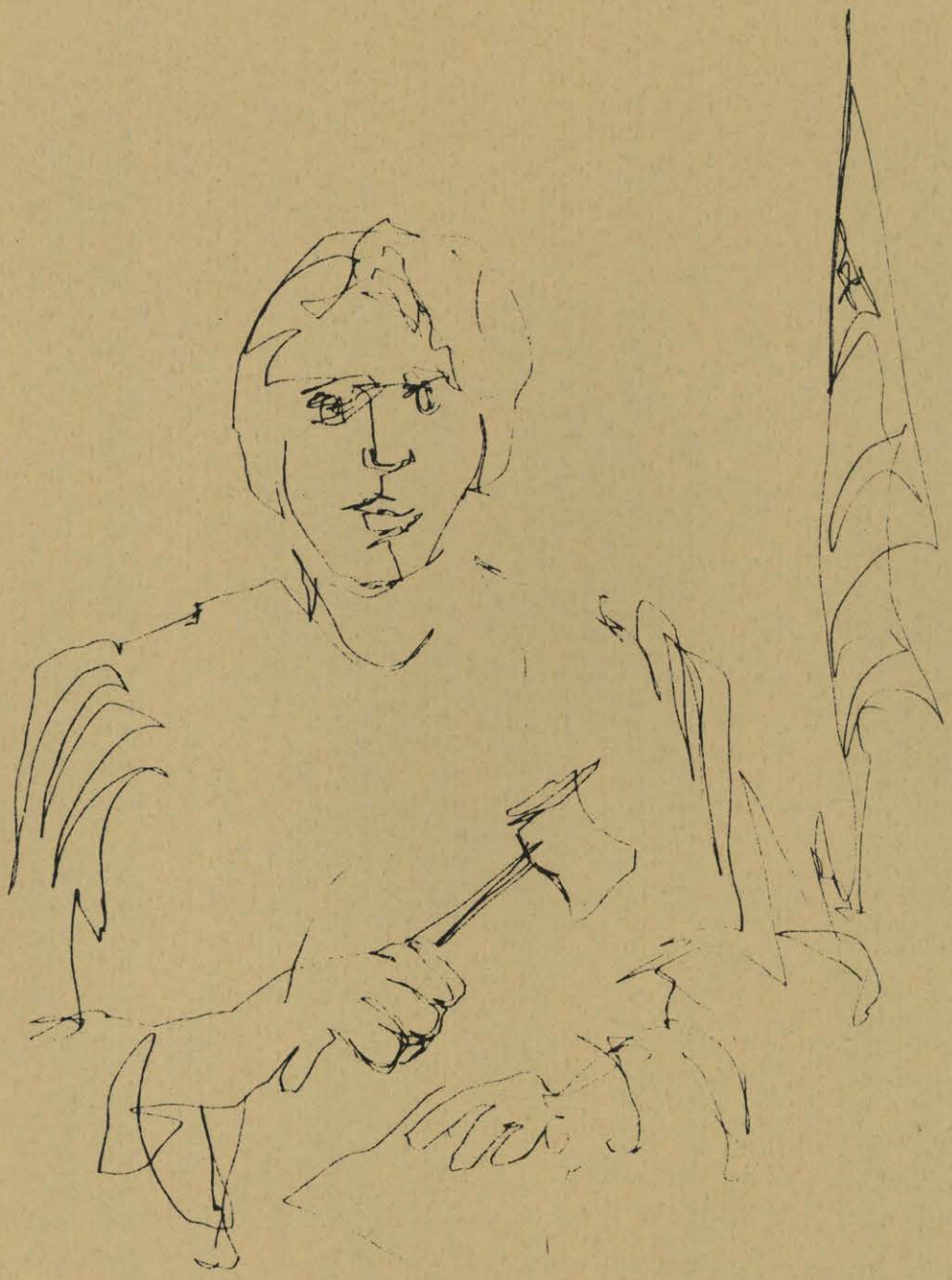
If the survivor cannot be treated at the hospital, and is complaining of pain or indicates that she would like an exam for other than treatment of possible pregnancy or venereal disease, a private physician may be the best alternative. If she does not have or does not wish to be examined by her family doctor, the hotline counselor or advocate can help her find another private physician. The counselor/advocate may also make the original contact with the physician. While withholding the name of survivor, the counselor/advocate can identify herself and explain the situation. If the doctor agrees to treat the minor, the counselor/advocate calls the survivor who then calls the physician. Private physicians may be unwilling to treat minors without parental consent because of the possibility of a malpractice suit.

Planned Parenthood

Planned Parenthood gives gynecological exams and pregnancy testing and counseling. They can examine for venereal disease but cannot give treatments for it. Appointments are necessary. If the victim is a minor, an advocate should be used to contact this agency. See referral list.

Venereal Disease Clinic

The Illinois Department of Public Health offers exams and treatment for venereal disease without charge, minors may be treated without Parental consent. No appointment is necessary. See referral list.



Legal Procedures

Section V
Legal Procedures

Police Procedures

Preliminary Procedures

When a survivor calls the police directly with information on the assailant--physical description, identity if known, what he was wearing, the vehicle he was driving--this information will be dispatched to the patrol officer. If the assailant is still in the vicinity of the crime, he could be apprehended immediately.

If the survivor cannot place the call, the police may be called by the hospital personnel or a rape hotline volunteer. Many areas have a variety of police jurisdictions. The corporate limits of a city may be the jurisdiction of a city police department; outside the city would be the county police; inside a city park, the park jurisdiction. It is very important to know all the police departments that have jurisdiction in your area.

The uniformed officer takes the initial report which consists of name, age, address, and occupation of the survivor; a brief summary of the crime; and a description of the assailant. At this time, police do not need in-depth details of the assault. There should be one or two officers present at this interview, and only one should question the survivor. The survivor should have the option of having a support person with her--a friend, a crisis advocate, or hospital social worker. If the survivor is not already at the hospital, the police will take her.

The Role of the Police Detective

An in-depth interview with a detective should be conducted as soon as possible after the assault is committed. However, care should be taken to insure that the survivor is both mentally and physically prepared for the interview. The detective may interview the survivor at the hospital (usually after medical treatment has been completed), in the police station, or at the survivor's home. The survivor should be given some consideration as to where the interview takes place. The survivor should also have the right to have a friend present during the interview, but most detectives do not like others in the room. The police try to provide privacy to the survivor wherever the interview occurs.

The in-depth interview and written statement provide an exact account of the events of the crime. The survivor goes over the attack event by event. Details that might not seem important to the victim (scars, tattoos, left handed, earrings) can provide valuable information for identifying the suspect. There may be other charges involved in the incident, such as deviate sexual assault. The detailed statement can reveal elements of rape and other forms of sexual assault, so that the suspect can be charged with them as well. The in-depth interview can also provide a means of recall of events for the trial which might take place months after the actual crime occurred. The detective is collecting evidence to (a) prove that intercourse took place, (b) prove that it took place by force and against the will of the victim, and (c) substantiate the identity of the assailant.

Gathering Evidence for the Prosecution

Rape prosecution depends on proving that a crime has taken place and proving the identity of the assailant. The police must gather evidence to indicate that force was used and that the survivor has identified the correct person. The time-lapse between the incident and the report and the thoroughness of the police procedures are major factors in the case. The police detective is responsible for providing the majority of the evidence.

1. Conducting a thorough interview with the rape survivor.
2. Searching the scene of the crime. If the attack occurred on the bed, the sheets will be sent to the crime lab with other appropriate articles. They are analyzed for semen, hair, blood stains, and/or dirt. The officer should ask the survivor for articles that may have been touched so that they can be fingerprinted. The survivor may be asked to accompany the detective so that more evidence can be collected.
3. Trying to determine the identity and location of the suspect. If the assailant is a stranger, the survivor will go to the police station to make a composite sketch. When there is no one to make a composite, the survivor may view a photo line-up. This will be done after the interview with the detective, if she is in a sufficiently good state of mind. The survivor may also be asked to view a line-up at a later

date. This can consist of four to eight subjects, but is usually five.

4. Recording the appearance of the survivor. If there are obvious injuries, a photograph should be taken. The appearance of the survivor is not applicable to all cases, especially if she has cleaned up before contacting the police. Since women respond in different ways to the crisis, this cannot be a major determinant in assessing the situation.
5. Noting any witnesses to the crime. If these witnesses are not listed in the police report, they cannot be subpoenaed to appear in court.
6. Informing the survivor about efforts to locate the suspect. If the survivor wants to make a follow-up call, she can call the detective division, give her name, date of attack, and ask for the detective who is handling her case.

Polygraph Procedure

The polygraph, a lie detector test, can be requested by a police detective. It is often used to check the validity of the survivor's statements, especially when there is discrepancy in the information given. The frequency of its use varies in different areas of the state. In the Springfield area, a polygraph may be requested in only one percent of the cases. It is important to know how often the polygraph is used in your area and for what reasons it is requested.

The polygraph results are often inconclusive and cannot be used as evidence in court (inadmissable evidence). It has been used when it cannot be determined whether a crime has been committed, or when a survivor has requested its use. It is important to check on its use, for it has been used as an unnecessary precaution against false complaints.

Criminal Court Proceedings

Once the case has been investigated by the detective, the police report goes to the warrant officer in the State's Attorney's office and the survivor must sign a complaint. The State's Attorney's office is usually located in the county court or county building. If the survivor is hospitalized or for any other reason cannot sign for herself, the Court Liaison Officer for the police department will sign for her.

The warrant officer reviews the report and decides if there is sufficient admissible evidence to file a charge. In order to prove rape in court, there must be (a) evidence of penetration of the vagina by the penis, and (b) evidence that the act of intercourse took place by force and against the will of the survivor. Once a charge is filed, the State's Attorney reviews the case file and assigns it to an Assistant State's Attorney. That attorney will handle the case to its conclusion. All criminal cases are entitled the people versus the accused; the survivor's role is that of a witness supplying evidence. If she is not satisfied with the prosecuting attorney, she may put her reasons in writing and request that the State's Attorney assign another Assistant State's Attorney. She may also hire an attorney to investigate and advise, but a private attorney cannot prosecute.

Before a case is actually tried in court it may go through some or all of the following steps: (1) police investigation, (2) review of evidence and filing of written charge, (3) preliminary hearing with judge, defendant, defense attorney, and prosecuting attorney, or closed grand jury hearing, (4) pre-trial interview preparation, and (5) trial. At any point, the case may be dismissed because of insufficient evidence, or reduced to a lesser charge supported by the evidence. If the case is dismissed or reduced the advocate or hotline counselor can assure the survivor that this has nothing to do with the validity of her experience. The State's Attorney's office must handle a high volume of cases and rape cases are especially difficult to substantiate in court.

Preliminary Hearing and Grand Jury

Before a defendant can be held for trial for any felony offense,

including rape, a judge or grand jury must find that there is probable cause to believe that the crime has been committed and that the defendant committed the crime. This hearing is called a preliminary hearing. The defendant and his attorney have the right to appear at the preliminary hearing. The survivor may be called upon to testify and identify the defendant. A police officer often testifies in her place since hearsay evidence is admissible at this hearing.

In lieu of a preliminary hearing, any criminal case may be presented to the grand jury. This procedure, which may be used at the request of the State's Attorney, is valuable in ascertaining a layperson's perception of questionable evidence. The grand jury hears only evidence favorable to the case and indicts the defendant if it feels that the evidence is sufficient. The survivor will usually testify before the grand jury and the defendant will not be present.

Trial

The trial is held before a circuit court judge or a jury; the choice is up to the defendant. Usually a jury trial is chosen. Both the prosecution and defense have a right to exclude up to 10 potential jurors. These are known as preemptory challenges.

The prosecuting attorney holds a preparatory session with witnesses a few days before the jury trial. If the rape survivor expresses a strong desire to talk with her prosecuting attorney before that time, every effort is made to meet with her. At the jury trial, the survivor takes the stand to relate how the offense occurred. The defense attorney then has an opportunity to cross-examine her and in many cases attempts to prove that she consented to or invited the rape or has mis-identified the defendant.

In rape cases an exception to the hearsay rule is allowed. The first person that the rape survivor complains to can testify in court. The spontaneous declaration expressed to her/him by the victim can be used as evidence if the complaint is made shortly after the offense is committed. Should it happen that a crisis counselor is the first person told about the rape, there may be difficulties testifying to positive voice identification over the telephone. The defense attorney may also attempt to impeach a crisis counselor's testimony by emphasizing the "subjectivity" and predisposition to believe the victim.

The defendant doesn't have to testify if he thinks his testimony will be self-incriminating or damaging. If the defendant testifies, certain prior felony convictions of the defendant can be used to discredit his testiomny. Information on past convictions, patterns of behavior, and sexual activity are nearly always inadmissible unless the judge decides that their probative value outweighs any prejudicial effect it might have on the jury.

After the prosecution and defense have presented their cases, the judge will instruct the jurors on the law they should consider in determining guilt or innocence. There is substantial emphasis on the amount of proof necessary for conviction. The defense may move for acquittal on grounds of insufficient evidence at several points throughout the trial. If the defendant is found guilty, he has the right to appeal. A finding of not guilty is not appealable by the State.

Plea Negotiation

Plea bargaining may take place between the prosecution and defense attorneys. The survivor should be consulted about her feelings on the disposition of the case, although the final decision rests with the prosecutor. The term "plea bargaining" may refer to a variety of means of arriving at a disposition of a case which would involve a plea of guilty. These include: a recommended sentence, a reduced charge, an agreement not to pursue other potential charges, or a combination of the above. Often the prosecutor and defense attorney seek to approximate the outcome which their experience indicates is likely to occur after a trial.

Benefits of an agreed disposition include sparing the victim the need to testify, bringing certainty and finality to the criminal justice process, avoiding long and costly appeals which may result in reversal or retrial of the case, and eliminating the risk of outright acquittal of the defendant. Some of the reasons for entering into a plea agreement include: erosion of the evidence in the case because of suppression; mishandling of evidence; change in the attitude of a critical witness; and prior hung jury.

The Civil Trial

If a rape survivor chooses not to prosecute in criminal court, she has one other recourse: the civil trial. In civil law there are a number of grounds on which a woman can sue her attacker for damages--

which may amount to a large sum of money.

Although it does not often happen, the alleged rapist also has the right to countersue the survivor in civil court for defamation of character and ask for monetary damages. This is so whether or not the prosecution wins the criminal case against the defendant.

To initiate a civil suit, a woman can get her own attorney who will be paid a percentage of the successful award if she or he chooses to take the case on a contingent fee arrangement. Instead of relying on the local prosecutor, the woman can hire a lawyer who is experienced in civil cases and sympathetic to her situation.

In a civil trial the woman can demand a jury. Furthermore, the alleged rapist is under pressure to defend himself by testifying in court. Or he may wish to avoid public embarrassment and not contest the suit, thus letting a judgment stand in favor of the rape victim.

The chief difficulty with the civil suit is collecting the awarded money. However, the judgment for damages hangs over the man's head as a debt. The woman can ask the court for garnishment of his wages, or for an order to pay served by the sheriff. There may also be difficulty in obtaining police assistance for a civil suit.

115-7. Prior sexual activity or reputation as evidence

§ 115-7. a. In prosecutions for rape or deviate sexual assault, the prior sexual activity or the reputation of the alleged victim is inadmissible except as evidence concerning the past sexual conduct of the alleged victim with the accused.

b. No evidence admissible under this Section shall be introduced unless ruled admissible by the trial judge after an offer of proof has been made at a hearing to be held in camera in order to determine whether the defense has evidence to impeach the witness in the event that prior sexual activity with the defendant is denied. Unless the court finds that such evidence is available, counsel for the defendant shall be ordered to refrain from inquiring into prior sexual activity between the alleged victim and the defendant.

Added by P.A. 80-1159, § 1, eff. Jan. 4, 1978.

32-4. Communicating with jurors and witnesses

§ 32-4. Communicating with Jurors and Witnesses. (a) A person who, with intent to influence any person whom he believes has been summoned as a juror, regarding any matter which is or may be brought before such juror, communicates, directly or indirectly, with such juror otherwise than as authorized by law commits a Class A misdemeanor.

(b) A person who, with intent to deter any party or witness from testifying freely, fully and truthfully to any matter pending in any court, or before a Grand Jury, Administrative agency or any other State or local governmental unit, forcibly detains such party or witness, or communicates, directly or indirectly, to such party or witness any knowingly false information or a threat of injury or damage to the property or person of such party or witness or to the property or person of any relative of such party or witness, or offers or delivers money or another thing of value to such party or witness or to a relative of such party or witness, commits a Class 4 felony.

Amended by P.A. 77-2638, § 1, eff. Jan. 1, 1973.

32-4a. Harassment of jurors

§ 32-4a. Harassment of Jurors. A person who, with intent to harass or annoy one who has served as a juror or as a witness in a legal proceeding, because of the verdict returned by the jury therein or the participation of such juror in the verdict or because of the testimony of such witness, communicates directly or indirectly with the juror or witness in such manner as to produce mental anguish or emotional distress commits a Class A misdemeanor.

Amended by P.A. 77-2638, § 1, eff. Jan. 1, 1973.

ARTICLE 11. SEX OFFENSES

11-1. Rape

§ 11-1. Rape. (a) A male person of the age of 14 years and upwards who has sexual intercourse with a female, not his wife, by force and against her will, commits rape. Intercourse by force and against her will includes, but is not limited to, any intercourse which occurs in the following situations:

(1) Where the female is unconscious; or
(2) Where the female is so mentally deranged or deficient that she cannot give effective consent to intercourse.

(b) Sexual intercourse occurs when there is any penetration of the female sex organ by the male sex organ.

(c) Sentence.

Rape is a Class X felony.

Amended by P.A. 80-1099, § 1, eff. Feb. 1, 1978.

11-2. Deviate sexual conduct

§ 11-2. Deviate Sexual Conduct. "Deviate sexual conduct", for the purpose of this Article, means any act of sexual gratification involving the sex organs of one person and the mouth or anus of another.

11-3. Deviate sexual assault

§ 11-3. Deviate sexual assault. (a) Any person of the age of 14 years and upwards who, by force or threat of force, compels any other person to perform or submit to any act of deviate sexual conduct commits deviate sexual assault.

(b) Sentence.

Deviate sexual assault is a Class X felony.

Amended by P.A. 80-1099, § 1, eff. Feb. 1, 1978.

11–4. Indecent liberties with a child

§ 11–4. Indecent liberties with a child. (a) Any person of the age of 17 years and upwards commits indecent liberties with a child when he or she performs or submits to any of the following acts with a child under the age of 16:

(1) Any act of sexual intercourse; or

(2) Any act of deviate sexual conduct; or

(3) Any lewd fondling or touching of either the child or the person done or submitted to with the intent to arouse or to satisfy the sexual desires of either the child or the person or both.

(b) Any person, regardless of age, commits indecent liberties with a child when he or she:

(1) Photographs, videotapes, films or otherwise makes reproductions by similar means of any of the acts set forth in subsection (a) of this Section, between a minor of less than 16 years of age and any other person regardless of age or of any of the following acts: (A) a minor of less than 16 years of age engaging in sexual intercourse or deviate sexual conduct with an animal; (B) a minor of less than 16 years of age engaging in acts of excretion or urination in a sexual context; (C) a minor of less than 16 years of age being bound or fettered in any sexual context; or (D) a minor of less than 16 years of age engaging in masturbation; or

(2) Solicits any minor under the age of 16 to be photographed, videotaped or filmed or to appear in any similar reproductions of any of the acts described in subsection (a) of this Section or in paragraph (1) of subsection (b) of this Section; or

(3) Is a parent, legal guardian or other person having care or custody of a child under the age of 16, and knowingly permits or arranges for such child to participate in any of the acts described in subsection (a) of this Section or in paragraph (1) of subsection (b) of this Section for the purpose of being photographed, videotaped or filmed or of having similar reproductions made by any person in such a way as to constitute a violation of paragraph (1) of subsection (b) of this Section.

(c) It shall be an affirmative defense to indecent liberties with a child that the accused reasonably believed the child was of the age of 16 or upwards at the time of the act giving rise to the charge.

(d) It shall be an affirmative defense to indecent liberties with a child, under subsection (a) of this Section, that the child has previously been married.

(e) Sentence.

Indecent liberties with a child is a Class 1 felony.

Amended by P.A. 80–1392, § 1, eff. Aug. 22, 1978.

11–5. Contributing to the sexual delinquency of a child

§ 11–5. Contributing to the Sexual Delinquency of a Child. (a) Any person of the age of 14 years and upwards who performs or submits to any of the following acts with any person under the age of 18 contributes to the sexual delinquency of a child:

(1) Any act of sexual intercourse; or

(2) Any act of deviate sexual conduct; or

(3) Any lewd fondling or touching of either the child or the person done or submitted to with the intent to arouse or to satisfy the sexual desires of either the child or the person or both; or

(4) Any lewd act done in the presence of the child with the intent to arouse or to satisfy the sexual desires of either the person or the child or both.

(b) It shall not be a defense to contributing to the sexual delinquency of a child that the accused reasonably believed the child to be of the age of 18 or upwards.

(c) Sentence.

Contributing to the sexual delinquency of a child is a Class A misdemeanor.

Amended by P.A. 77–2638, § 1, eff. Jan. 1, 1973.

11–6. Indecent solicitation of a child

§ 11–6. Indecent Solicitation of a Child. (a) Any person of the age of 17 years and upwards who (1) solicits a child under the age of 13 to do any act, which if done would be an indecent liberty with a child or an act of contributing to the sexual delinquency of a child; or (2) lures or attempts to lure any child under the age of 13 into a motor vehicle with the intent to commit an indecent act, commits indecent solicitation of a child.

(b) It shall not be a defense to indecent solicitation of a child that the accused reasonably believed the child to be of the age of 13 years and upwards.

(c) Sentence.

Indecent solicitation of a child is a Class A misdemeanor.

Amended by P.A. 77–2638, § 1, eff. Jan. 1, 1973.

11–7. Adultery

§ 11–7. Adultery. (a) Any person who cohabits or has sexual intercourse with another not his spouse commits adultery, if the behavior is open and notorious, and

(1) The person is married and the other person involved in such intercourse is not his spouse; or

(2) The person is not married and knows that the other person involved in such intercourse is married.

A person shall be exempt from prosecution under this Section if his liability is based solely on evidence he has given in order to comply with the requirements of Section 4–1.7 of "The Illinois Public Aid Code", approved April 11, 1967, as amended.[1]

(b) Sentence.

Adultery is a Class A misdemeanor.

Amended by P.A. 79–474, § 2, eff. Aug. 22, 1975.

[1] Chapter 23, ¶ 4–1.7.

11–8. Fornication

§ 11–8. Fornication. (a) Any person who cohabits or has sexual intercourse with another not his spouse commits fornication if the behavior is open and notorious.

A person shall be exempt from prosecution under this Section if his liability is based solely on evidence he has given in order to comply with the requirements of Section 4–1.7 of "The Illinois Public Aid Code", approved April 11, 1967, as amended.[1]

(b) Sentence.

Fornication is a Class B misdemeanor.

Amended by P.A. 79–474, § 2, eff. Aug. 22, 1975.

[1] Chapter 23, ¶ 4–1.7.

11–9. Public indecency

§ 11–9. Public Indecency. (a) Any person of the age of 17 years and upwards who performs any of the following acts in a public place commits a public indecency:

(1) An act of sexual intercourse; or

(2) An act of deviate sexual conduct; or

(3) A lewd exposure of the body done with intent to arouse or to satisfy the sexual desire of the person; or

(4) A lewd fondling or caress of the body of another person of either sex.

(b) "Public place" for purposes of this Section means any place where the conduct may reasonably be expected to be viewed by others.

(c) Sentence.

Public indecency is a Class A misdemeanor.

Amended by P.A. 77-2638, § 1, eff. Jan. 1, 1973.

11-10. Aggravated incest

§ 11-10. Aggravated incest. (a) Any male or female person who shall perform any of the following acts with a person he or she knows is his or her daughter or son commits aggravated incest:

(1) Has sexual intercourse; or

(2) An act of deviate sexual conduct.

(b) "Daughter" for the purposes of this Section means a blood daughter regardless of legitimacy or age; and also means a step-daughter or an adopted daughter under the age of 18.

(c) "Son" for the purposes of this Section means a blood son regardless of legitimacy or age; and also means a step-son or an adopted son under the age of 18.

(d) Sentence.

Aggravated incest is a Class 2 felony.

Amended by P.A. 80-647, § 1, eff. Oct. 1, 1977.

11-11. Incest

§ 11-11. Incest. (a) Any person who has sexual intercourse or performs an act of deviate sexual conduct with another to whom he knows he is related as follows commits incest:

Brother or sister, either of the whole blood or the half blood.

(b) Sentence.

Incest is a Class 3 felony.

Amended by P.A. 80-647, § 1, eff. Oct. 1, 1977.

11-12. Bigamy

§ 11-12. Bigamy. (a) Any person having a husband or wife who subsequently marries another or cohabits in this State after such marriage commits bigamy.

(b) It shall be an affirmative defense to bigamy that:

(1) The prior marriage was dissolved or declared invalid; or

(2) The accused reasonably believed the prior spouse to be dead; or

(3) The prior spouse had been continually absent for a period of 5 years during which time the accused did not know the prior spouse to be alive; or

(4) The accused reasonably believed that he was legally eligible to remarry.

(c) Sentence.

Bigamy is a Class 4 felony.

Amended by P.A. 81-230, § 6, eff. Aug. 28, 1979.

11-13. Marrying a bigamist

§ 11-13. Marrying a Bigamist. (a) Any unmarried person who knowingly marries another under circumstances known to him which would render the other person guilty of bigamy under the laws of this State, or who cohabits in this State after such a marriage, commits the offense of marrying a bigamist.

(b) Sentence.

Marrying a bigamist is a Class A misdemeanor.

Amended by P.A. 77-2638, § 1, eff. Jan. 1, 1973.

11-14. Prostitution

§ 11-14. Prostitution. (a) Any person who performs, offers or agrees to perform any of the following acts for money commits an act of prostitution:

(1) Any act of sexual intercourse; or

(2) Any act of deviate sexual conduct.

(b) Sentence.

Prostitution is a Class A misdemeanor.

Amended by P.A. 77-2638, § 1, eff. Jan. 1, 1973.

11-15. Soliciting for a prostitute

§ 11-15. Soliciting for a Prostitute. (a) Any person who performs any of the following acts commits soliciting for a prostitute:

(1) Solicits another for the purpose of prostitution; or

(2) Arranges or offers to arrange a meeting of persons for the purpose of prostitution; or

(3) Directs another to a place knowing such direction is for the purpose of prostitution.

(b) Sentence.

Soliciting for a prostitute is a Class A misdemeanor.

Amended by P.A. 77-2638, § 1, eff. Jan. 1, 1973.

11-15.1. Soliciting for a juvenile prostitute

§ 11-15.1. Soliciting for a Juvenile Prostitute. (a) Any person who violates any of the provisions of Section 11-15(a) of this Act commits soliciting for a juvenile prostitute where the prostitute for whom such person is soliciting is under 16 years of age.

(b) It is an affirmative defense to a charge of soliciting for a juvenile prostitute that the accused reasonably believed the person was of the age of 16 years or over at the time of the act giving rise to the charge.

(c) Sentence.

Soliciting for a juvenile prostitute is a Class 4 felony.

Added by P.A. 80-572, § 1, eff. Oct. 1, 1977.

11-16. Pandering

§ 11-16. Pandering. (a) Any person who performs any of the following acts for money commits pandering:

(1) Compels a person to become a prostitute; or

(2) Arranges or offers to arrange a situation in which a person may practice prostitution.

(b) Sentence.

Pandering by compulsion is a Class 4 felony. Pandering other than by compulsion is a Class 4 felony.

Amended by P.A. 80-360, § 1, eff. Oct. 1, 1977.

11-17. Keeping a place of prostitution

§ 11-17. Keeping a Place of Prostitution. (a) Any person who has or exercises control over the use of any place which could offer seclusion or shelter for the practice of prostitution who performs any of the following acts keeps a place of prostitution:

(1) Knowingly grants or permits the use of such place for the purpose of prostitution; or

(2) Grants or permits the use of such place under circumstances from which he could reasonably know that the place is used or is to be used for purposes of prostitution; or

(3) Permits the continued use of a place after becoming aware of facts or circumstances from which he should reasonably know that the place is being used for purposes of prostitution.

(b) Sentence.

Keeping a place of prostitution is a Class A misdemeanor.

Amended by P.A. 77-2638, § 1, eff. Jan. 1, 1973.

11-18. Patronizing a prostitute

§ 11-18. Patronizing a Prostitute.

(a) Any person who performs any of the following acts with a person not his or her spouse commits the offense of patronizing a prostitute:

(1) Engages in an act of sexual intercourse or deviate sexual conduct with a prostitute; or

(2) Enters or remains in a place of prostitution with intent to engage in an act of sexual intercourse or deviate sexual conduct.

(b) Sentence.

Patronizing a prostitute is a Class B misdemeanor.

Amended by P.A. 80-360, § 1, eff. Oct. 1, 1977.

11-19. Pimping

§ 11-19. Pimping. (a) Any person who receives money or other property from a prostitute, not for a lawful consideration, knowing it was earned in whole or in part from the practice of prostitution, commits pimping.

(b) Sentence.

Pimping is a Class A misdemeanor.

Amended by P.A. 77-2638, § 1, eff. Jan. 1, 1973.

11-19.1. Juvenile pimping

§ 11-19.1. Juvenile Pimping. (a) Any person who receives money or other property from a prostitute under 16 years of age, not for a lawful consideration, knowing it was earned in whole or in part from the practice of prostitution, commits juvenile pimping.

(b) It is an affirmative defense to a charge of juvenile pimping that the accused reasonably believed the person was of the age of 16 years or over at the time of the act giving rise to the charge.

(c) Sentence.

Juvenile pimping is a Class 4 felony.

Added by P.A. 80-572, § 1, eff. Oct. 1, 1977.

11-20. Obscenity

§ 11-20. Obscenity. (a) Elements of the Offense.

A person commits obscenity when, with knowledge of the nature or content thereof, or recklessly failing to exercise reasonable inspection which would have disclosed the nature or content thereof, he:

(1) Sells, delivers or provides, or offers or agrees to sell, deliver or provide any obscene writing, picture, record or other representation or embodiment of the obscene; or

(2) Presents or directs an obscene play, dance or other performance or participates directly in that portion thereof which makes it obscene; or

(3) Publishes, exhibits or otherwise makes available anything obscene; or

(4) Performs an obscene act or otherwise presents an obscene exhibition of his body for gain; or

(5) Creates, buys, procures or possesses obscene matter or material with intent to disseminate it in violation of this Section, or of the penal laws or regulations of any other jurisdiction; or

(6) Advertises or otherwise promotes the sale of material represented or held out by him to be obscene, whether or not it is obscene.

(b) Obscene Defined.

A thing is obscene if, considered as a whole, its predominant appeal is to prurient interest, that is, a shameful or morbid interest in nudity, sex or excretion, and if it goes substantially beyond customary limits of candor in description or representation of such matters. A thing is obscene even though the obscenity is latent, as in the case of undeveloped photographs.

(c) Interpretation of Evidence.

Obscenity shall be judged with reference to ordinary adults, except that it shall be judged with reference to children or other specially susceptible audiences if it appears from the character of the material or the circumstances of its dissemination to be specially designed for or directed to such an audience.

Where circumstances of production, presentation, sale, dissemination, distribution, or publicity indicate that material is being commercially exploited for the sake of its prurient appeal, such evidence is probative with respect to the nature of the matter and can justify the conclusion that the matter is utterly without redeeming social importance.

In any prosecution for an offense under this Section evidence shall be admissible to show:

(1) The character of the audience for which the material was designed or to which it was directed;

(2) What the predominant appeal of the material would be for ordinary adults or a special audience, and what effect if any, it would probably have on the behavior of such people;

(3) The artistic, literary, scientific, educational or other merits of the material, or absence thereof;

(4) The degree, if any, of public acceptance of the material in this State;

(5) Appeal to prurient interest, or absence thereof, in advertising or other promotion of the material;

(6) Purpose of the author, creator, publisher or disseminator.

(d) Sentence.

Obscenity is a Class A misdemeanor. A second or subsequent offense is a Class 4 felony.

(e) Prima Facie Evidence.

The creation, purchase, procurement or possession of a mold, engraved plate or other embodiment of obscenity

specially adapted for reproducing multiple copies, or the possession of more than 3 copies of obscene material shall be prima facie evidence of an intent to disseminate.

(f) Affirmative Defenses.

It shall be an affirmative defense to obscenity that the dissemination:

(1) Was not for gain and was made to personal associates other than children under 18 years of age;

(2) Was to institutions or individuals having scientific or other special justification for possession of such material.

Amended by P.A. 77–2638, § 1, eff. Jan. 1, 1973.

Validity: This paragraph was held unconstitutional by Eagle Books, Inc. v. Reinhard, 1976, 418 F.Supp. 345.

11–20a. Child pornography

§ 11–20a. Child Pornography. (a) Definitions.

(1) Matter or a performance, whether live, cinematic or over broadcast media, of whatever nature, is "child pornography" for purposes of this section if:

(A) it has as one of its participants or portrayed observers a child under the age of 16 or who appears as pre-pubescent; and

(B) it contains depictions or descriptions of sexual conduct which are patently offensive; and

(C) taken as a whole, the average person, applying contemporary standards of this State, would find it has as its dominant theme an appeal to prurient interest; and

(D) taken as a whole, it lacks serious literary, artistic, educational, political or scientific purpose or value.

(2) "Sexual conduct" includes any of the following:

(A) sexual intercourse, which for purposes of this Section includes any intercourse which is normal or perverted, actual or simulated;

(B) deviate sexual conduct as defined in Section 11–2 of this Act;

(C) acts of masturbation;

(D) acts of sadomasochistic abuse, which includes but is not limited to (1) flagellation or torture by or upon any person who is nude or clad in undergarments or in a costume which is of a revealing nature,or (2) the condition of being fettered, bound or otherwise physically restrained on the part of one who is nude or so clothed;

(E) acts of excretion in a sexual context; or

(F) exhibition of post-pubertal human genitals or pubic areas.

The above types of sexual conduct in subsections (a)(2)(A) through (F) are intended to include situations where, when appropriate to the type of conduct, the conduct is performed alone or between members of the same or opposite sex or between humans and animals in an act of apparent sexual stimulation or gratification. A thing is child pornography even though the pornographic element is latent, as in the case of undeveloped photographs.

(3) "Matter", for the purposes of this Section, means and includes any photographic product depicting actual human models or actors, whether in the form of still photographs, motion pictures, or videotape. A thing is included under this definition of matter, whether it is a purely photographic product or a reproduction of such a product in any book, pamphlet, magazine or other publication.

(b) Offense. (1) Any person, who with knowledge of the nature or content thereof, or recklessly failing to exercise reasonable inspection which would have disclosed such nature or content, commits a Class 4 felony to which a fine of up to $25,000 may be added when he or she:

(A) Sells, delivers, exhibits or otherwise makes available, or offers or agrees to sell, deliver, exhibit, or otherwise make available, any child pornography; or

(B) Buys, procures or possesses child pornography with intent to disseminate it.

(2) Any person who photographs, films, videotapes, produces, publishes or otherwise creates child pornography, or knowingly causes another to do so, commits a Class 1 felony to which a fine of up to $50,000 may be added.

(3) Any person who solicits any minor under the age of 16 to appear in child pornography or, as the parent, legal guardian, or person having care or custody of the minor, knowingly permits or arranges for the child to so appear, commits a Class 1 felony.

(c) Interpretation of Evidence.

Child pornography shall be judged with reference to ordinary adults, except that it shall be judged with reference to children or other specially susceptible audiences if it appears from the character of the material or the circumstances of its dissemination to be specially designed for or directed to such an audience.

Where circumstances of production, presentation, sale, dissemination, distribution, or publicity indicate that material is being commercially exploited for the sake of its prurient appeal, such evidence is probative with respect to the nature of the matter and can justify the conclusion that the matter is without serious literary, artistic, educational, political, or scientific purpose or value.

In any prosecution for an offense under this Section evidence shall be admissible to show:

(1) The character of the audience for which the material was designed or to which it was directed;

(2) What the predominant appeal of the material would be for ordinary adults or a special audience, and what effect, if any, it would probably have on the behavior of such people;

(3) The artistic, literary, scientific, educational or other merits of the material, or absence thereof;

(4) The degree, if any, of public acceptance of the material in this State;

(5) Appeal to prurient interest, or absence thereof, in advertising or other promotion of the material;

(6) Purpose of the author, creator, publisher or disseminator.

(d) Prima Facie Evidence.

The creation, purchase, procurement or possession of a mold, engraved plate or other embodiment of obscenity specially adapted for reproducing multiple copies, or the possession of more than 3 copies of obscene material shall be prima facie evidence of an intent to disseminate.

(e) Affirmative Defenses.

It shall be an affirmative defense to obscenity that the dissemination was to institutions or individuals having scientific or other special justification for possession of such material.

Added by P.A. 80–1148, § 1, eff. Jan. 3, 1978. Amended by P.A. 80–1392, § 1, eff. Aug. 22, 1978.

11-21. Harmful material

§ 11-21. Harmful Material. (a) Elements of the Offense.

A person who, with knowledge that a person is a child, that is a person under 18 years of age, or who fails to exercise reasonable care in ascertaining the true age of a child, knowingly distributes to or sends or causes to be sent to, or exhibits to, or offers to distribute or exhibit any harmful material to a child, is guilty of a misdemeanor.

(b) Definitions.

(1) Material is harmful if, to the average person, applying contemporary standards, its predominant appeal, taken as a whole, is to prurient interest, that is a shameful or morbid interest in nudity, sex, or excretion, which goes substantially beyond customary limits of candor in description or representation of such matters, and is material the redeeming social importance of which is substantially less than its prurient appeal.

(2) Material, as used in this Section means any writing, picture, record or other representation or embodiment.

(3) Distribute means to transfer possession of, whether with or without consideration.

(4) Knowingly, as used in this section means having knowledge of the contents of the subject matter, or recklessly failing to exercise reasonable inspection which would have disclosed the contents thereof.

(c) Interpretation of Evidence.

The predominant appeal to prurient interest of the material shall be judged with reference to average children of the same general age of the child to whom such material was offered, distributed, sent or exhibited, unless it appears from the nature of the matter or the circumstances of its dissemination, distribution or exhibition that it is designed for specially susceptible groups, in which case the predominant appeal of the material shall be judged with reference to its intended or probable recipient group.

In prosecutions under this section, where circumstances of production, presentation, sale, dissemination, distribution, or publicity indicate the material is being commercially exploited for the sake of its prurient appeal, such evidence is probative with respect to the nature of the material and can justify the conclusion that the redeeming social importance of the material is in fact substantially less than its prurient appeal.

(d) Sentence.

Distribution of harmful material in violation of this Section is a Class A Misdemeanor. A second or subsequent offense is a Class 4 felony.

(e) Affirmative Defenses.

(1) Nothing in this section shall prohibit any public library or any library operated by an accredited institution of higher education from circulating harmful material to any person under 18 years of age, provided such circulation is in aid of a legitimate scientific or educational purpose, and it shall be an affirmative defense in any prosecution for a violation of this section that the act charged was committed in aid of legitimate scientific or educational purposes.

(2) Nothing in this section shall prohibit any parent from distributing to his child any harmful material.

(3) Proof that the defendant demanded, was shown and acted in reliance upon any of the following documents as proof of the age of a child, shall be a defense to any criminal prosecution under this section: A document issued by the federal government or any state, county or municipal government or subdivision or agency thereof, including, but not limited to, a motor vehicle operator's license, a registration certificate issued under the Federal Selective Service Act [1] or an identification card issued to a member of the armed forces.

(4) In the event an advertisement of harmful material as defined in this section culminates in the sale or distribution of such harmful material to a child, under circumstances where there was no personal confrontation of the child by the defendant, his employees or agents, as where the order or request for such harmful material was transmitted by mail, telephone, or similar means of communication, and delivery of such harmful material to the child was by mail, freight, or similar means of transport, it shall be a defense in any prosecution for a violation of this section that the advertisement contained the following statement, or a statement substantially similar thereto, and that the defendant required the purchaser to certify that he was not under 18 years of age and that the purchaser falsely stated that he was not under 18 years of age: "NOTICE: It is unlawful for any person under 18 years of age to purchase the matter herein advertised. Any person under 18 years of age who falsely states that he is not under 18 years of age for the purpose of obtaining the material advertised herein, is guilty of a Class B misdemeanor under the laws of the State of Illinois."

(f) Child Falsifying Age.

Any person under 18 years of age who falsely states, either orally or in writing, that he is not under the age of 18 years, or who presents or offers to any person any evidence of age and identity which is false or not actually his own for the purpose of ordering, obtaining, viewing, or otherwise procuring or attempting to procure or view any harmful material, is guilty of a Class B misdemeanor.

Amended by P.A. 77-2638, § 1, eff. Jan. 1, 1973.

[1] 50 App.U.S.C.A. § 451 et seq.

11-22. Tie-in sales of obscene publications to distributors

§ 11-22. Tie-in Sales of Obscene Publications to Distributors. Any person, firm or corporation, or any agent, officer or employee thereof, engaged in the business of distributing books, magazines, periodicals, comic books or other publications to retail dealers, who shall refuse to furnish to any retail dealer such quantity of books, magazines, periodicals, comic books or other publications as such retail dealer normally sells because the retail dealer refuses to sell, or offer for sale, any books, magazines, periodicals, comic books or other publications which are obscene, lewd, lascivious, filthy or indecent is guilty of a petty offense. Each publication sold or delivered in violation of this Act shall constitute a separate petty offense.

Amended by P.A. 77-2638, § 1, eff. Jan. 1, 1973.

not needed for the care and treatment of persons afflicted with tuberculosis, the Department of Public Health may extend the privileges and use of the sanitarium and its clinic facilities to those afflicted with chronic pulmonary disease other than tuberculosis. The Department of Public Health shall establish a per diem charge for services extended to those not afflicted with tuberculosis.

Added by P.A. 76-1567, § 1, eff. Sept. 25, 1969.

1751.2. Monies due prior to transfer to the Board of Trustees of the University of Illinois

§ 11.2. If a sanitarium is transferred to The Board of Trustees of the University of Illinois in accordance with Section 11,[1] the University of Illinois shall collect, receipt for, and deposit in the General Revenue Fund in the State Treasury, any monies due to the State of Illinois on account of services rendered prior to the date of transfer at the sanitarium being transferred by the Department of Public Health.

Added by P.A. 79-104, § 1, eff. June 30, 1975.

[1] Paragraph 1751 of this chapter.

PAYMENTS FOR TUBERCULOSIS HOSPITALIZATION

AN ACT concerning the payment for hospitalization of persons suffering from tuberculosis, and making an appropriation in connection therewith. Laws 1949, p. 127, approved June 30, 1949, eff. July 1, 1949.

1781. Payments authorized—Amount—Time for payment—Limitations

§ 1. The state shall pay not to exceed $5.00 per day for each patient suffering from tuberculosis and hospitalized in any licensed public or private sanitarium or hospital in the state, to any local governmental authority in the state which provides in-patient care for tuberculosis. The state shall also pay not to exceed $4.00 for each clinic visit provided by any local governmental authority which provides a tuberculosis clinic service which meets the standards established by the Department of Public Health. Payments shall be made following each quarter of the fiscal year upon the basis of valid claims submitted for such quarter. No payment hereunder shall be made for any quarter to any local governmental authority in any jurisdiction in which the latest tax levy for tuberculosis control purposes has not been at least equivalent to .05 percent of its last known value, as equalized or assessed by the Department of Local Government Affairs or an equivalent appropriation from other funds has not been made specifically for tuberculosis control purposes, and provided also that such local funds shall be insufficient to provide adequate sanitarium care for persons in the jurisdiction who are suffering from tuberculosis. In determining the sufficiency or insufficiency of local funds within the meaning of this Act, an amount not to exceed 10 percent of the total local tax levy for tuberculosis control purposes may be used for maintenance, repair, alteration, rehabilitation, and expansion of such tuberculosis hospitals and sanitaria operated by the authority and for the replacement of or addition to the equipment thereof.

Amended by P.A. 77-853, § 1, eff. Aug. 17, 1971.

1782. Rules and regulations—Forms

§ 4. The Department of Public Health shall prescribe reasonable rules and regulations for the expenditure of funds hereunder, and shall prescribe forms for the use of local governmental authorities in making application for grants under this Act.

Amended by Laws 1953, p. 993, eff. July 10, 1953.

1783. Supplemental payments

§ 5. The Department of Public Health may use a maximum of 10% of the funds appropriated for carrying out this Act to supplement payments to qualified local governmental authorities in any case where the combined funds from local taxes and State aid are not sufficient to pay the costs of sanitarium care and of out-patient clinical and follow-up services for all residents who are suffering from tuberculosis within the jurisdiction.

Amended by Laws 1968, p. 71, eff. Aug. 17, 1968.

2001 to 2036. (L.1949, p. 395). Repealed by Laws 1965, p. 258, eff. Aug. 5, 1965; Laws 1965, p. 2585, § 8-1, eff. Jan. 1, 1966; P.A. 78-256, § 1, eff. Oct. 1, 1973.

2041 to 2047. (L.1965, p. 235). Repealed by P.A. 79-65, § 12, eff. July 1, 1975.

ABUSED AND NEGLECTED CHILD REPORTING ACT

AN ACT creating the Abused and Neglected Child Reporting Act and repealing and amending other Acts. P.A. 79-65, approved June 26, 1975, eff. July 1, 1975.

2051. Short title

§ 1. This Act shall be known and may be cited as the Abused and Neglected Child Reporting Act.

2052. Protective services—Application of act to residents of public or private institutions

§ 2. The Illinois Department of Children and Family Services shall, upon receiving reports made under this Act, protect the best interests of the child, offer protective services in order to prevent any further harm to the child and to other children in the family, stabilize the home environment and preserve family life whenever possible. Recognizing that children also can be abused and neglected while living in public or private residential agencies or institutions meant to serve them, this Act also provides for the reporting and investigation of child abuse and neglect in such instances. In performing any of these duties, the Department may utilize such protective services of voluntary agencies as are available.

Amended by P.A. 81-1077, § 1, eff. July 1, 1980.

2052.1. Persons elegible to use services and facilities—Referral

§ 2.1. Any person or family seeking assistance in meeting child care responsibilities may use the services and facilities established by this Act which may assist in meeting such responsibilities. Whether or not the problem presented constitutes child abuse or neglect, such persons or families shall be referred to appropriate resources or agencies. No person seeking assistance under this Section shall be required to give his name or any other identifying information.

Added by P.A. 81-1077, § 1, eff. July 1, 1980.

2053. Definitions

§ 3. As used in this Act unless the context otherwise requires:

"Child" means any person under the age of 18 years.

"Department" means Department of Children and Family Services.

"Local law enforcement agency" means the police of a city, town, village or other incorporated area or the sheriff of an unincorporated area.

"Abused child" means a child whose parent or immediate family member, or any person responsible for the child's welfare, or any individual residing in the same home as the child, or a paramour of the child's parent:

a. inflicts, causes to be inflicted, or allows to be inflicted upon such child by other than accidental means any of the following: a serious physical injury; death; disfigurement; impairment of physical or emotional health; or loss or impairment of any bodily function;

b. creates a substantial risk of physical injury to such child by other than accidental means which would be likely to cause death or serious disfigurement or impairment of any bodily function;

c. commits or allows to be committed a sex offense against such child, as defined in the Criminal Code of 1961;[1]

d. commits or allows to be committed an act or acts of torture upon such child; or

e. inflicts excessive corporal punishment.

"Neglected child" means any child whose parent or other person responsible for the child's welfare does not provide the proper or necessary support, education as required by law, or medical or other remedial care recognized under State law as necessary for his or her well-being; or who is abandoned by his or her parents or other person responsible for the child's welfare.

"Child Protective Service Unit" means certain specialized State employees of the Department assigned by the Director to perform the duties and responsibilities as provided under Section 7.2 of this Act.[2]

"Person responsible for the child's welfare" means the child's parent; guardian; foster parent; any other person responsible for the child's care at the time of the alleged abuse or neglect; or any other person responsible for the child's welfare in a public or private residential agency or institution.

"Temporary protective custody" means custody within a hospital or other medical facility or a place previously designated for such custody by the Department, subject to review by the Court, including a licensed foster home, group home, or other institution; but such place shall not be a jail or other place for the detention of criminal or juvenile offenders.

"An unfounded report" means any report made under this Act for which it is determined after an investigation that no credible evidence of abuse or neglect exists.

"An indicated report" means a report made under this Act if an investigation determines that some credible evidence of the alleged abuse or neglect exists.

"An undetermined report" means any report made under this Act in which it was not possible to initiate or complete an investigation on the basis of information provided to the Department.

"Subject of report" means any child reported to the central register of child abuse and neglect established under Section 7.7 of this Act[3] and his or her parent, guardian or other person responsible who is also named in the report.

Amended by P.A. 81-1077, § 1, eff. July 1, 1980.

[1] Chapter 38, ¶ 1-1 et seq.
[2] Paragraph 2057.2 of this chapter.
[3] Paragraph 2057.7 of this chapter.

2054. Persons required to report

§ 4. Any physician, hospital, hospital administrator and personnel engaged in examination, care and treatment of persons, surgeon, dentist, osteopath, chiropractor, podiatrist, Christian Science practitioner, coroner, medical examiner, school personnel, truant officers, social worker, social services administrator, registered nurse, licensed practical nurse, director or staff assistant of a nursery school or a child day care center, law enforcement officer, registered psychologist, or field personnel of the Illinois Department of Public Aid or the Department of Public Health, Department of Mental Health and Developmental Disabilities, Department of Corrections, probation officer, or any other child care or foster care worker having reasonable cause to believe a child known to them in their professional or official capacity may be an abused child or a neglected child shall immediately report or cause a report to be made to the Department. Whenever such person is required to report under this Act in his capacity as a member of the staff of a medical or other public or private institution, school, facility or agency, he shall make report immediately to the Department in accordance with the provisions of this Act and may also notify the person in charge of such institution, school, facility or agency or his designated agent that such report has been made. The privileged quality of communication between any professional person required to report and his patient or client shall not apply to situations involving abused or neglected children and shall not constitute grounds for failure to report as required by this Act. In addition to the above persons required to report suspected cases of abused or neglected children, any other person may make a report if such person has reasonable cause to believe a child may be an abused child or a neglected child.

A child whose parent, guardian or custodian in good faith selects and depends upon spiritual means through prayer alone for the treatment or cure of disease or remedial care may be considered neglected or abused, but not for the sole reason that his parent, guardian or custodian accepts and practices such beliefs.

Amended by P.A. 81-1077, § 1, eff. July 1, 1980.

2054.1. Death caused by abuse or neglect—Reports

§ 4.1. Any person required to report under this Act, including field personnel of the Department, who has reasonable cause to suspect that a child has died as a result of abuse or neglect shall also immediately report his suspicion to the appropriate medical examiner or coroner. Any other person who has reasonable cause to believe that a child has died as a result of abuse or neglect may report his suspicion to the appropriate medical examiner or coroner. The medical examiner or coroner shall investigate the report and communicate his findings, orally within 72 hours and within 7 days in writing, to the local law enforcement agency, the appropriate State's attorney, the Department and, if the institution making the report is a hospital, the hospital.

Added by P.A. 81-1077, § 1, eff. July 1, 1980.

2055. Temporary protective custody

§ 5. An officer of a local law enforcement agency, designated employee of the Department, or a physician

treating a child may take or retain temporary protective custody of the child without the consent of the person responsible for the child's welfare, if (1) he has reason to believe that the circumstances or conditions of the child are such that continuing in his place of residence or in the care and custody of the person responsible for the child's welfare, presents an imminent danger to that child's life or health; (2) the person responsible for the child's welfare is unavailable or has been asked and does not consent to the child's removal from his custody; and (3) there is not time to apply for a court order under the Juvenile Court Act [1] for temporary custody of the child. The person taking or retaining a child in temporary protective custody shall immediately make every reasonable effort to notify the person responsible for the child's welfare and shall immediately notify the Department. The Department shall promptly initiate proceedings under the Juvenile Court Act for the continued temporary custody of the child.

Where the physician keeping a child in his custody does so in his capacity as a member of the staff of a hospital or similar institution, he shall notify the person in charge of the institution or his designated agent, who shall then become responsible for the further care of such child in the hospital or similar institution under the direction of the Department.

Any person authorized and acting in good faith in the removal of a child under this Section shall have immunity from any liability, civil or criminal that might otherwise be incurred or imposed as a result of such removal.

Amended by P.A. 81-1077, § 1, eff. July 1, 1980.

[1] Chapter 37, ¶ 701-1 et seq.

2056. Photographs and x-rays of child

§ 6. Any person required to investigate cases of suspected child abuse or neglect may take or cause to be taken, at Department expense, color photographs and x-rays of the area of trauma on the child who is the subject of a report. The person seeking to take such photographs or x-rays shall make every reasonable effort to notify the person responsible for the child's welfare.

Amended by P.A. 81-1077, § 1, eff. July 1, 1980.

2057. Time and manner of making report—Confirmation of report

§ 7. All reports of known or suspected child abuse or neglect made under this Act shall be made immediately by telephone to the central register established under Section 7.7 [1] on the single, State-wide, toll-free telephone number established in Section 7.6,[2] or in person or by telephone through the nearest Department office. Reports made to the central register through the State-wide, toll-free telephone number shall be immediately transmitted to the appropriate Child Protective Service Unit. All reports by persons mandated to report under this Act shall be confirmed in writing to the appropriate Child Protective Service Unit, which may be on forms supplied by the Department, within 48 hours of any initial report. The Child Protective Service Unit shall send to the central register copies of all written confirmation reports it receives from all reporting sources within 24 hours of receipt, in a manner and form prescribed by the Department.

Written confirmation reports from persons not required to report by this Act may be made to the appropriate Child Protective Service Unit. Written reports from persons required by this Act to report shall be admissible in evidence in any judicial proceeding relating to child abuse or neglect. Reports involving known or suspected child abuse or neglect in public or private residential agencies or institutions shall be made and received in the same manner as all other reports made under this Act.

Amended by P.A. 81-1077, § 1, eff. July 1, 1980.

[1] Paragraph 2057.7 of this chapter.

[2] Paragraph 2057.6 of this chapter.

2057.1. Cooperation of other agencies

§ 7.1. To the fullest extent feasible, the Department shall cooperate with and shall seek the cooperation and involvement of all appropriate public and private agencies, including health, education, social service and law enforcement agencies, courts of competent jurisdiction, and agencies, organizations, or programs providing or concerned with human services related to the prevention, identification or treatment of child abuse or neglect.

Such cooperation and involvement shall include joint consultation and services, joint planning, joint case management, joint public education and information services, joint utilization of facilities, joint staff development and other training, and the creation of multidisciplinary case diagnostic, case handling, case management, and policy planning teams.

Added by P.A. 81-1077, § 1, eff. July 1, 1980.

2057.2. Child protective service unit—Establishment

§ 7.2. The Department shall establish a Child Protective Service Unit within each geographic region as designated by the Director of the Department. The Child Protective Service Unit shall perform those functions assigned by this Act to it and only such others that would further the purposes of this Act. It shall have a sufficient staff of qualified personnel to fulfill the purpose of this Act and organized in such a way as to maximize the continuity of responsibility, care and service of the individual workers toward the individual children and families.

Added by P.A. 81-1077, § 1, eff. July 1, 1980.

2057.3. Investigations—Responsibilities of department

§ 7.3. The Department shall be the sole agency responsible for receiving and investigating reports of child abuse or neglect made under this Act, except that the Department may delegate the performance of the investigation to a local law enforcement agency and to those private social service agencies which have been designated for this purpose by the Department prior to the effective date of this amendatory Act of 1979.

Added by P.A. 81-1077, § 1, eff. July 1, 1980.

2057.4. Time and manner of making investigations—Emergency services

§ 7.4. The Department shall be capable of receiving reports of known or suspected child abuse or neglect 24 hours a day, 7 days a week. If it appears that the immediate safety or well-being of a child is endangered, that the family may flee or the child disappear, or that the facts otherwise so warrant, the Child Protective Service Unit shall commence an investigation immediately, regardless of the time of day or night. In all other cases, investigation shall be commenced within 24 hours of receipt of the report. The investigation shall include: an evalua-

tion of the environment of the child named in the report and any other children in the same environment; a determination of the risk to such children if they continue to remain in the existing environments, as well as a determination of the nature, extent and cause of any condition enumerated in such report, the name, age and condition of other children in the environment; and after seeing to the safety of the child or children, forthwith notify the subjects of the report in writing, of the existence of the report and their rights existing under this Act in regard to amendment or expungement. To fulfill the requirements of this Section, the Child Protective Service Unit shall have the capability of providing or arranging for comprehensive emergency services to children and families at all times of the day or night.

Added by P.A. 81–1077, § 1, eff. July 1, 1980.

2057.5. Access to child for examination or interview—Intervention of law enforcement agencies—Court orders

§ 7.5. If the Child Protective Service Unit is denied reasonable access to a child by the parents or other persons and it deems that the best interests of the child so require, it shall request the intervention of a local law enforcement agency or seek an appropriate court order to examine and interview the child.

Added by P.A. 81–1077, § 1, eff. July 1, 1980.

2057.6. Toll-free telephone number

§ 7.6. There shall be a single State-wide, toll-free telephone number established and maintained by the Department which all persons, whether or not mandated by law, may use to report known or suspected child abuse or neglect at any hour of the day or night, on any day of the week. Immediately upon receipt of such reports, the Department shall transmit the contents of the report, either orally or electronically, to the appropriate Child Protective Service Unit. Any other person may use the State-wide number to obtain assistance or information concerning the handling of child abuse and neglect cases.

Added by P.A. 81–1077, § 1, eff. July 1, 1980.

2057.7. Register of reported cases

§ 7.7. There shall be a central register of all cases of suspected child abuse or neglect reported and maintained by the Department under this Act. Through the recording of initial, preliminary, progress, and final reports, the central register shall be operated in such a manner as to enable the Department to: (1) immediately identify and locate prior reports or cases of child abuse or neglect; (2) continuously monitor the current status of all cases of child abuse or neglect being provided services under this Act; and (3) regularly evaluate the effectiveness of existing laws and programs through the development and analysis of statistical and other information.

Added by P.A. 81–1077, § 1, eff. July 1, 1980.

2057.8. Notification of previous reports to child protective service units

§ 7.8. Upon receiving an oral or written report of known or suspected child abuse or neglect, the Department shall immediately notify, either orally or electronically, the Child Protective Service Unit of a previous report concerning a subject of the present report or other pertinent information. In addition, upon satisfactory identification procedures, to be established by Department regulation, any person authorized to have access to records under Section 11.1 [1] relating to child abuse and neglect may request and shall be immediately provided the information requested in accordance with this Act. However, no information shall be released unless it prominently states whether the report is "indicated". The names and other identifying data and the dates and the circumstances of any persons requesting or receiving information from the central register shall be entered in the register record.

Added by P.A. 81–1077, § 1 eff. July 1, 1980.

[1] Paragraph 2061.1 of this chapter.

2057.9. Form and contents of reports

§ 7.9. The Department shall prepare, print, and distribute initial, preliminary, progress, and final reporting forms to each Child Protective Service Unit. Initial written reports from the reporting source shall contain the following information to the extent known at the time the report is made: (1) the names and addresses of the child and his parents or other persons responsible for his welfare; (2) the child's age, sex, and race; (3) the nature and extent of the child's abuse or neglect, including any evidence of prior injuries, abuse, or neglect of the child or his siblings; (4) the names of the persons apparently responsible for the abuse or neglect; (5) family composition, including names, ages, sexes, and races of other children in the home; (6) the name of the person making the report, his occupation, and where he can be reached; (7) the actions taken by the reporting source, including the taking of photographs and x-rays, placing the child in temporary protective custody, or notifying the medical examiner or coroner; (8) and any other information the person making the report believes might be helpful in the furtherance of the purposes of this Act.

Added by P.A. 81–1077, § 1, eff. July 1, 1980.

2057.10. Copies of reports—Transmission to central register—Contents of preliminary reports

§ 7.10. Upon the receipt of each oral report made under this Act, the Child Protective Service Unit shall immediately transmit a copy thereof to the state central register of child abuse and neglect. Preliminary reports from a Child Protective Service Unit shall be made no later than 7 days after receipt of an initial report and shall describe the status of the related investigation up to that time, including an evaluation of the present family situation and danger to the child or children, corrections or up-dating of the initial report, and actions taken or contemplated.

Added by P.A. 81–1077, § 1, eff. July 1, 1980.

2057.11. Progress reports

§ 7.11. Progress reports from the Child Protective Service Unit shall be made at such regular intervals as the regulations of the Department establish, and shall describe the plan for protective, treatment, or ameliorative services and the services accepted or refused by the family.

Added by P.A. 81–1077, § 1, eff. July 1, 1980.

2057.12. Determination of classification of report

§ 7.12. The Child Protective Service Unit shall determine, within 60 days, whether the report is "indicated" or "unfounded" and report it forthwith to the central register; where it is not possible to initiate or complete an investigation within 60 days the report may be deemed

"undetermined" provided every effort has been made to undertake a complete investigation. The Department may extend the period in which such determinations must be made in individual cases for up to 30 days, but such extensions shall only be made once and only upon good cause shown. Final reports from the Child Protective Service Unit shall be made no later than 14 days after a case is determined to be unfounded or is closed for other reasons and shall describe the final disposition of the case, including an evaluation of the reasons and circumstances surrounding the close of the case and the unmet needs of the child or family, and the causes thereof, including the unavailability or unsuitability of existing services, and the need for additional services.

Added by P.A. 81-1077, § 1, eff. July 1, 1980.

2057.13. Additional information—Reports

§ 7.13. The reports made under this Act may contain such additional information in the furtherance of the purposes of this Act as the Department, by rule, may require.

Added by P.A. 81-1077, § 1, eff. July 1, 1980.

2057.14. Categories of classification—Reports

§ 7.14. All cases in the central register shall be classified in one of three categories: "indicated", "unfounded" or "undetermined", as the case may be. All information identifying the subjects of an unfounded report shall be expunged from the register forthwith. Identifying information on all other records shall be removed from the register no later than 5 years after the case is closed. However, if another report is received involving the same child, his sibling or offspring, or a child in the care of the persons responsible for the child's welfare, the identifying information may be maintained in the register until 5 years after the subsequent case or report is closed.

Added by P.A. 81-1077, § 1, eff. July 1, 1980.

2057.15. Contents of central register—Additional information—Expungement of records

§ 7.15. The central register may contain such other information which the Department determines to be in furtherance of the purposes of this Act. Pursuant to the provisions of Sections 7.14 and 7.16,[1] the Department may amend, expunge, or remove from the central register appropriate records upon good cause shown and upon notice to the subjects of the report and the Child Protective Service Unit.

Added by P.A. 81-1077, § 1, eff. July 1, 1980.

[1] Paragraphs 2057.14, 2057.16 of this chapter.

2057.16. Application for expungement—Hearing—Review under Administrative Review Act

§ 7.16. At any time subsequent to the completion of the Child Protective Service Unit investigation, a subject of a report may request the Department to amend, expunge identifying information from, or remove the record of the report from the register. If the Department refuses to do so or does not act within 30 days, the subject shall have the right to a hearing within the Department to determine whether the record of the report should be amended, expunged, or removed on the grounds that it is inaccurate or it is being maintained in a manner inconsistent with this Act. Such hearing shall be held within a reasonable time after the subject's request and at a reasonable place and hour. The appropriate Child Protective Service Unit shall be given notice of the hearing. In such hearings, the burden of proving the accuracy and consistency of the record shall be on the Department and the appropriate Child Protective Service Unit. A court finding of child abuse or neglect shall be presumptive evidence that the report was not unfounded. The hearing shall be conducted by the Director or his designee, who is hereby authorized and empowered to order the amendment, expunction, or removal of the record to make it accurate and consistent with this Act. The decision shall be made, in writing, at the close of the hearing, or within 30 days thereof, and shall state the reasons upon which it is based. Decisions of the Department under this Section are administrative decisions subject to judicial review under the Administrative Review Act.[1]

Added by P.A. 81-1077, § 1, eff. July 1, 1980.

[1] Chapter 110, ¶ 264 et seq.

2057.17. Notice of amendment on expungement—Local records

§ 7.17. To the fullest extent possible, written notice of any amendment, expunction, or removal of any record made under this Act shall be served upon each subject of such report and the appropriate Child Protective Service Unit. Upon receipt of such notice, the Child Protective Service Unit shall take similar action in regard to the local child abuse and neglect index and shall inform, for the same purpose, any other individuals or agencies which received such record under this Act or in any other manner. Nothing in this Section is intended to require the destruction of case records.

Added by P.A. 81-1077, § 1, eff. July 1, 1980.

2057.18. Amendment of reports

§ 7.18. Pursuant to Sections 7.15 and 7.16[1] and for good cause shown, the Child Protective Service Unit may amend any report previously sent to the State-wide center. Unless otherwise prescribed by this Act, the content, form, manner and timing of making the reports shall be established by rules of the Department.

Added by P.A. 81-1077, § 1, eff. July 1, 1980.

[1] Paragraphs 2057.15, 2057.16 of this chapter.

2057.19. Copies of report to subject

§ 7.19. Upon request, a subject of a report shall be entitled to receive a copy of all information contained in the central register pertaining to his case. However, the Department may prohibit the release of data that would identify or locate a person who, in good faith, made a report or cooperated in a subsequent investigation. In addition, the Department may seek a court order from the circuit court prohibiting the release of any information which the court finds is likely to be harmful to the subject of the report.

Added by P.A. 81-1077, § 1, eff. July 1, 1980.

2058. Contents of report

§ 8. The report required by this Act shall include, if known, the name and address of the child and his parents or other persons having his custody; the child's age; the nature of the child's condition including any evidence of previous injuries or disabilities; and any other information that the reporter believes might be helpful in establishing the cause of such abuse or neglect and the identity of the person believed to have caused such abuse or neglect.

Amended by P.A. 81-1077, § 1, eff. July 1, 1980.

2058.1. Disposition by Child Protective Service Unit

§ 8.1. If the Child Protective Service Unit determines that there is no credible evidence that a child is abused or neglected, it shall close such a case. However, if it appears that the child or family could benefit from other social services, the local service may suggest such services for the family's voluntary acceptance or refusal. If the family declines such services, the Child Protective Service Unit shall take no further action.

Added by P.A. 81-1077, § 1, eff. July 1, 1980.

2058.2. Service plan

§ 8.2. If the Child Protective Service Unit determines that there is probable cause to believe the child is abused or neglected, based upon its determination of the protective, treatment, and ameliorative service needs of the child and family, the Child Protective Service Unit shall develop, with the family, an appropriate service plan for the family's voluntary acceptance or refusal. The Child Protective Service Unit shall comply with Section 8.1 [1] by explaining its lack of legal authority to compel the acceptance of services and may explain its concomitant authority to petition the Circuit Court under the "Juvenile Court Act" [2] or refer the case to the local law enforcement authority, State's attorney, or criminal court.

Added by P.A. 81-1077, § 1, eff. July 1, 1980.

[1] Paragraph 2058.1 of this chapter.
[2] Chapter 37, ¶ 701-1 et seq.

2058.3. Court proceedings—Assistance of Child Protective Services Unit

§ 8.3. The Child Protective Service Unit shall assist a Circuit Court during all stages of the court proceeding in accordance with the purposes of this Act and the Juvenile Court Act.[1]

Added by P.A. 81-1077, § 1, eff. July 1, 1980.

[1] Chapter 37, ¶ 701-1 et seq.

2058.4. Rehabilitative services—Monitoring

§ 8.4. The Child Protective Service Unit shall provide or arrange for and monitor, as authorized by this Act, rehabilitative services for children and their families on a voluntary basis or under a final or intermediate order of the Court.

Added by P.A. 81-1077, § 1, eff. July 1, 1980.

2058.5. Local child abuse and neglect index

§ 8.5. The Child Protective Service Unit shall maintain a local child abuse and neglect index of all cases reported under this Act which will enable it to determine the location of case records and to monitor the timely and proper investigation and disposition of cases. The index shall include the information contained in the initial, progress, and final reports required under this Act, and any other appropriate information.

Added by P.A. 81-1077, § 1, eff. July 1, 1980.

2059. Immunity from liability—Presumption

§ 9. Any person, institution or agency, under this Act, participating in good faith in the making of a report, or in the investigation of such a report or in the taking of photographs and x-rays or in the retaining a child in temporary protective custody shall have immunity from any liability, civil, criminal or that otherwise might result by reason of such actions. For the purpose of any proceedings, civil or criminal, the good faith of any persons required to report, or permitted to report, cases of suspected child abuse or neglect under this Act, shall be presumed.

2060. Testimony by person making report

§ 10. Any person who makes a report or who investigates a report under this Act shall testify fully in any judicial proceeding resulting from such report, as to any evidence of abuse or neglect, or the cause thereof. No evidence shall be excluded by reason of any common law or statutory privilege relating to communications between the alleged perpetrator of abuse or neglect, or the child subject of the report under this Act and the person making or investigating the report.

2061. Confidentiality of records—Violations

§ 11. All records concerning reports of child abuse and neglect and all records generated as a result of such reports, shall be confidential and shall not be disclosed except as specifically authorized by this Act or other applicable law. It is a Class A misdemeanor to permit, assist, or encourage the unauthorized release of any information contained in such reports or records.

Amended by P.A. 81-1077, § 1, eff. July 1, 1980.

2061.1. Access to records

§ 11.1. A person shall have access to the records described in Section 11 [1] only in furtherance of purposes directly connected with the administration of this Act. Such persons and purposes for access include:

(1) A Child Protective Service Unit in the furtherance of its responsibilities under this Act;

(2) A law enforcement agency investigating a report of known or suspected child abuse or neglect;

(3) A physician who has before him a child whom he reasonably suspects may be abused or neglected;

(4) A person authorized under Section 5 of this Act [2] to place a child in temporary protective custody when such person requires the information in the report or record to determine whether to place the child in temporary protective custody;

(5) A person having the legal responsibility or authorization to care for, treat, or supervise a child or a patient, guardian, or other person responsible for the child's welfare who is the subject of a report;

(6) Except in regard to harmful or detrimental information as provided in Section 7.19,[3] any subject of the report if the subject of the report is a minor, his guardian or guardian ad litem;

(7) A court, upon its finding that access to such records may be necessary for the determination of an issue before such court; however, such access shall be limited to in camera inspection, unless the court determines that public disclosure of the information contained therein is necessary for the resolution of an issue then pending before it;

(8) A grand jury, upon its determination that access to such records is necessary in the conduct of its official business;

(9) Any person authorized by the Director, in writing, for audit or bona fide research purposes.

The Director shall establish by rule the criteria for the application of this Section.

Added by P.A. 81-1077, § 1, eff. July 1, 1980.

[1] Paragraph 2061 of this chapter.
[2] Paragraph 2055 of this chapter.
[3] Paragraph 2057.19 of this chapter.

2061.2. Disclosure to mandated reporting sources

§ 11.2. Upon request, a mandated reporting source as provided in Section 4 of this Act [1] may receive appropriate information about the findings and actions taken by the Child Protective Service Unit in response to its report.
Added by P.A. 81-1077, § 1, eff. July 1, 1980.

[1] Paragraph 2054 of this chapter.

2061.3. Publicizing disclosed information—Court actions—Violations

§ 11.3. A person given access to the names or other information identifying the subjects of the report, except the subject of the report, shall not make public such identifying information unless he is a State's attorney or other law enforcement official and the purpose is to initiate court action. Violation of this Section is a Class A misdemeanor.
Added by P.A. 81-1077, § 1, eff. July 1, 1980.

2061.4. Court and criminal records—Effect of Act

§ 11.4. Nothing in this Act affects existing policies or procedures concerning the status of court and criminal justice system records.
Added by P.A. 81-1077, § 1, eff. July 1, 1980.

2061.5. Continuing education program

§ 11.5. Within the appropriation available, the Department and the Child Protective Service Unit, both jointly and individually, shall conduct a continuing education and training program for State and local staff, persons and officials required to report, the general public, and other persons engaged in or intending to engage in the prevention, identification, and treatment of child abuse and neglect. The program shall be designed to encourage the fullest degree of reporting of known and suspected child abuse and neglect, and to improve communication, cooperation, and coordination among all agencies in the identification, prevention, and treatment of child abuse and neglect. The program shall inform the general public and professionals of the nature and extent of child abuse and neglect and their responsibilities, obligations, powers and immunity from liability under this Act. It may include information on the diagnosis of child abuse and neglect and the roles and procedures of the Child Protective Service Unit, the Department and central register, the courts and of the protective, treatment, and ameliorative services available to children and their families. The program may also encourage parents and other persons having responsibility for the welfare of children to seek assistance on their own in meeting their child care responsibilities and encourage the voluntary acceptance of available services when they are needed. It may also include publicity and dissemination of information on the existence and number of the 24 hour, State-wide toll-free telephone service to assist persons seeking assistance and to receive reports of known and suspected abuse and neglect.
Added by P.A. 81-1077, § 1, eff. July 1, 1980.

2061.6. Administrative Review Act—Application

§ 11.6. All final administrative decisions of the Department under this Act are subject to judicial review under the Administrative Review Act, as now or hereafter amended,[1] and the rules adopted pursuant thereto. The term "administrative decision" is defined as in Section 1 of the Administrative Review Act.
Added by P.A. 81-1077, § 1, eff. July 1, 1980.

[1] Chapter 110, ¶ 264 et seq.

2061.7. State-wide citizens committee on child abuse and neglect

§ 11.7. The Director shall appoint the chairperson and members of a "State-wide Citizen's Committee on Child Abuse and Neglect" to consult with and advise the Director. The Committee shall be composed of individuals of distinction in human services, law and community life, broadly representative of social and economic communities across the State, who shall be appointed to 3 year staggered terms. The chairperson and members of the Committee shall serve without compensation, although their travel and per diem expenses shall be reimbursed in accordance with standard State procedures. Under procedures adopted by the Committee, it may meet at any time, confer with any individuals, groups, and agencies; and may issue reports or recommendations on any aspect of child abuse or neglect it deems appropriate.
Added by P.A. 81-1077, § 1, eff. July 1, 1980.

2101 to 2106. (L.1951, p. 1890). Repealed by Laws 1961, p. 2666, eff. Aug. 2, 1961.

2141 to 2154. (L.1933, p. 203). Repealed by Laws 1949, p. 401, eff. Aug. 3, 1949; Laws 1957, p. 2340, eff. July 10, 1957.

CHILD PROTECTION ACT

2161 to 2177. (L.1963, p. 2823, as amended). Repealed by P.A. 77-658, § 1, eff. Aug. 4, 1971.

2181 to 2184. (L.1933, p. 208, as amended). Repealed by Laws 1963, p. 1076, eff. Nov. 1, 1963.

COMMISSION ON CHILDREN

AN ACT to create the Commission on Children, to define its powers and duties, to make an appropriation therefor, and to repeal an Act herein named. Laws 1963, p. 1076, approved June 7, 1963, eff. Nov. 1, 1963.

2191. Definitions

§ 1. For the purposes of this Act, the term "children" means all persons under 21 years of age.

The term "exceptional children" means all persons under 21 years of age who require special educational, social, or rehabilitative services, including medical services, because of physical defect or infirmity, emotional disturbance, lack of mental development or impaired mental development, or superior intelligence.

2192. Creation—Composition—Appointments—Tenure—Director and employees

§ 2. There is created for the purposes hereinafter specified, the Commission on Children consisting of 6 members of the General Assembly; 3 from the Senate, 2 to be appointed by the President and 1 by the Minority Leader thereof and 3 from the House of Representatives, 2 to be appointed by the Speaker and 1 by the Minority Leader thereof, who have a particular interest in the care and training of children; the Director of the Department of

Children and Family Services; the Director of the Department of Mental Health and Developmental Disabilities; the Director of the Department of Public Health; the Director of the Department of Labor; the Superintendent of Public Instruction; the Director of the Department of Corrections; the Director of the Department of Public Aid; the Supervisor of the Division of Vocational Rehabilitation and the Director of the Division of Services for Crippled Children of the University of Illinois; and 16 citizens to be appointed, 4 each by the President and Minority Leader of the Senate and the Speaker and Minority Leader of the House who are actively interested in voluntary and tax-supported efforts on behalf of children. Existing terms of all citizen members serving on the effective date of this Act, who have been appointed by the Governor, shall terminate on July 1, 1969 or as soon thereafter as their successors have been appointed. The citizen members shall serve for a term of 4 years, with one half of the appointments expiring every 2 years on the first day of July in the odd-numbered year, and until their successors are appointed and qualified. No more than 2 members of the General Assembly from the House of Representatives and Senate, respectively, shall be of the same political party, and all General Assembly members shall serve until their respective successors are appointed or until termination of their legislative service, whichever first occurs. Of the 8 citizens appointed by the Speaker of the House and the President of the Senate, respectively, at least 2 shall have knowledge and experience in the field of the mentally and physically handicapped. Vacancies in the Commission's membership shall be filled in the same manner as the original appointments are made. Eight of the citizen members first to be appointed shall serve for a term of 2 years, and 8 for a term of 4 years.

Thereafter, members shall serve 4 year terms and until their successors are appointed and qualified.

In selecting the appointive members of the Commission, the Speaker of the House and the President of the Senate shall give due consideration to the recommendations of educational, civic, and medical organizations in the State. The Commission shall elect one of its members as chairman. The Commission shall adopt such rules as it deems necessary. The Commission may employ an executive director, and subject to the "Personnel Code", approved July 18, 1955, as now or hereafter amended,[1] such professional, technical, clerical or other assistants as it deems necessary or desirable to perform its duties. The principal office of the Commission shall be located in Springfield.

Amended by P.A. 78–1297, § 58, eff. March 4, 1975.

[1] Chapter 127, ¶ 63b101 et seq.

2193. Duties of commission

§ 3. The Commission shall:

(a) Study the needs of all children and assist in planning for the improvement and most effective use of voluntary and tax-supported programs at the state and local levels;

(b) Study programs for children in Illinois and in other states, make reports and advise public and private bodies throughout the state on matters relevant to the protection, growth, and development of children;

(c) Assist in the coordination of the administrative responsibility and the services of the State departments and programs as they relate to the well-being of children;

(d) Make recommendations on needed legislative action on behalf of children;

(e) Promote adequate educational services and training programs for children, including exceptional children, in all parts of the state;

(f) Promote social service and vocational guidance, training, and placement for all children who require them, including exceptional children and those youth who leave school prior to high school graduation, and promote adequate special facilities for children maladjusted to their home surroundings;

(g) Promote adequate provisions throughout the state for diagnosis and treatment of children who may require special medical services; and

(h) Publish such pamphlets and other material as it deems necessary or desirable concerning the work of the Commission and make charge therefor.

2194. Donations and grants

§ 4. The Commission may receive donations and grants intended to promote the work of the Commission and shall hold all such grants and donations in trust for the designated purpose.

2195. Special committees

§ 5. The Commission shall establish a special committee to encourage cooperative planning among state programs for children and such other committees as it may deem necessary.

2196. Compensation and expenses of members

§ 6. Members of the Commission shall serve without compensation. The Commission shall have authority to reimburse members for necessary expenses incurred in the performance of their duties.

SURGICAL INSTITUTE FOR CHILDREN

AN ACT to establish a surgical institution for children. Laws 1911, p. 129, approved June 6, 1911, eff. July 1, 1911.

2201. Surgical institute for children authorized

§ 1. There is hereby authorized to be established a surgical institute in and for the State of Illinois for the surgical treatment of children under the age of sixteen years, suffering from physical deformities or injuries of a nature which will likely yield to surgical skill and treatment and which unless so treated will probably make such children, in whole or in part, in after life, public charges. Amended by Laws 1919, p. 246, eff. July 1, 1919.

2202. Name

§ 2. Said institute shall be known as the Illinois Surgical Institute for Children; and by such name shall be and constitute a corporation, under the laws of the State of Illinois.

2203. Purpose and object

§ 3. The purpose and object of said institute shall be to receive, treat and nurse such children whose parents or guardians may be financially unable to provide surgical treatment, as may be physically deformed, or suffering from injuries requiring surgical treatment, to the end that their physical disabilities may be removed, and that they may be thereby made able to become self-sustaining, instead of being or becoming, at some future time, public charges.

Rape Crisis Personnel Confidentiality Act

The State of Illinois has enacted a statute to require and protect the confidentiality of statements made by victims to personnel or rape crisis organizations. This statute (Public Act 82-209, to be codified in Illinois Revised Statutes, ch. 51, sec. 5.2) will take effect July 1, 1982 and provides as follows:

5.2 Confidentiality of Statements Made to Rape Crisis Personnel

(1) Purpose. This Section is intended to protect victims of rape, deviate sexual assault, and incest from public disclosure of statements they make in confidence to counselors of organizations established to help them. Because of the fear and stigma that often results from those crimes, many victims hesitate to seek help even where it is available at no cost to them. As a result they not only fail to receive needed medical care and emergency counselling, but may lack the psychological support necessary to report the crime and aid police in preventing future crimes.

(2) Definition. As used in this Act, "rape crisis organization" means any organization or association the major purpose of which is providing information, counselling, and psychological support to victims of any or all of the crimes of rape, deviate sexual assault, incest, and aggravated incest.

(3) Confidentiality. Where any victim or alleged victim of rape, deviate sexual assault, incest, or aggravated incest makes a statement relating to the crime or its circumstances during the course of therapy or consultation to any counselor, employee, or volunteer or a rape crisis organization, the statement or contents thereof shall not be disclosed by the organization or any of its personnel unless the victim agrees and gives consent in writing or unless otherwise pursuant to this Section. If in any judicial proceeding, a party alleges that such statements are necessary to the determination of any issue before the court and written consent

has not been given, the party may ask the court to consider the relevance and admissibility of the statements. In such a case, the court shall hold a hearing "in camera" on the relevance of the statements. If it finds them relevant and admissible to the issue, it shall order them disclosed.

The new statute does not provide for absolute privilege against disclosure, because it was felt that such a statute would be held unconstitutional as denying a defendant the right to a fair trial. However, the statute does establish two requirements: (1) Personnel of rape crisis organizations may not disclose confidential statements of victims to outsiders without a court order. Although the section creates no criminal penalties, such disclosure could result in a civil suit for damages by the victim. (2) A court is to order confidential statements of a victim disclosed only if, after considering them "in camera" (in a closed hearing) the judge determines that they are both (a) relevant and (b) admissible. While not posing an absolute bar to admission of the statements, this provision will require courts to focus on the need for disclosing them and will reduce the likelihood that they will be admitted as a matter of course. If the defense wishes to have them disclosed merely to fish for anything damaging to the prosecution, or to embarrass the victim, they should not be ordered disclosed. The statement of purpose explains that this statute has the important purpose of encouraging victims to talk freely with rape crisis organization personnel so they can be encouraged to seek medical help and to report the crimes to the police.

Since this statute regulates procedure, rather than establishing new substantive law, it will apply to any <u>trial</u> that is in progress on or after July 1, 1982, even if the crime took place before that.

Legislative Process

Illinois laws are created, amended and repealed through the legislative process. By having effective laws, rape can be prosecuted with a minimal amount of trauma for the victim. It is important to know the laws related to the crime of rape and the process in which they are legislated. Only then can every resident be an active participant in effecting change.

The legislative power of the State of Illinois is vested in the General Assembly, which is composed of the Senate and House of Representatives and convenes each year on the second Wednesday in January. The principal activities of the General Assembly are enacting, amending, or repealing laws and adopting appropriation bills. The two houses are organized into standing committees to consider bills of like subject matter. These committees discuss pending bills before they are taken up by the entire House or Senate. The committees make recommendations as to whether they think it desirable that the bills under consideration should become law; sometimes they recommend amendments, or they may recommend a bill be tabled. Sessions of each house and legislative committee are open to the public.

Introduction of Legislation

A bill may be introduced into either the House or Senate by individual legislators or by standing committees of the General Assembly. The chief sponsor of the bill directs it through the legislative process, deciding when to initiate parliamentary tactics relating to it. The Illinois Constitution requires that each bill must be read in each house three times on three different days.

First Reading

On first reading, a bill is numbered and assigned to the appropriate standing committee. The function of the committee is to screen bills for their relevance, necessity, and relationship to existing law. Some bills are screened out and others may be amended. After a hearing, the committee must report a specific recommendation to the appropriate house.

Second Reading

When a bill is reported out of committee favorablely, it then re-

ceives its first consideration by the total membership of the house of origin. The function of the second reading is to prepare the bill for final passage by considering any alterations or amendments.

Third Reading

In the third reading, the bill, in final form, is debated for a length of time determined by the rules in each house. Final passage is by role-call vote and requires the approval of a majority of members. If a sponsor calls for a third reading and does not have sufficient votes for passage, he/she may, before the vote is announced, place the bill on the order of postponed consideration. This stops any action on the bill that day and can be done only once. This gives the sponsor time to persuade the necessary number of legislators to change their vote. With unanimous consent of the house, a chief sponsor may return a bill to second reading for the purpose of amendment. The bill is then readvanced to third reading at a later date.

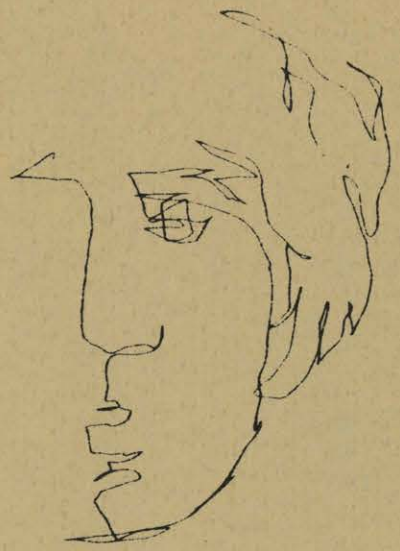
The Bill is Sent to the Second House

If the bill passes the house of origin, it is sent to the second house where the procedure is repeated. A bill must pass both houses in identical form before it can go to the Governor for his/her action. If the second house makes any changes in a bill, the bill must be returned to the house of origin for concurrence. If the two houses fail to concur, the bill is assigned to a conference committee, made up of members of both houses, for a reconciliation of the differences. If final compromise is impossible, the bill is dead.

After Passage by Both Houses

When a bill is passed by both houses it is sent to the Governor for his/her signature or veto. A bill must be submitted to the Governor for action within thirty days after passage. The Governor then has sixty more days to determine his/her action. If the Governor takes no action, the bill becomes a law.

Every Illinois resident can make her/his opinion know throughout the legislative process. This is done by contacting individual representatives or by writing to the Governor. In doing so, each person can exercise his/her power of government.



Sexual Abuse

Section VI
Sexual Abuse

Child Sexual Abuse

Definition

Child sexual abuse is broadly defined as "contacts or interactions between a child and an adult when the child is being used for the sexual stimulation of the perpetrator or another person. Sexual abuse may also be committed by a person under the age of 18 when that person is either significantly older than the victim or when the perpetrator is in a position of power or control over another child."

(National Center on Child Abuse and Neglect, 1978)

"Contacts and interactions" can include fondling, genital exposure, molestation, sexual intercourse, incest, sodomy, pornographic filming and depictation of a child and child prostitution.

Incest, the most prominent form of child sexual abuse, is defined as sexual contact imposed on a child by a family member or an adult in a parental role (although the definition can be broadened to include any intra-familial sexual contact). It is non-consensual since the child does not have the knowledge, psychological development, or power to give or refuse consent.

These defintions are used mainly in counseling and research. Legal definitions are stricter in their use of terminology and tend to focus more on the specific type of act, the intent of the adult involved, and the degree of criminality that was perpetrated. For Illinois statues on child sexual assault and the Illinois Abused and Neglected Child Reporting Act see Section V.

Incidence and Background

Child sexual abuse, particularly incest, has long been thought to be experienced by very few children. This is one of the misconceptions about child sexual abuse. There are many. The misconceptions are prevalent because child sexual abuse has been a forbidden topic. The societal taboo regarding sexual abuse, expecially incest, has not stopped the crimes from occurring. Instead the taboo has, to a certain extent, protected the perpetrator, created an atmosphere of fear and secrecy for the victim, and has misdirected meaningful progress toward prevention and treatment of child sexual abuse.

Some of the myths: Molestation is viewed as the major threat to a child's safety. In molestation, the perpetrator is considered to be a dirty old man, or a psychotic stranger who frequents school grounds. If incest occurs, it is in the back woods of some isolated rural area and perpetrated by a "sick" relative. In individual cases where a child complains of unwanted sexual contact with a family member, the child is said to have an overly active imagination or, worse, is thought to be in some way responsible for the abuse.

Until recently these misconceptions have not been challenged by individuals working with children. Researchers and counselors are beginning to believe that the sexually abused child is more prevalent than the battered child. Some estimate that one out of every four girls and one out of ten boys experience unwanted sexual contact with an adult by the time they are eighteen.

In 1969, the Children's Division of the American Humane Society did a study of 250 child sexual assault cases in Brooklyn, New York. They found that 75% of the offenders were known to the child; 27% were members of the immediate household; 97% of the offenders were male; nine out of ten victims were female; the median age of the child victim was eleven; and in 41% of the cases, the sexual abuse continued for an average of seven years(DeFrancis, 1979).

A survey recently conducted at the University of New Hampshire (Finkelhor, 1979) showed that 19% of the women and 9% of the men had experienced sexual abuse before age sixteen. The offenders were known to the victims in 75% of the cases; approximately half of the women were abused by family members. At another university, a questionnaire sent to 1,800 college students indicated that one third had been sexually abused or assaulted.

Most of the studies on child sexual assault have been retrospective studies, in which the adult has anonymously reported on experiences in the past. Child sexual abuse remains a taboo subject in our society. In 1980, there were 2,015 reports of child sexual abuse to the Illinois Department of Children and Family Services. In the first six months of 1981, the number of reported cases doubled to 5,500. It is generally estimated that one out of fifteen to thirty cases of child sexual assault

is reported to social service or law enforcement agencies (Rape Study Committee, 1980). The magnitude of the problem is slowly becoming apparent.

Sexual Abuse by a Stranger

Contrary to popular belief, child molestation is not the most common form of child sexual abuse. The offender is unknown to the child in 20% or less of child abuse cases. Sexual abuse by a stranger is most often a single act and perpetrated without physical violence. The psychological harm to a molested child is more often due to the reponse of the parents than to the event itself.

Incest

> Incest is the most emotionally charged and socially intolerable form of sexual abuse, and for most people, the most threatening and difficult to understand and accept.... because incest, by its very nature, tends to remain a family secret.
>
> (National Center on Child Abuse and Neglect, 1978)

Societal reactions, such as repulsion and fear, have not stopped incest from occurring, but have contributed to the secrecy surrounding it. This secrecy has many detrimental effects. "Incest is such a taboo subject that the child involved often becomes 'the victim nobody believes' because nobody wants to believe incest can occur." (Justice and Justice, 1979). The silence isolates the family and may stop family members from reaching out for help. The silence also inhibits the treatment and prevention of child sexual abuse. As a result, there is a child in every ten families who must keep this secret.

Sandra Butler, author of Conspiracy of Silence: The Trauma of Incest, describes incest as "relentlessly democratic" since it occurs in a cross-section of American families--families from all socio-economic, ethnic, and racial backgrounds. It is not just poor families with little education who experiece incest; it has been revealed in wealthy families of high social standing. Factors related to incest do not include income, education, class, or race.

Father-daughter incest and incest involving a female child and a father-figure (usually the stepfather or the mother's paramour) are the most commonly reported. The use of physical force is rarely necessary because the child usually trusts him unquestionably or respects him

because he is an authority figure. The child may be coerced through offers of material goods, threats of physical force, misrepresentation of moral standards, or manipulation of her needs for love, affection, and attention or her sense of loyalty to the adult. The abuse usually begins early in the child's life, when she is in grade school or before, and continues for two to seven years. The touching might begin with fondling and caressing, then escalate in violence as the child reaches her teens.

Intra-familial sexual abuse is generally an indication of family breakdown. It usually occurs in families undergoing stress. Characteristics found in families of this type include:

1. Prolonged absence of one parent from the home
2. Loss of one parent through death or divorce
3. Severe overcrowding in the home, especially sleeping arrangements
4. Unwillingness of male to seek a partner outside of the family
5. Alcoholism
6. Lack of social and emotional contacts with people outside the family
7. Isolation of the family unit due to geography, work schedules, or other considerations
8. A multi-generational pattern of incest
9. Cultural standards in a family which determine the degree of acceptable physical contact. (RICS Training Manual, 1979)

The Child Victim

Incest is a symptom of family disruption and/or of larger emotional problems facing the incest perpetrator. Unfortunately, it is most often the victim, not the perpetrator, who is eventually punished. One aspect of the child victim's trauma is that she can no longer trust the adults in her life, and that trust is fundamental to sound psychological, social, and psychosexual development. More trauma occurs to the child who shares her "secret" with a trusted adult and is not believed.

When she is believed, the reactions of family, doctors, social workers, and police can become as traumatic as the incest itself. It is often the child who must stand trial and who is made to feel responsible for breaking up the home should the offender be removed from the family. She may also be told explicitly by family members and others that what she did (and who she is as a person) is disgusting. She may

be accused of seducing the adult involved, especially if she is physically mature, or trying to escape her family life through the use of drugs and alcohol. The problems a child victim may experience relate to her age and ability to differentiate between right and wrong. Since the abuse most likely began at a young age and has been on-going, she may not have realized that there was anything wrong in the relationship. The abuser may be someone she loves and trusts. Thus, the child's non-resistance is mistaken for overt compliance. She may be silent because she is afraid or because she has been threatened with violence if she speaks of the sexual abuse.

No matter how badly the family functions, a child realizes that it is the only family she has. Many times a child victim will suppress her own needs in an attempt to save the family. Others may not resist or tell so that the offender will leave her younger siblings alone.

Since children will most likely be abused by someone they know, they may be reluctant to share the experience. Very young children may not know something is wrong or may not have the language to express themselves. It is extremely important to be aware of physical and behavioral changes that can indicate sexual abuse.

Physical Indicators of Sexual Abuse

Child sexual assault can most easily be detected by a physician. Strong indicators of sexual abuse in young children are:

1. Bruises or bleeding in external genitalia, vagina, or anal regions
2. Swollen or red cervix, vulva, or perineum
3. Semen around the genitals, on clothing, or in the hair
4. Venereal disease.

A child might have other physical complaints or behaviors that are less obvious signs of sexual assault. These might include:

1. Unexplained abdominal pains
2. Pain of defecation
3. Persistent sore throat
4. Sudden weight gain or loss
5. Gagging responses.

Behavioral Indicators of Sexual Abuse

A child who displays a sudden change in behavior or extreme behavioral patterns is often experiencing emotional trauma. The trauma might stem from a number of problems in a child's life. The following

list includes behaviors commonly displayed by children experiencing sexual abuse. They suggest that a child needs support or help and, by themselves, should not be considered an indication of incest, but in combination with other symptoms may point to sexual abuse.

1. Regression. Sexually abused children, especially young children, may retreat into fantasy worlds, or adopt infantile behaviors. Sometimes such children may even give the impression of being retarded.
2. Delinquency or Aggression. Sexually abused children, especially teenagers, may act out their anger and hostility toward the perpetrator in delinquent or aggressive behavior toward others.
3. Poor Peer Relationships. If sexual abuse is a pattern and not an isolated incident, a child may have such a poor self-image ("I am guilty for what I do"), may be so isolated by the parent, and may otherwise be so emotionally disturbed that he or she will not be able to form friendships with other children his or her age.
4. Unwillingness to Participate in Physical Activities. Young children who have been highly stimulated sexually or have been forced to have intercourse with any adult may find it painful to sit in their chairs at school, or to play games which require a lot of movement.
5. Running Away from Home. This may be one method by which a sexually abused child seeks to escape the situation at home. It may also be an indirect way of asking for help in a situation in which they feel powerless. It may appear to be the only way out for a child caught in a conflict between continued sexual abuse and his or her loyalty to the family or fears of retaliation.
6. Drug Usage and Drug Abuse. The abuse of alcohol or other drugs may be one way an abused child has of coping with overwhelming and complex feelings of guilt and/or anxiety.
7. Indirect Allusions. A sexually abused child may seek out a special friend or a teacher to confide in. These confidences may frequently be vague and indirect such as "I'm afraid to go home tonight," "I'd like to come and live with you," or "I want to live in a foster home."
8. Other indicators of abuse include:
   a. Unusual reaction of fear or avoidance of a parent, specific relative or friend
   b. Explicit knowledge of sexual details beyond the norm for the child's age
   c. Unusual accumulation of money, gifts, or candy.

Adult Survivors of Sexual Abuse

Adult survivors of child sexual abuse also expereience physical,

psychological, and behavioral symptoms long after their victimization. The following are just a few indicators common to adult survivors. A woman may experience tenderness or pain in her genitals for no apparent reason. She may express excessive fear of having a pelvic exam. She may be hospitalized repeatedly for depression or for suicide attempts. The survivor tends to have little self-love or self-respect and this is many times expressed behaviorally through excessive use of alcohol or drugs. Some survivors may react to the past abuse by becoming promiscuous, or react in the opposite way by having a strong aversion to sex.

These indicators can alert a counselor, relative, or friend to the possibility of past sexual abuse. When there is a suspicion that abuse occurred, a counselor or friend can let the survivor know that she is not afraid of the topic, and that child sexual abuse is prevalent in our society, and can have severe, long-term psychological effects. The counseling section provides information on how to be an effective listener. Often times the survivor will need specific techniques to work out feelings about the abuse. A volunteer counselor should in these cases, make a referral to a qualified and trusted therapist.

Working with Child Victims

When working with children, keep in mind that sexual assault takes on different meanings for victims depending on their stage of development.

1. Early childhood (0-5 years). Sexual molesting is viewed as scary and painful, but not sexual. At this stage, parent's reactions rather than the event may be remembered.
2. Conscience Development (4-7 years). The child realizes that something "wrong" has occurred and associates the attack with parts of the body. At this stage the child does not have the vocabulary to make an explanation. Be alert for changes in behavior.
3. Elementary School (6-13 years). At this stage the child has an awareness and understanding of the parts of the body involved, some understanding of the sex act, but not a full understanding of rape. Pregnancy and VD could be an issue.
4. Adolescence (12-20 years). Because of all the conflicts and changes during this stage, the adolescent may not tell his/her parents about the assault. The child may not be able to relate to any adult. Peer counseling and Youth Service Bureau may be advisable. Pregnancy and VD are issues.

Counseling child victims is best done by professionals who specifically have worked with child victims or who, at least, have an understanding of the issues that relate to sexual abuse. Hotline counselors can offer immediate support, information about different courses of action, and referral.

When talking with a minor who has not informed her parents, there are a limited amount of options that can be offered to her. A juvenile cannot report to the police without the parents being notified and cannot receive medical attention unless parent's permission is granted. Many times there are organizations, not-for-profit health clinics, and public VD clinics that can offer confidential services to young adults.

In a case of incest, it is suggested that a child talk to a supportive relative or friend. This will be especially helpful because a child will need many supportive persons throughout an investigation.

Minors Aged 10 and Under

The assault is seldom viewed by the child as sexual, but an act of pain and fear. Studies have shown that the trauma is lessened if the victim expresses her/his feelings. It is helpful to question the child's physical well-being (i.e. Do you hurt anywhere?), then carry this into the emotional level (i.e. How does this pain make you feel?). Reflective listening is a good technique to use (See Section IV, Listening and Responding).

In the young victim, nightmares, inability to sleep, nervousness, giggling, crying, and bed-wetting may occur. Physical manifestations of the psychological trauma may also occur. If the duration of these manifestations seems unreasonably long, professional counseling should be suggested.

Minors 11 and Older

Victims of this age should be treated similarly to adults. Some of the above information may apply, but the counselor should not become an authority figure but one of support.

Counseling Parents of Young Victims

Frequently a parent's first reaction is against the offender. Their anger is legitimate. The sooner they can verbalize their anger and vent their feelings they can move on to effectively providing the emo-

tional support their child needs.

Occasionally parents may feel guilty for not protecting their child from the sexual abuse. This guilt may become misdirected, or they cannot accept the responsibility for the incident and thereby lay the blame for the assault on the child. They may feel that the child did something to precipitate the incident, and too often the child willingly accepts the blame. The parents must understand that children very seldom make up stories about sexual abuse, especially in the case of incest. They must also understand that the adult in any sexual abuse case is the perpetrator because that person is responsible for the decision. A child's actions, even if viewed as precipitory, are not the reason for the sexual abuse.

It is important that a counselor stress the importance of parents showing support of their child. For this purpose, it might be best to talk to the parents separately from the child. Parents should be told not to give their child the impression that she/he is disgraced or dirty and encouraged to let their child discuss the assault openly without the parent showing signs of embarrassment. They also need to make sure the child doesn't feel that she/he is responsible for the incidents. The family may need assistance in locating community resources for further counseling, housing for the child, legal aid, etc.

Serious after-effects of sexual abuse especially, if it occurred when a child is very young, are often the result of parent anxiety or overreaction than from the incident itself. It is natural for parents to become overprotective and it is because of this inclination that parents be encouraged to return to normal family life as soon as possible. The trauma for the child will be greatly lessened if the assault has not completely disrupted the home life.

The Law and Child Sexual Abuse

The Abused and Neglected Child Reporting Act

In July of 1975, the state of Illinois enacted the Abused and Neglected Child Reporting Act (see Section V). This act defined child abuse and neglect, authorized the Illinois Department of Children and Family Services (DCFS) to investigate suspected cases, and established a Child Protective Service Unit. In 1980 the Act was revised and major changes were made. These changes have:

1. broadened the definition of sexual abuse to include all sex offenses listed in the Criminal Code against any child under 18 years
2. expanded the definition of the abuser to any person who resides in the same dwelling as the child including "paramour of the child's parent"
3. included and expanded the list of mandated professionals who must report child abuse and neglect
4. provided the mandated reporters with legal immunity from prosecution
5. allowed not only physicians, but designated DCFS workers and law enforcement agencies, to take temporary protective custody of an abused child with certain limitations.

The revised Act mandated the Central Register to not only receive reports, but monitor and check the progress of alleged cases of abuse; and established a statewide, toll-free hotline (800-25-ABUSE) to receive calls from mandated reporters, crisis calls from child victims or abusers, and informational calls.

If an individual calls the hotline, there are mandated procedures for taking reports of child abuse and neglect.

1. A report of abuse or neglect is received on the hotline by specially trained social workers.
2. The social worker makes an initial determination and, if there is reasonable cause, evaluates an appropirate response.
3. Within 24 hours, DCFS is mandated to initiate an investigation to determine if the child is in jeopardy.
4. If the abuse is confirmed, the child protective worker will work with the child and family, may take the child into custody, or pursue other legal intervention.

Juvenile Court

Juvenile court proceedings are initiated when the "authority approach" is felt to be the best means of emphasizing the need for family readjustment. Parents may be informed by DCFS that, unless harmful conditions show improvement, a court hearing will be required.

When a child is in danger of further abuse and neglect, DCFS can initiate proceedings to place the child in temporary protective custody. First, a neglect petition must be filed with the State's Attorney. DCFS, as well as any adult, agency, or association, may file a neglect petition.

The filing of a neglect petition begins a three-part process--shelter care hearing, adjudicatory hearing, and dispositional hearing-- to decide the matter of custody. Any child taken into temporary custody must be brought before the court within 48 hours for the shelter care hearing. Parents, guardian, a close relative, or a custodian may attend.

Shelter Care Hearing

At this hearing, the State's Attorney will attempt to show probable cause that a child is abused or neglected. The hearing is not a trial. The judge need not decide whether or not the child is abused, but decides if there is reasonable cause to believe the child is abused and whether it is of urgent necessity that she/he be placed in shelter care.

If the judge does not find reasonable cause of abuse, the child is released to the parents. If the judge rules that there is cause and a need for protection, he/she may prescribe shelter care and place the child temporarily outside the home. An adjudicatory hearing will be scheduled.

Adjudicatory Hearing

The second stage in custody cases is the trial in abuse cases. This hearing must be set within 30 days of the filing of the neglect petition. Continuances of 30 days may be granted by the court, but the petition must be acted upon within 90 days. During this time, investigations by probation officers, social workers, and attorneys

are taking place.

The purpose of the adjudicatory hearing is to determine if the child is actually abused, or neglected. The parents, through an attorney, will be trying to demonstrate that the child is not abused and both sides will call witnesses to testify. The child may also be called if the judge thinks she/he is capable and her/his testimony is relevant. After all evidence is presented, the judge must decide if the child is abused or neglected. If the decision is negative, the child is returned to the parents. If the decision is positive, the child is made a ward of the court and a third hearing, the dispositional hearing, is set.

The Dispositional Hearing

At the dispositional hearing, information is presented to the judge as to where a child should be placed. The judge may decide that:

1. the parents may retain custody
2. the child may be placed in custody of a relative or other person and appoint that person legal guardian and/or custodian
3. the Guardianship Administrator of the Department of Children and Family Services may be given guardianship.

Criminal Court

Child sexual abuse cases can be tried in criminal court (see Section V, Criminal Court Procedures). A child victim is the primary witness and must testify in court. Under present law, parents, siblings, or professionals working with the child cannot testify for the child as to the actual events of the offense. If the parents and State's Attorney want the child to testify, then the judge in the trial must decide if the child is a fit witness. Questions are asked of the child in the judge's chambers to discern the intellectual capacity and moral perception of the child. Children as young as five years old have testified in criminal proceedings. If the child is determined to be a fit witness, the criminal proceedings are the same as with other sexual assault cases.

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Marital Rape

Marital rape is defined according to the relationship between offender and victim: a sexual assault forced upon a woman by her husband. Illinois law rules that this unwilling sex act is not rape since the offender is the victim's lawful sexual partner. The prevalence of rape inside the home cannot be determined since, like incest and other forms of physical violence between family members, it is seldom reported. Because marital rape is not recognized in most legal codes, the reportage may be lower than that of incest. In Men Who Rape, Nicholas Groth surmises that marital rape is the most predominant type of sexual assault.

Nonconsenting sexual encounters within a marriage relationship may be part of battering assaults; they may occur while the woman is asleep or intoxicated; or they may consist of forced sexual acts that are unacceptable to the victim. The man may view a refusal of sex as a threat to his power, manhood, and personal worth and respond to the disinterest or refusal with sexual violence. He may be seeking revenge against his wife and using sex to punish or to express rage and contempt.

In marital rape, the assailant is someone the victim depends on for love and protection. Her feelings toward him may be a complex mixture of fear, hate, and caring. She may be dependent on him emotionally and financially and may have few apparent options but to remain in the sexually abusive home. Counseling with victims, or offenders, of marital rape may be more effective if done in conjunction with a facility for battered women or a family counseling service.

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Male Rape

Male rape, or same-sex assault, is a felony classified as deviate sexual assault. According to Illinois statutes: "any person of the age of 14 years and upward who, by force or threat of force, compels any other person to perform or submit to any act of sexual gratification involving the sex organs of one person and the mouth or anus of another commits deviate sexual assault." Deviate sexual assault is a Class X felony, holding a maximum prison sentence of four years with no probation.

There are two major categories of sexual assaults against adult males: rapes that take place within a prison setting and rapes that take place in the community. Here we will primarily discuss male rape outside of the institutional setting. Despite the assumption that adult males are free from the threat of sexual assault unless they are incarcerated, male rape is more common than police statistics indicate. Sexual assault of males, because of the homosexual stigma, is reported less frequently than sexual assault of females.

Myths

The similarities between homosexual rape of males and heterosexual rape of females are much greater than the differences. The motivation of the rapist, the style and circumstances of the attack, and the reactions of the victim follow similar patterns regardless of the victim's gender. The assailant is not seeking sexual gratification but conquest, power, revenge, and release of anger. The myth that the offenders in male rape are homosexual is founded in the belief that rape is sexually motivated. The majority of offenders in and outside of correctional facilities do not prefer men as sexual partners.

Nicholas Groth studied the offenders and victims of male rape both in prison and in the community. Of those who raped other men in the community, thirty-three percent were heterosexual in thier consenting relationships, one quarter were bisexual, and a small minority (seven percent) were homosexual. All of these men were sexually active at the time of the rape. Groth found that men who raped men outside of prison could be divided into two groups: those who raped indiscriminately without regard to their victims' gender and those who chose

males as specific targets for sexual assault. In the latter category, the minority who led a predominantly homosexual lifestyle selected males much the same way heterosexual rapists select females. Other men raped out of conflicted and unresolved feelings over their sexuality. Groth noted that defining rape offenders according to their sexual preference is inaccurate since"...they tended to possess a rather ambiguous and undefined sexuality that was more self-centered than interpersonal."

Another myth is that an adult male cannot be physically overpowered and raped. As with heterosexual rape, victims are chosen for their vulnerability. Offenders use physical force, intimidation, and/or entrapment to gain control over their victims. In prisons, gang rapes are prevalent. Outside of prison, offenders commonly use intoxicants and weapons to gain access to their victims.

Impact on the Survivor

There are few differences between male and female rape in terms of the dynamics, motivation, and victim response. The male survivor will experience many of the same reactions and life disruptions as the female survivor. With same-sex rape, however, there is the added stigma of homosexuality attached to the assault. Men often feel intense anger and make plans to avenge themselves, but do not publicly reveal the incident out of shame and embarrassment. Men are less likely to seek help or report the rape than women are.

There are factors unique to same-sex assault that add to the trauma of the male survivor. Men often feel emasculated by the assault and may begin to doubt their sexual identity. It is common, especially outside of the prison setting, for the offender to get his victim to ejaculate. This may satisfy the offender in that it symbolizes having control over another person's body and confirms the fantasy that the victim really wanted or enjoyed the rape. Ejaculation, unlike orgasm, is a purely physiological response. In misidentifying ejaculation with orgasm, the survivor may come to doubt his sexuality. Also, since manhood is often associated with independence and control, the survivor may feel that he is less of a man for having been raped.

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Sexual Harassment at the Workplace

> Any unwanted sexual attention a woman experiences on the job, ranging from leering, pinching, patting, verbal comments, and subtle pressure for sexual activity, to attempted rape and rape. The sexual harasser may be the woman's employer, supervisor, co-worker, client, or customer. In addition to the anxiety caused by the sexual demands, there is the implicit message from the harasser that non-compliance will lead to reprisals. These reprisals can include escalating the harassment, poor work assignments, sabotaging a woman's work, sarcasm, unsatisfactory job evaluations, threatened demotions, transfers, denials of raises, promotions and benefits, and in the final analysis dismissal and poor job references.
>
> (Alliance Against Sexual Coercion, Cambridge, MA)

Sexual harassment is a form of sexual assault that is defined by its setting--the workplace. When a worker is the recipient of sexual harassment, she is not only being sexually abused; she is being economically abused. The threat of loss of income adds another dimension to the verbal and physical abuse that the woman is experiencing.

Sexual harassment is usually not a single incident but a set of dynamics--including job hierarchies, sex/gender role expectations, wage earning power, and competition. Sexual harassment can be subtle or it can be directly coercive. The worker's age, values, and class customs will also determine what would be interpreted as sexual harassment.

Myths

The myths that surround sexual harassment at the workplace are very similar to those that surround rape and sexual assault. The following myths and facts are adapted from Sexual Harassment at the Workplace by the Alliance Against Sexual Coercion.

MYTH: Only young, attractive women get sexually harassed.

FACT: Working women of all ages are subject to sexual harassment. Know victims' ages have ranged from 16 to 61. Ms. magazine quotes a nurse who complained of sexual harassment as saying: "I'm 52 years old and here's what I look like: I'm 5'3" and weigh 160 lbs." In a 1976 Redbook survey, 89% of the 9,000 respondents reported some form of unwanted sexual

that can occur in sexual harassment, the woman may be seeking validation for her perceptions and feelings. It is important to give her honest and sensitive feedback.

It is also important for the caller to regain a positive identity of herself as a worker. This can be done by asking the worker to make a written list of what she likes about herself in carrying out her job function. It is good to have a written list that she can read back to herself when she feels unable to perform job tasks.

The hotline counselor can make specific suggestions concerning personal or legal recourse. Taking steps against the harassment will reduce feelings of powerlessness and may put an end to the abuse. Some suggestions are:

1. Document the incidents and get evidence. The worker can keep a record of the harassment: when, where, by whom, what happened, and how it has affected her job performance. It may be helpful for her to, when appropriate, write a memo to the harasser requesting that he stop the behavior. She should keep a copy of this memo. Documentation may be necessary for further action against the harassment.
2. Collect copies of progress reports, personnel files, anything that shows a good work record. She can ask supervisors who look favorably on her job performance to put job evaluations in her personnel file. This way she can start protecting herself from economic reprisals, and will have a good personnel file if she chooses to leave her job.
3. File a complaint. If there is a grievance procedure where she works, she can file a grievance with the employer's personnel office. She can also file with her union. Under Title VII of the Civil Rights Act of 1964, she can file a complaint with the Illinois Department of Human Rights, the Equal Employment Opportunity Commission, or the Labor Relations Board.
4. Look for support within the organization. If several women complain, the case will be stronger since they would be protected by the Federal Concerted Action Law.
5. If she decides to leave the job because of sexual harassment, she should first check with the local Unemployment Compensation Office to see if she is eligible for benefits if she voluntarily leaves her job due to sexual harassment. Otherwise she will need an additional reason to collect benefits.

Remember: Support the worker in her decisions and do not attempt to persuade her toward any particular action. She is the one who will be living with the consequences of her decisions.

harassment regardless of age, appearance, marital status, occupation or socio-economic class.

MYTH: Women invite sexual harassment by their behavior and/or dress.

FACT: Sexual harassment is not a sexually motivated act. It is an assertion of power in a sexual manner. Our socialization to please a man may often be seen as sexual enticement, or our fear of "making a scene" may be viewed as acceptance of their behavior. Women are often expected to act and dress seductively to get and keep their jobs.

MYTH: It is harmless to verbally harass women on the job or to pinch or pat them. Women who object have no sense of humor.

FACT: Harassment on the job is humiliating and degrading. It undermines a woman's job performance--and often threatens her livelihood. Women victimized by sexual harassment often suffer both emotionally and physically.

MYTH: A firm "no" is enough to discourage sexual advances.

FACT: Believing that when a woman says "no" she really means "yes," men often dismiss a woman's resistance. Men tend to be physically stronger and have greater ecomomic and social power, enabling them to override women's protests.

MYTH: Women who remain in a job where they are sexually harassed really enjoy it.

FACT: Many are unable to quit their jobs or find new employment because they and their families are dependent on the income.

MYTH: Women make false charges of sexual harassment.

FACT: The reactions of people toward women who speak out against sexual harassment generally ranges from disbelief to ridicule to loss of job. Women have little to gain from false charges.

Counseling the Sexually Harassed Worker

The hotline counselor's role for the sexually harassed worker is the same as for the rape and incest caller: to give emotional support through listening, believing, and providing options for resolving the problem. The worker who calls may be seeking out someone who believes that sexual harassment is a real problem for women in the workplace, and therefore is able to hear and understand her particular problem.

The hotline volunteer may be the first person the caller trusts enough to talk to about the harassment. Because of the subtleties

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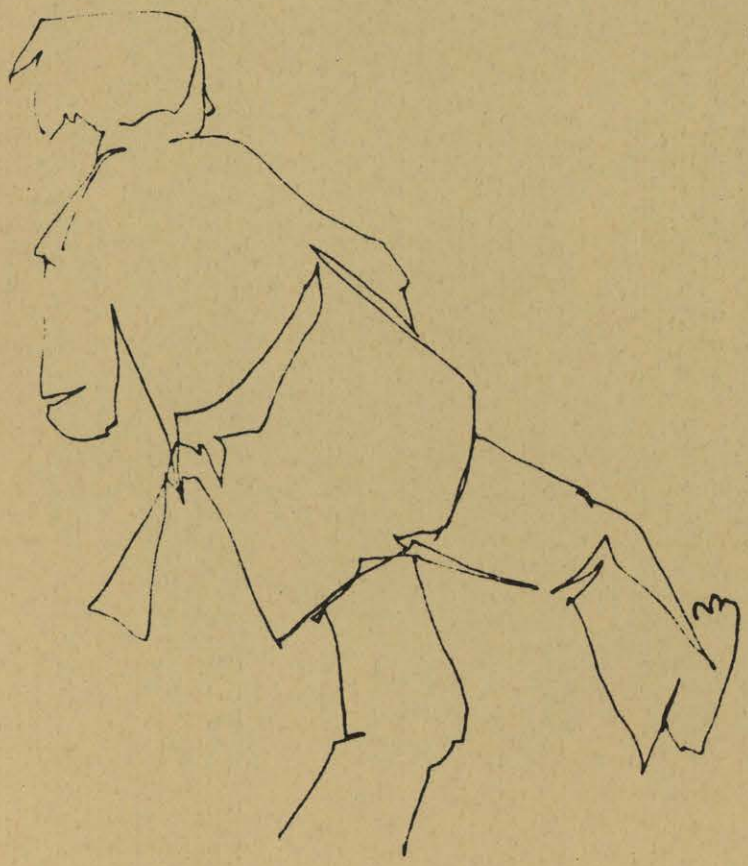
Avoidance and Resistance



Section VII
Avoidance and Resistance

Avoidance and Resistance

All women are vulnerable to sexual assault. Rape happens at all times of the day and night. It can happen on the street or in your home. It occurs among all age groups, all social and economic classes, and in any neighborhood.

Knowledge and awareness of the causes and dynamics of rape can help to reduce the possibility of it happening, and increase your ability to deal with it if it does. There are also specific techniques used to avoid and resist sexual assault. Avoidance involves reducing your vulnerability; resistance involves learning how to assess a situation and take action when an attack cannot be avoided.

Many women rightfully feel that these precautions add additional burdens and restrictions to the everyday lives of women, and place the responsibility for rape soley on women. Rape is, however, a fact of life in our society. Dealing with it or not dealing with it is a calculated risk. Some precautions, such as refraining from hitchhiking, do involve limitations of freedom and mobility. But the most important aspect of preventing rape involves an attitude change, an increase in self-confidence and awareness. This knowledge, confidence, and self-awareness--an integral part of avoiding and resisting rape--will have a positive affect on other aspects of a woman's life.

A survey conducted by the National Center for the Prevention and Control of Rape revealed that sixty-eight percent of the women who resisted an attack successfully rebuked the rapist. The potentiality for resistance depends on a variety of factors: physical strength and social conditioning of the victim and the attacker, use of a weapon, time and place of the attack, etc. Each attack involves a different set of circumstances. Not all methods will work in all situations. There are no guarantees against rape. However, common sense precautions and self-defense techniques--combined with strength, awareness, and confidence--will greatly reduce vulnerability to assault.

When using any resistance technique, trust your feelings. Your gut-level suspicion will be the first indication that you are in a dangerous situation. Act on your inner warning signals. The faster

you act the safer you will be.

I. Avoidance--Reducing Vulnerability

Avoidance techniques are based on identifying high risk situations and taking necessary precautions to prevent sexual assault. Some suggestions are:

1. Prevention at Home
    a. Good locks on doors and windows. Crime Prevention Officers will check your home security and give suggestions for burglar/rapist proofing. The best locks won't help if you don't use them--lock doors at night.
    b. Don't give out personal information over the phone. Be wary of phone surveys and "wrong numbers." Be alert to giving out personal information on the phone.
    c. Repairmen--Ask for I.D. and call company before you let them in the door.
    d. Salesmen--Don't let them inside. They have no right to enter your home just because they knock on your door.
    e. If you live alone--Don't use full name or initials on mailbox. Add a fictitious male name or just use last name.
    f. Vary your daily routine. Rapists often plan the attack in advance.
2. Prevention on the Street
    a. Walk confidently. Never act lost.
    b. Know your environment. Be aware of your surroundings.
    c. Walk closer to curb and away from buildings.
    d. Lock your car and always check it before entering.
    e. Always have your keys ready and in hand. Never fumble through your purse for keys.
    f. Wear clothing that gives you freedom of movement. Avoid high heels and restricting skirts.
    g. If followed by a car while walking, turn and cross the street behind the car. It takes longer for a car to turn around and follow you than it does for you to run away.
    h. If you think you are being followed, turn and confront your potential attacker. This will surprise the attacker and give you the advantage. Remember that it is better to be embarrassed than raped.

II. Resistance

Resistance techniques involve assessing your own psychological

and physical abilities. Self-confidence is an essential component of effective resistance. You must know you have the right to defend yourself. It is important to be assertive and use clear and direct communication from the start of any encounter. Some suggestions for using the resistance techniques are as follows:

1. Purpose of Self-Defense Techniques

   The purpose of resistance is to get away.

   a. You must act fast and get to safety fast. Don't stick around to see what he's going to do next.

   b. Make sure there is a safe place to run to--public places are best. When you reach it, don't be afraid to tell people you have been attacked.

2. Preparing for Self-Defense

   a. Think about various rape situations and plan your defense in advance.

   b. Consider different environments, circumstances, and types of an attacker.

   c. Consider your options in each situation and calculate your options.

   d. Be realistic about your capabilities.

   e. If you are not prepared, fear can paralyze you. If you are confident and prepared, fear can be an ally.

   f. Fear gets the adrenalin going to think faster, kick harder, scream louder, and run faster.

III. Psychological Defense--Passive Resistance

1. Using a good strong yell prepares you for the attack. It may frighten the attacker if he's not expecting it. It may summon help.

   a. If you know that help is nearby, yell "Fire." People are more likely to want to watch a fire than help a a rape victim.

   b. Practice shouting <u>from your abdomen</u>.

2. Talking your way out is a good option if the assailant has a weapon. This might stall him until you can safely get away.

   a. Good verbal communication could make him change his mind. Say something that will remind him that you are a human being.

b. Stay calm. Breathe deeply. Maintain eye contact. Talk slowly, quietly and in an even tone. Be clear, direct, and assertive.

c. Do not plead with the assailant. Do not show pain or weakness.

d. Don't be belligerent. Don't put him down, don't use sarcasm, or say anything that will anger him. Do not antagonize.

e. Listen to what he says and respond in a way that will not escalate the violence.

f. While you are talking, memorize details of his face and clothing.

IV. Physical Defense--Active Resistance

The purpose is to cause enough pain or confusion to get away. You must be willing to hurt your attacker and strong enough to continue fighting until it's safe to escape.

1. Fighting Back

a. Be physically and mentally prepared.

b. Know the strong and weak points of the body.

c. Feet--Kick low to maintain balance. Kick hard, sharp, and fast. Aim for attacker's shins or knees.

d. If grabbed from behind, step on his instep. Thrust your elbow into his solar plexus (the area below his rib cage).

e. Make a fist with your thumb on top and wrist straight Strike hard at the face area--eyes, throat, nose.

f. Use your entire body. Fight with your arms and legs simultaneously.

g. Other moves that might work are:

- Striking with the side of your hand into his windpipe
- Putting your thumbs into his eyes
- Clapping both hands over his ears
- Kicking your knee into his kidneys
- Striking with the side of your hands into his temples, pulse points, under his nose, or into his adams apple

2. Weapons

a. Objects that can be used as weapons are:

- Keys placed between your fingers
- A BIC pen--unbreakable point

- Hardbound book--hold it with both hands and use the edge to strike
- Lemon bottle filled with ammonia--direct the spray toward the attacker's face
- Umbrella
- Mace canisters--will be legal in Illinois as of January 1, 1982

3. If there are no options--submit. Especially if your life is at stake. After the attack:

   a. Call the rape crisis center.
   b. Report to police. You can report without carrying through with the prosecution.
   c. Don't keep it to yourself. Take care of your physical and psychological needs.

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Rape Information and Counseling Service

Section VIII
Rape Information and Counseling Service

History

In 1974, Sangamon State University held a conference on women's issues, which included a workshop on sexual assault. Rape Information and Counseling Service had its beginnings in this workshop. Women who attended the workshop continued to meet and recruited other women who were interested in forming a rape crisis center. During our first year, we studied sexual assault issues and determined the specific needs of the Springfield area. We attended training sessions of rape crisis center in other cities and met with local officials of the hospitals, police department, and State's Attorney's office. In April of 1975, we held a seminar at the Springfield YWCA. The YWCA became a sponsoring organization, and the hotline began operation in October, 1975. At that time, there were fifteen volunteers and funding came from bake sales, garage sales, the sale of handmade candles, and private donations.

The hotline received an average of five calls per month during its first year. This number has doubled each year since 1975. The number of volunteers has concurrently increased, from a handful of women to over seventy women and men. RICS' primary services continue to be the hotline and advocacy, operating 24 hours, seven days a week. The hotline provides counseling for victims of immediate or past sexual assault, supportive service to those close to the victim, and information and referral. The around-the-clock advocate program sends a team of two people to personally assist the survivor with immediate concerns; act as an escort to the hospital, police, or a place of safety; and inform the survivor of medical and reporting procedures. They support the victim through the immediate crisis and through trial proceedings, counseling and locating resources within Springfield and Sangamon County suited to each individual need, working in cooperation with many organizations within the community.

Another essential aspect of RICS' program is community education. The Speakers Bureau makes presentations to a variety of professional and civic groups, and has reached 1500 or more persons each year since 1975. Topics presented by RICS speakers include myths about rape, rape prevention, child sexual assault/incest, societal causes of rape, socialization of children, acquaintance rape, psychological stages of rape

victim, psychological profile of the rapist, counseling techniques, medical procedures, legal procedures, the liaison role of the rape crisis worker, and sexual harassment at the workplace. The Speakers Bureau has also participated in statewide public education forums. RICS staff and volunteers also make regular appearances on television and have given numerous radio interviews.

RICS has trained police, medical personnel, assistant state's attorneys, and counselors at other social service agencies so that they are better informed and sensitive to the needs of sexual assault survivors. Four times a year, we hold a sixteen-hour training session for prospective volunteers. We also function as a resource center on sexual assault and related issues, with a library of books, articles, and audio-visual materials available on a loan basis. While concentrating on Springfield and Sangamon County, we have realized the need for statewide coordination of services. In Spring of 1977, RICS was instrumental in the formation of a state coalition of rape crisis centers, the Illinois Coalition of Women Against Rape. We co-sponsored a seminar for rape crisis centers in the midwest in April, 1977. In October of 1980, RICS sponsored a statewide conference on child sexual assault for all service-providers.

In May of 1978, RICS hired a project coordinator with funds from Capitol Township's Revenue Sharing. In June of 1978, additional staff were hired through the Sangamon Cass Consortium (CETA). RICS grew to a staff of six by June of 1979: project coordinator, volunteer coordinator, researcher, bookkeeper, and office manager. The staff and volunteers worked together to improve services to women of Springfield and Sangamon County and to better educate the community on the issue of rape.

In the fall of 1978, RICS helped to form the Women's Alliance, a not-for-profit organization created to coordinate women's service organizations. The Women's Alliance received a grant from the United Presbyterian Church for the purchase of a facility to be used as a women's resource center. The Alliance brought a house in December of 1980, and RICS was the first service located in the Alliance House.

As a result of calls from or concerning sexually abused children, RICS became aware that the emotional needs of these children were not adequately met through existing services. Out of the realization of this need, RICS organized and presented a three-day, statewide training conference, "Child Sexual Victimization: Decisions, Dilemmas, Directions,"

in cooperation with the Illinois Department of Children and Family Services. The October 1980 conference emphasized networking to facilitate the best possible services.

With the loss of federal CETA funds in 1981, the staff was reduced to a full-time director and part-time office manager. The fifty hotline volunteers supplied 16,000 hours in direct service during 1980. RICS continues to provide maximum services to the Springfield community and the Sangamon County area. Services include: the 24-hour, 7 day/week hotline; the 24-hour, 7 day/week advocacy service; in-office counseling; information and referral; self-defense seminars for women; training programs for police, hospital, social service, and legal personnel; and educational programs for community groups and school children.

Purpose

The primary purpose of the Rape Information and Counseling Service is to aid the survivors of sexual assault. We recognize that this involves both servicing the immediate needs of individuals and a conscious effort to change societal attitudes toward rape. Counseling and supportive services are fulfilled through the hotline and advocacy components. The educational component--consisting of the Speakers Bureau, the newsletter, media outreach, and the library--generates information on the causes and prevention of sexual assault. Both direct and support services are aimed toward the eventual eradication of sexual assault in our society. The functions of RICS are directed toward the creation of a society that does not objectify human beings, but helps develop each individual's potential.

Volunteer Activities

RICS holds training sessions for new volunteers four times each year. This sixteen-hour training includes in-depth discussions on the causes of rape and other forms of sexual assault, on incest, sexual harassment at the workplace, male rape, psychological reactions of the survivor, counseling techniques, hospital procedures, police procedures, legal procedures, and sexual assault legislation. The sessions are open to anyone interested in attending, but are designed to prepare new volunteers for hotline counseling. Additional training is necessary for advocate work and for public speaking. All volunteers are encouraged to join other committees, boards, and task forces that are vital to the functioning of RICS.

Executive Council

The Executive Council includes the president, vice-president, treasurer, secretary, staff representative, review board representative, advocate coordinator, and at least one member-at-large. This is the governing body of RICS. Members of the Executive Council are elected yearly.

Review Board

The Review Board is responsible for the hotline, assuring that it will be answered by trained counselors for 24 hours each day of the year. The Board is also responsible for maintaining records and compiling statistics from the hotline logs. The hotline is scheduled on a monthly basis and statistics are complies twice a year. Problems concerning the hotline are referred to the Review Board. Review Board members are available to counsel and advise hotline counselors.

Advocate Board

The Advocate Board is responsible for scheduling advocates for evening and weekend duty, training new advocates, maintaining records, and compiling statistics on advocate cases. Advocates are scheduled monthly in three and four-day shifts. Before assuming advocate duty, volunteers and staff must complete hotline training plus an additional four-hour advocate training. The Advocate Board recruits new advocates and designs and presents the advocate training session. The advocate

coordinator stays informed on all advocate cases. In June and January of each year, statistics are compiled from the advocate case reports.

Speakers Bureau

Members of the Speakers Bureau complete an additional four-hour training session which covers use of the RICS library and the films and projector, procedures for speaking engagements, and public speaking skills. Each speaking engagement includes a discussion of RICS services and the myths about sexual assault. RICS has speakers' cards with basic information on all topics presented. Speakers are also encouraged to do additional research in planning their presentation. The coordinator of the Speakers Bureau schedules the speaking engagements, assuring that one or two trained speakers conduct each engagement, and is respondible for the content of the speaker's cards. Speakers are encouraged to check the Speakers Bureau calendar in the office and to schedule themselves for upcoming speaking engagements.

Legislative Task Force

Members of the Legislative Task Force actively work to improve sexual assault laws in Illinois. Members study existing laws, investigate how they are used in the courts, and research legal problems where laws may be needed. The Task Force might draft, monitor, testify, and lobby for sexual assault legislation. In the past, the Task Force worked actively for the "rape shield" law and drafted the bill that guaranteed confidentiality for rape crisis centers.

Men's Task Force

The Men's Task Force provides counseling for male survivors, male friends and relatives of rape survivors, and sexual assault offenders. The male counselor/advocate is contacted by the hotline counselor or female advocate after the male client has agreed to counseling or advocate services. Members of the Men's Task Force complete the hotline and advocate training.

Volunteer Task Force

The volunteer task force works primarily on fundraising. Members design and coordinate fundraising activities with emphasis on utilization of volunteers.

RICS Hotline Procedures

1. The hotline is scheduled on a monthly basis. You will be called by a review board member each month to fill a weekday evening shift (6 p.m. to 7 a.m.) or a weekend shift (9 a.m. to 1 p.m., 1 p.m. to 6 p.m., or 6 p.m. to 9 a.m.). The hotline is answered at the RICS office from 7 a.m. to 6 p.m., Monday through Friday.
2. You will receive a hook-up call from the RICS office. If you do not receive this call by 6:05, call the office. If there is no answer, contact a Review Board member.
3. Do not allow anyone else to answer your phone when you are hooked up to the hotline. Keep personal calls to a minimum.
4. Have your training manual, referral list, and hotline log forms near your telephone.
5. Answer the phone: "Rape Information and Counseling Service. This is _____. May I help you?"
6. Determine what has happened to prompt the call. Use reflective listening and a minimum of questions.
   a. Immediate rape call
      1. Check on the caller's safety.
      2. Ask if she has any physical concerns.
      3. Believe her. Be supportive. Offer options, not advice.
      4. Inform her about the advocate service if you feel it would help her.
   b. Past rape
      1. Be supportive. You may be the only person this woman has shared her experience with.
      2. If the rape occurred within 72 hours, evidence can still be obtained. If she wishes to report, help her to identify her reasons for waiting.
   c. Information call
      1. Give the information if you are sure it is accurate. If the information is not available, offer to look it up and call her/him back. If this isn't possible, suggest that she/he call the office during working hours. Inform the staff about the call and the information needed.
      2. Refer to another agency if appropriate.

Recording Calls

1. The hotline report form should be filled out immediately after the call.
2. Fill out the form as completely as possible. Do not worry if you don't have all the information to fill in the blanks. You should always note the "Caller's Status" and "Subject of the Call." Examples of subjects of hotline calls: past rape, recent rape, incest, child sexual assault, male rape, sexual harassment, attempted rape, information.
3. Mail forms to the RICS office. This should be done the following day.
4. When you run out of forms, they can be picked up at the office.

Phone Volunteer Problems

1. If you receive a call that you feel you handled poorly or if you are having difficulties with your feelings concerning a call, call a Review Board member or attend the next Review Board meeting.
2. Keep in mind the confidentiality statment you have signed as a volunteer. The maintenance of confidentiality is essential to RICS services and to your role as hotline volunteer.

Hotline Counselor Responsibility in Advocate Cases

1. A victim should be informed of RICS advocacy services when:
   a. She directly asks for support at the hospital or for help with other needs, such as counseling or the legal process.
   b. The woman needs advocate support and doesn't know of RICS services.
2. If the woman decides to use the advocate service it is important to:
   a. Get her name and number.
   b. Alert the primary advocate by calling her at home or by activating the pager (see bellboy instructions).
   c. Give the advocate necessary information regarding the case. She will call the victim to make arrangements.
3. If the woman does not want to give her name and number it is important to:
   a. Set up a meeting for her and advocates at a public place if possible.
   b. Get a physical description of the woman and identifying clothes.

c. Arrange the meeting time.

d. Call primary advocate and give her all of the information.

4. Whenever the advocates and victim change locations, it is the responsibility of one of the advocates to inform the hotline of their destination and their estimated time of arrival. Once the destination is reached, one advocate is to check in with the hotline to inform the phone counselor they have arrived safely. This includes calling to let you know they are back home after an advocate call. Feel free to call the advocate if she has forgotten.
5. Log all calls from RICS advocates.
6. If an unreasonable amount of time has passed, dispatch police to their destination.
7. It is probably harder to be on the hotline during an advocate call, since you spend a lot of time wondering how things are going.
8. If a woman feels better talking with you but wants more extensive counseling, inform her that face-to-face counseling is available. Notify her of office hours, Monday-Friday, 7:30 a.m. - 6:00 p.m., and ask her to speak to any of the staff personnel to make arrangements.

RICS Advocate Service

Rape Information and Counseling Service is able to provide face-to-face support, counseling, and information to the sexual assault victim through its advocate program. Like the hotline counselor, advocates deal with the victim at a variety of stages of crisis.

Advocates are scheduled to work in pairs; there is always a primary and secondary advocate on duty. The team concept is used to ensure the advocates' safety; to provide support and information to those accompanying the victim; and to allow one advocate to check in with the hotline periodically and, if necessary, to secure housing, clothing, or transportation while the other is taking care of the survivor's emotional needs. Male advocates, if available, can provide support to male victims or the husbands, lovers, or fathers of victims.

Phone counselors, in the course of their conversation with the survivor, may offer the option of having two advocates talk with the victim and/or accompany the victim to the hospital and/or police station. As indicated throughout the manual and training, decisions are left up to the survivor. She/he, however, is encouraged to receive medical treatment, to report the assault to the police, and to utilize advocate services.

With the immediate sexual assault victim, advocates help the victim deal with her/his feelings, provide specific information on medical and police procedures, and explore any other victim concerns (i.e. secure lodging for several days, concerns for family members and friends, follow-up medical treatment, procedures for prosecuting). The contact with an immediate victim can be lengthy. A means of follow-up should be established with each advocate call. The advocate should take the phone number where the survivor is comfortable being reached, or can suggest calling the hotline and asking for the advocate by name and leaving a message.

RICS involvement can continue throughout the criminal justice procedures and beyond if the survivor desires. The police, hospital, and the State's Attorney's office has been encouraged to contact RICS when the victim appears to be without sufficient emotional or physical support.

Advocate Responsibilities

Advocates are scheduled one month in advance. They decide if they want to work on week-end or week-day shifts. Advocates are responsible for fulfilling their scheduled nights or finding a replacement for the shift.

RICS provides both primary and secondary advocates with pager systems to insure a maximum amount of freedom. If the advocate is not at home she must notify the hotline counselor that she is using the pager. The pager must be on whenever she is away from a phone. The advocate must keep the hotline informed on where she can be reached.

The advocate must return the pager to the RICS office between the hours of 7:30 a.m. and 6:00 p.m. the day following the assignment, unless otherwise negotiated between you and the next set of advocates. It is your duty to inform staff of other arrangements so they are aware of the location of the beeper at all times.

The Primary Advocate

The primary advocate is the first advocate notified by the hotline if there is a call for assistance. The primary advocate will call the victim to arrange for a meeting place or discuss how best to meet her needs. The primary will then call the secondary advocate and discuss how to work on the crisis call. They may have to decide where to meet or who will bring clothes for the victim if needed.

The Advocate Team

1. Inform the hotline of your change in whereabouts:
   a. upon arrival at first destination
   b. leaving for new destination
   c. upon arriving at a new destination
   d. when you arrive at home after completing the advocate call.
2. Determine whether you will take two cars to the initial destination to meet each other.
3. Fill out forms and send to the RICS office--Attention: Advocate Board.
4. Decide who will call the Advocate Coordinator about the call. This should be done within 48 hours.
5. Inform the hotline daily if you have given the client the hotline number as a means of reaching you.
6. Be a supportive system to each other. Critique each other's work.

Staff Responsibilities

1. Inform hotline volunteer of the names of the primary advocates on schedule and their phone numbers when establishing evening hook-up.
2. Check the battery on the beeper every time it enters the office.
3. Contact primary advocates on Thursday or Monday if the beeper has not been returned to the office by 6:00 p.m. for switch. If unable to locate beeper, call advocate coordinator.

Summary of Hospital Emergency Room Advocate Procedures

1. Advocates will introduce and identify themselves as volunteers or staff from RICS to hospital staff, the victim, and to anyone accompanying the victim. It is RICS procedure to only give out your first name to the victim.
2. Advocates will not attempt to elicit information of the crime from the victim, but will act as an attentive and supportive listener if the victim wants to talk.
3. At least one advocate will remain with the victim in a supportive role until the doctor arrives for the medical examination.
4. One advocate should explain to the victim the reason she is at the hospital. She should describe the pelvic exam to the victim and will provide information to the victim regarding tests, blood samples, drugs, shots and other procedures used for getting evidence. In some cases, hospital personnel will do this, but you can make sure the victim has understood the information.
5. Advocates will assist Emergency Room Personnel in whatever way requested during the examination.
6. Advocates will ask the victim if she/he can call them the next day and get the victim's name and number. If the victim does not seem comfortable with this arrangement, give her a card with your first name on it and the hotline number. You should call the line at least once a day for the following week to see if you've had a call from the victim.
7. Advocates will offer to have someone from RICS accompany her for follow-up appointment.
8. Advocates will indicate that RICS encourages women to cooperate with the prosecuting authorities and will advise the victim that RICS is available for accompaniment, support, and counseling. This should be done in a manner that the victim feels comfortable with whatever decision she/he has made regarding prosecution.

Other Procedures

1. If an advocate cannot service a specific night, it is the advocate's responsibility to find a substitute and inform the other advocate and the hotline volunteer of the change. The latter could be done by contacting the office so that the staff person

can inform the volunteer when the hook-up is made.

2. Advocates should introduce and identify themselves as volunteers or staff of RICS with any agency they find themselves working with on a case.
3. Do not give out your full name or personal phone number to the victim.
4. Choose a safe, public place to meet the victim if at all possible.
5. Always inform the hotline of your whereabouts. This is the only way in which we can keep track of you and your safety.
6. If possible, the victim should ride with the police to the hospital.
7. If the victim needs shelter, RICS has an agreement with Sojourn that RICS will pay for the victim's stay at the center.
8. Advocates should not meet a victim unaccompanied unless this arrangement is discussed with the Advocate Coordinator.
9. Proper attire is important. We are seen as a para-professional agency; first impressions may affect this credibility.
10. If you have complaints about the treatment the victim is receiving at any stage during the process, please note your concerns and contact the coordinator. RICS Executive Council is working on development of constructively dealing with insensitive or poor treatment. If you speak up within the situation, most likely you will make matters more unpleasant for that victim.
11. There is, of course, no perfect way to handle a counseling situation. You are a good counselor not because you have an answer for everything, but because you are a "safe" person with whom the client can express her embarrassment, fear, anger, and other emotional reactions, and think out what she needs to do.
12. RELAX. You probably won't make any error that can't be undone later. Most of what we learn in training will come naturally. Remember the victim is a human being and react to her/him as such. Trust most of your impulses; they are usually right. You will find that, in this area, nothing is cut and dry. Each case will be different and some of what we have said may not apply or work.

Instructions for Using Bellboy Receiver

What is the Bellboy Unit?

The Bellboy receiver, affectionately called "the beeper," is part of a one-way personal radio communications service from the Illinois Bell Telephone Company. A tone signal lets you know there is an advocate call. It is activated with a Touch Tone phone.

Calling the Bellboy Pager

To activate the beeper:

1. Dial the Bellboy Dispatch Center in Springfield: 546-1312.
2. When you have reached the Bellboy Dispatch Center, you will hear ringing tone and then a "click" as the machine answers your call. Wait for the START tone: A high pitched tone signal.
3. Using a Touch-Tone@ telephone, tap out the 5-digit number assigned to the Bellboy receiver you want to reach.

   a. Primary pager: 73271 b. Secondary pager: 71431
4. If the unit number you have entered is a valid number, you will hear an interrupted, high pitched ACKNOWLEDGE tone. However, if the Bellboy machine is available--usually in about 10 seconds--you will hear an interrupted, low-pitched STANDBY tone. Wait. When the machine is available--usually in about 10 seconds--you will hear the ACKNOWLEDGE tone. It is not necessary to re-enter the unit number.
5. If the Bellboy receiver number you have entered is not a working number, you will hear a low-pitched wailing tone. Check to see that you are entering the correct number, and try again. If you continue to encounter difficulties, contact the Bellboy Service Center at (217) 522-3307.

How to Receive a Message

A sliding switch on top of the Bellboy unit controls it. When you move the switch from the "OFF" to "ON" position, an interrupted tone will sound if your battery is in working condition. This tone will stop automatically.

When you receive a page with the switch in the "ON" position a high pitched interrupted tone will be heard. Depressing the switch will silence the tone. Otherwise the tone will continue for about 14 seconds.

A third position for the switch is marked with a dot. This is a memory position. When the switch is in this position all calls coming in during this time will be stored. When you slide the switch back to the "ON" position or push down on it, an interrupted tone will announce any waiting messages.

Replacing Bellboy Batteries

The Bellboy receiver is designed to be maintenance free; but, occasionally, you'll have to replace the battery.

To replace a spent battery, hold your Bellboy unit in one hand with the switch towards you and the pocket clip on top. With your hand lift the bottom of the pocket clip as far as it will go. At the same time, gently pull it towards you. The metal shell of the unit will slide forward and reveal the battery compartment. Where indicated, push to remove the battery. Hold the plastic flap aside and insert the new 1.5 volt type "AA" battery. (A type "AA" alkaline or mercury cell will last longer). Make sure when you insert the new battery that the positive (+) and negative (-) poles match the reference marks on the inside of the battery compartment. With the battery in place, slide the metal shell back until it clicks into place. Turn the unit on. A battery test tone should sound. If the tone does not sound, reopen the unit and check the battery polarity. If the polarity is correct and the tone still does not sound, call the Bellboy Service Center at (217) 522-3307.

HELPFUL HINTS:

Here are some tips on using your Bellboy receiver:

Don't expose the unit to high heat or excessive humidity. It won't work long in a sauna or a steam bath.

In steel construction buildings, you'll get better reception near a window.

Temperatures below 32° F. reduce the efficiency of any battery. During cold weather operation, keep your Bellboy unit where it is warmed by your body heat.

If you page a field receiver during an emergency and do not receive a call immediately, repeat the page over a short time span to emphasize the urgency of the call.

DON'T DROP THE BELLBOY RECEIVER.

Statement of Confidentiality

Maintaining confidentiality is of paramount importance in any helping relationship. The survivor is trusting the volunteer with personal feelings and details, and she does not expect or want to hear them being discussed by the next door neighbor three days, three weeks, or three years later. Maintaining confidentiality is of utmost importance in maintaining trust in a relationship. RICS understands this concept and promotes confidentiality.

This privileged information should be discussed at appropriate times and in appropriate places. Details would never be discussed in the presence of anyone who is not involved with RICS. Nor would calls be discussed at a bridge party or any other social function. Discussions involving identifying information should be discussed only with active RICS volunteers. At no time is any rape to be treated as idle gossip.

The concept of confidentiality becomes more difficult when dealing with the family of the survivor. If the survivor is over 18, there is no legal obligation to discuss the details with another family member. In fact, the RICS volunteer is ethically bound NOT to discuss the case with the family unless requested specifically to do so by the survivor. The most helpful approach to take in a situation where a family member is pressing the volunteer for details is to draw the survivor into the discussion.

The family member can best help by creating a healthy atmosphere for the survivor. Helping the family member translate her/his concern into helpful action for the survivor is the best approach for the volunteer to take. Volunteers should not, however, disclose specific details which the survivor shared with the volunteer.

If the survivor is under 18, the volunteer should follow the same approach as discussed. However, the parent or legal guardian of a minor can demand and obtain pertinent case information from RICS sources. If such a problem should arise, the phone volunteer is cautioned not to give this information over the phone. A meeting between the volunteer and the survivor and parents should be set up. The parents must show proper identification at the time.

In considering confidentiality when dealing with the police,

one must understand that members of RICS are not immune from testifying to "privileged information." The police are within their rights to insist that RICS members reveal details of individual cases.

Be aware that, if the volunteer is first to hear the survivor's story and this information is later reported to the police, it could leave the RICS volunteer in a situation which may require her to take the witness stand in a court trial. Under the circumstances just described, the volunteer would be used as a witness of "prompt outcry."

In understanding the concept of confidentiality in relation to a friend of the survivor, one need only to remember that the volunteer's first commitment is to the needs of the survivor, not the needs of the friend.

If a friend approaches a volunteer indicating the need to know of specific details, the RICS volunteer has the responsibility and the right to graciously decline the disclosure of any information. It is the rape survivor's right to decide who knows what about her trauma, and then to inform them as she deems necessary. The RICS volunteer can best help the survivor by giving friends general information about how they can be supportive in a traumatic time of need.

RICS HOTLINE REPORT FORM

Caller's Name:_____ Counselor's Name:_____

Caller's Status:_____ Date of Call:_____

Address:_____ Time of Call:_____

Phone:_____ Length of Call:_____

Male/Female:_____ Ever Called Before: yes no _____

Race:_____ Age:_____ Subject of Call:_____

Detailed Account: (continue on back, if necessary)

Action taken:

Referral to:_____ Referral from:_____

General Calls:

Hang-ups:_____ Wrong Number(s):_____

Total number of hours/minutes on phone:_____

CASE NAME_____ DATE OF INITIAL CONTACT_____

ADVOCATES_____ _____

REPORT: (Circle) Initial Continuing Final

Please record all personal contacts and phone calls with the victim and others (police, hospital, the State's Attorney, victim's family or friends etc.) relating to this case. Use as many lines as necessary for each entry. Make sure each entry includes the date, who initiated contact (RICS, victim, hospital etc.) persons involved, time spent and activity. Extreme detail isn't needed. Be sure to list concerns of the victim so if it is necessary to call another advocate in on the case, there will be a means of briefing the advocate.

How RICS notified:	Use code below
Person contacted:	victim, boyfriend, police, mother, etc. (No names)
Location/Activity:	examples-Hospital, initial exam; Police, interview; Phone, discussed reactions of husband and relatives; State's Attorney's office, discusses court procedure, trial.
Activity code;	Use code below. List all appropriate codes. Where more than one code is used, give time break-downs.
Time spent:	Record to nearest quarter hour-specify a.m. or p.m. ex. 9:00-9:30 p.m.

DATE	HOW RICS NOTIFIED	PERSON CONTACTED	AGE OF VICTIM	LOCATION/ACTIVITY	CODE	TIME SPENT

HOW RICS NOTIFIED CODES

1. victim
2. friend of victim
3. relative of victim
4. hospital
5. police
6. State's Attorney
7. other (specify)

ADVOCATE ACTIVITY CODES

A. assist at hospital
B. assist police
C. assist State's Attorney
D. present in court
E. provide transporatation
F. provide info. to victim/others
G. provide emotional support to others
H. provide emotional support to victim
I. act as liason with other agencies
J. assist with finding shelter
K. other (specify)

OVER------

Contacts: Police Officers _____

_____

_____

_____

_____

Hospital Personnel
(Doctor, Nurses,
Social Worker, etc.) _____

_____

_____

_____

Detectives _____

_____

Other Agency Contacts:

_____	_____
Contact	Agency
_____	_____
Contact	Agency
_____	_____
Contact	Agency

Summary of Advocates' Activities:

Advocate_____
Date_____
Case#_____

ADVOCATE CHECKLIST

Circle one if relavent, add other pertinent info on seperate sheet.

POLICE PROCEDURES--Which P.D._____

yes no unknown 1. Patrol officer dispatched to victim. Detective accompanies officer if victim has been beaten or other extenuating circumstances.

yes no unknown 2. Officer interviews victim, asking questions of general nature.

yes no unknown 3. Officer apprehends assailant if still in area.

yes no unknown 4. Officer accompanies victim to hospital or meets her there.

yes no unknown 5. Officer collects clothing and specimens at hospital.

yes no unknown 6. Hospital notifies police if victim is treated.

yes no unknown 7. At least one female officer accompanies a detective to the hospital to complete the interview.

yes no unknown 8. Victim is given option of having a friend or supportive person with her during interview.

yes no unknown 9. Victim is interviewed in detail by dective or female officer.

yes no unknown 10. Victim is informed of any efforts to locate assailant.

yes no unknown 11. If victim is a minor, parental consent is obtained.

yes no unknown 12. Detective or team takes victim to station to view mug shots, line-up, or to aid in making a composite drawing of assailant. How soon after assault?_____

HOSPITAL PROCEDURES--Which hospital?_____

Required Procedures (for general health and safety, as required by RVETA).

yes no unknown 13. Victim responded to immediately. How soon after ER arrival?_____

yes no unknown 14. Taken to private room? How soon after ER arrival?_____

yes no unknown 15. Immediate involvement of hospital social services. How soon?_____

yes no unknown 16. Signed permission/release forms:
yes no unknown permission to examine
yes no unknown permission to treat & administer medication
yes no unknown permission to release information(to contact police)

yes no unknown permission to take pictures of bruises, injuries, etc. NOTE: All may be covered by one form.

yes no unknown 17. Medical history concerning possible injuries, drug allergies, etc.

yes no unknown 18. Gynecological history concerning menstrual history, possibility of pregnancy, surgical and contraceptive history, etc.

yes no unknown 19. General physical exam for presence or absence of injury, including mouth and rectum.

yes no unknown 20. Gynecological exam for possible genital injury, pathology, or pregnancy.

yes no unknown 21. Information on date and time of assault.

22. Oral and written information on:

yes no unknown pregnancy and V.D.
yes no unknown medical procedures, medication and contraindications
yes no unknown importance & means of obtaining second blood test & pregnancy test.
yes no unknown termination of pregnancy & side effects of medication.

yes no unknown 23. A serological test for syphilis.

yes no unknown 24. Pregnancy test.

yes no unknown 25. Appropriate lab tests and x-ray exam for injuries.

yes no unknown 26. Medication given. If yes, please specify_____

_____

Suggested Procedures(for collection of evidence)

27. Semen analysis tests:

yes no unknown a sample to determine presence of semen
yes no unknown an enzyme acid phosphatase test to determine time of rape
yes no unknown seriotyping to determine blood type of rapist

yes no unknown 28. Photographs of bruises or other injuries for court/trial purposes.

yes no unknown 29. Collection of relavent clothing for evidence of semen, blood, hair, etc.

yes no unknown 30. Fingernail scrapings to check for blood, skin, etc. from rapist.

yes no unknown 31. Pubic hair combings and/or cuttings.

yes no unknown 32. Head hair samples.

STATES ATTORNEY'S OFFICE PROCEDURES

yes no unknown 33. Preliminary interviews. How soon after assault?_____
Outcome_____

yes no unknown 34. Polygraph. How soon after assault?_____
Requested by_____Reason_____
Outcome?_____

yes no known 35. Other contacts with victim:
Date_____ Name of contact person_____
Purpose_____
Outcome_____

yes no unknown 36. Preliminary hearing. Date_____
Outcome_____

yes no unknown 37. Closed Grand Jury. Date____Outcome_____

yes no unknown 38. Trial (circle one: judge jury) Date_____
Outcome_____

Appendix

Appendix

Emergency Referral Agencies

Hospitals

Memorial Medical Center	788-3000	(emergency room 788-3030)
St. John's Hospital	544-6464	(emergency room 525-5610)
Springfield Community Hospital	529-7151	

Police

Springfield	788-8311	
Sangamon County Sheriff	753-6666	
Buffalo	753-6666	
Community Relations Unit	789-2274	
Cantrall	753-6666	
Cornland (call Lincoln)	732-4159	
Dawson	753-6666	
Jerome	525-6650	(no answer 546-5954)
Leland Grove	522-6611	(no answer 753-6666)
Mechanicsburg	753-6666	
Riverton	629-9800	(no answer 753-6666)
Rochester	498-7125	(no answer 753-6666)
Southernview	529-6553	
State Police	782-2377	

Fire

Springfield Fire Dept	788-8444

Springfield Ambulance Services

America Ambulance	1501 South 5th	523-3636
Central Medical Dispatch	1501 South 5th	753-1234
Paramedic Ambulance	1501 South 5th	789-0222
Superior Ambulance	334 North 2nd	522-8831

Taxicabs

Capital City Cab Co	2050 East Cook	523-7633/789-0500
Central Cab	1308 East Lawrence	789-0500
Checker Cab	311 North 6th	522-5544
Lincoln Yellow Cab Co	311 North 6th	523-4545/522-7766

Recommended Referral Agencies

ALCOHOLISM AND DRUGS

AA (Alcoholics Anonymous) — Contact: Personnel
1136 West Jefferson
Tel: 546-9723 (24 hrs) 525-7575

Answering service is 24 hours. Meeting places differ in place and times. Eligibility: Anyone with drinking problems and their families. General Services: Group meetings for alcoholics; Group meetings for Al-Anon; AA meetings at different parts of town and different times.

Gateway House — Contact: Personnel
815 North 5th St.
Tel: 522-7732

Eligibility: No fee; Consent form for under age from parents; signing of contract. General Services: Long term residential treatment; 2 years to finish program; Group therapy; Encounter group; Counseling; Speaking engagements; Male and Female residents.

Illinois Church Action on Alcohol Problems Inc.
505 North 6th/P.O. Box 2437 62705 — Contact: Personnel
Tel: 544-2754

General Services: Provides counseling for alcoholism and drugs; maintains residential center. Speakers, films, will provide transportation for alcoholics to hospital.

Illinois Alcoholism & Drug Dependence — Contact: Counselor
104 North 4th St. 544-4035
Tel: 787-0588

McCambridge House — Contact: Intake
723 South 5th St.
Tel: 544-8751

Hours: Monday 8:30-8:00 p.m., Tues. 8:30-4:30; Wed. 8:30-9:00; Thurs. 8:30-4:30; Friday 8:30-4:30; Sat. and Sun. by appointment only. Elgibility: Problem with alcohol. Sign consent for treatment. Non-residential. 18 years or older. Sliding scale. General Services: Individual counseling; Group therapy: Family counseling; Speaking engagements: Employee Assistance Program.

Phoenix 7 — Contact: Stan Tinsley
1201 South 2nd
Tel: 522-6402

Hours: Monday-Weds.-Fri. 7:00-4:00; Tuesday-Thurs. 7:00-5:00; Eligibity: Walk-in; Referrals; Admission to see if need can be met; Have to have had a two history of opiate use. General services: Personal counseling: Group therapy; Family therapy; Medical; Vocational; Educational; Recreational.

CORRECTIONAL

Illinois Department of Corrections (DOC) Contact: Secretary
1301 Concordia Building 62706 Exec. Office
Tel: 782-4633

Hours: 8:30-5:00 p.m. Eligibility: Will not help people in county or city jail, or on probation. General Services: Will help people who are in prison; if complaints about medical treatment, will help move to a different facility, etc.

FOOD AND FINACIAL AID

Springfield Churches United Food Pantries
Christ Epsicopal Church Contact: Alice Bressan
6th and Jackson
Tel: 525-0036

Hours: 1-4 Mon.-Fri. (closed 12-1). Eligibility: to be referred from Public Aid, and other church or any community organization. General Services: Provide emergency food to people new in the city who might not have a job; people whose checks might not have come in (Social Security or whatever); and in any emergency situation. Food is free of charge, no red tape.

Springfield Churches United Food Pantries
Grace Lutheran Church Contact: Edna Seipel
7th and Capitol
Tel: 523-1871

Hours: 9:00-12:00, Mon.-Fri. Eligibility: (See Above).

Sangamon County Department of Public Aid
1604 South Grand East Contact: Personnel
Tel: 782-0400 Intake Worker

Hours: 8:30-5:00 (12:45-1:25 out for lunch). Eligibility: As long as you live here with mailing address; unemployed with children; over 65, or disabled; have income but not enough for medical bills (medical card); Food stamps (size of family); Can get food stamps and not get money assistance. General Services: Fee, legal aid; Support enforcement; Referrals. WIN program; Food stamps; ADC (Aid for Dependent Children); Medical cards with unemployed fathers.

HOTLINE SERVICE

Fish, Inc. Contact: Answering Service
P.O. Box 5135 62705
Tel: 753-1404

Hours: 24 hours, seven days a week. Eligibility: any person with a need. General Services: Volunteers respond the best way they can to callers. One way is strictly talk to the people and give advice. Another way is to refer people to proper resources. The third way would be to personally go out and assist the person this is the method used most. This third type would include such things as babysitting, reading to the blind, providing a meal, transportation, housework for the sick, companionship for the elderly.

Sojourn Women's Center — Contact: Intake
1058 North 6th
P.O. Box 1052 62705
Tel: 525-0371 Hotline: 544-2484 (24 hours)

Shelter for battered women and their children. Office: 9:00-5:00 p.m. Eligibility: Any women 18 years and older and emancipated minor (married or with dependant). General Services: Counseling; Advocacy; Public and private agency referrals. Working on childrens program while at the house and when they leave.

HOUSING

Sojourn Women's Center
(See Hotline Services)

Springfield Housing Authority — Contact: Intake
200 North 11th
Tel: 753-5757

Hours: 8:30-4:00 p.m. Eligibility: 18 years old or over. Must have an income. 62 or over; handicapped or disabled; $60.00 deposit (family) $40.00 (elderly). General Services: Counseling; Social service workers help meet needs of people living in housing.

LEGAL COUNSELING

Land of Lincoln Legal Assistance Foundation
P.O. Box 2095 62705 — Contact: Secretary
Suite 1020 Ridgely Building
500 East Monroe
Tel: 753-3300

Hours: 9:00-5:00. Eligibility: Sangamon County; Generally an individuals net income (after taxes and social or welfare benefits) must be less than the federal poverty guidelines. Entire family income is considered. National Legal Services Corporation, no fees. General Services: Services legal assistance, advice and representation to individuals and groups in matters concerning: Family relations, housing, welfare, consumer and financial problems civil rights, employment, education, governmental agencies, health, utilities, and other civil (non-criminal) matters. Other activities include:Community education, Economic development, and group organizing efforts.

Illinois Lawyer Referral Service — Contact: Secretary
424 South 2nd
Tel: 525-1760 Nationwide: 800-252-8916

Hours: 8:30-11:30 a.m. Mon.-Fri. General Services: After clients explain nature of problem, ILRS refers clients to private practicing attorneys who can help; clients then contact attorneys, receiving first half hour of consultation for $10.00 and further time at rate worked out with attorney, No charge from ILRS.

Sangamon-Menard Alcoholism and Drug Council
614 South Grand East Contact: Tracy Goode
Tel: 544-9858

Hours: It varies with different services. Eligibility: Varies with services. General Services: Alcohol and Drug Out-Patient program; Halfway House Program live-in - work-out concept; Detox Program (24 hour phone 544-3396).

COUNSELING

Contact Ministry Contact: Rev. Bill Peckham
315 South 5th
Tel: Day:753-3939 Night:753-2772
Emergency: 788-8450

Hours: 8:30-4:30 p.m., Sun. 10:00 a.m.-10:00 p.m.; in office 6 days a week, Monday thru Friday and Sunday, 24 hours. On streets from 10 p.m. till 2:00. Elgibility: Will help anyone with any kind of problem. General Services: Information; Referrals, Any problems; Counseling; Visit hospitals and nursing homes by a clown group called "The Holy Fools".

Springfield Area Parents Anonymous Contact: Carol Dederer
1340 South State St.
Tel: 753-2716 Hotline: 753-2211

Hours: 8:30-4:30. Elgibility: Free Service; Open to everyone; no age limit; Parents Anonymous provides help to parents who have abused, or fear they will abuse their children physically, emotionally, verbally, or sexually. General Services: Support group; Hotline service: Advocate service; Counseling; Parent advocate out-reach.

DENTAL

Illinois Department of Public Health Contact: Secretary
2200 East Jackson (Matheny School)
Tel: 789-2320

Hours: 8:30-5:00 p.m., by appointment. Elgibility: Acceptance at the clinic is based on income and family needs. Interested persons should call. General Services: Provide dental care.

FAMILY COUNSELING

Catholic Charities Contact: Intake Worker
108 East Cook
Tel: 523-4451

Hours: 8:30-4:30. Elgibility: Must be resident of 4 county area; Sangamon, Christian, Menard, or Montgomery. Charge on sliding scale depends on income. Adoption, parents pay fee. Don't have to be Catholic. General Services: Counseling; Child placement agency; Family counseling; Foster home placement. St. Monica Hall, 109 East Lawrence is geared to problem pregnancy; licensed maternity facility. Unwed mothers; Education

program. Outreach program.

Illinois Department of Children and Family Services
1 North Old State Capitol Plaza 62701 Contact: JoAnne Delano
Tel: 782-4000 Hotline 786-6938

Hours: 8:30-5:00. 24 hour hotline. Elgibility: General need of services that they provide. Walk-in or referral. General Services: 1)Protective service for children who are neglected, abused, malnourished, exploited, or cruelly treated. 2) Day Care Service under Title XX. 3) Homemaker Service for families during times of illness, absence, or incapacity of parents or caretakers so that the family can remain together. 4) Adoption for children who need permanent homes. 5) Foster care for children who cannot remain in their own or relatives home. 6) Family counseling to parents concerning child behavior problems and parent-child relationships. 7) Service to unmarried parents to assist with problems; help make decisions, and aid in planning for mother's future. 8) Licensing of child care facilities.

Family Service Center Contact: Intake Worker
1308 South 7th 62703
Tel: 528-8406

Hours: 8:30-5:00 p.m., Monday thru Friday; Wed. 6-9 p.m. Elgibility: Sliding scale. No age limit. Referrals: General Services: Individual counseling; Group counseling; Family counseling; Out-reach program to John Hay Homes; Community education.

Lutheran Child and Family Service Contact: Intake Worker
1229 South 6th St.
Tel: 544-6431

Hours: 9:00-5:00, Monday thru Friday. Elgibility: Walk-in; Referrals; Churches; Hospitals Anyone having a need that we can be of service to. General Services: Family counseling; Personal counseling; Marriage counseling; Financial counseling; Long or short term counseling; sliding scale fee; Fee per week not by visit; Adoption; Foster day care (sliding scale); Mother to Mother Groups; Workshops and seminars.

McFarland Mental Health Center Contact: Secretary
901 Southwind Road
Tel: 786-6900

Hours: Monday thru Friday 8:30-5:00 p.m. Elgibility: Only in-patient service by referral. General Services: Family counseling; Individual counseling; Patient library; Activity therapy facilities; Special education; Diagonstic; Volunteer services.

Mental Health Centers of Central Illinois
1301 Concordia Building 62706 Exec. Office
Tel: 525-1064 Hotline: 525-1789 Contact: Secretary

Hours: Mon. & Fri. 9-6, Tues. & Thurs. 9-6:30, Wed. 9-7 p.m.. Eligibility: Live-in Sangamon County. Have a problem. Referrals. Sliding Scale. General Services: 24 Hour hotline; After care for nursing home and shelter care; Family counseling; Out-patient service; Evaluation and treatment center.

Springfield & Sangamon County Community Action
1101 South 15th St. 62703 Contact: Secretary
Tel: 753-0755

Hours: 9:00-5:00 p.m. Mon.-Fri. Aimed at improving conditions and expanding opportunities for low income families, elderly and handicap.

MEDICAL

Family Practice Center Contact: Personnel
421 North 9th St.
Tel: 782-5872

Hours: 8-5 p.m. Eligibility: Anyone needing services that can be helped by service. General Services: Especially good for those with financial problems; Counseling is included with medical care for regular patients.

Illinois Department of Public Health Contact: Secretary
535 West Jefferson
Tel: 789-2182

Hours: 8:30-5:00. Eligibility: Some requirements; note or permission from family doctor. Other tests require permit slip signed by parent or guardian. Check for information you need by calling number above. General Services: Well child clinic; Lead detection clinic; Parent and newborn conference; Mother conference; Medichek clinic; Sexually transmitted disease clinic.

PREGNANCY COUNSELING

Birthright
904 South 2nd 62704 Contact: Secretary
Tel: 523-1328

Hours: 24 Hour answering service. Eligibility: Free. General Services: Volunteers trained to make referrals to agnecies or professionals if needed, if legal or medical services are needed.

Care Center of Springfield Contact: Secretary
1020 West Lawrence 62704
Tel: 787-1645

Hours: Mon.-Thur. 10-6 p.m.; Fri. 10-3; Sat. 10-1 p.m. Services: Free. $5.00 fee for pregnancy testing. General Services: Family Counseling; On-site pregnancy testing, same day results; Referrals; Free lamaze classes, Baby care and parenting classes, Family planning.

Planned Parenthood Contact: Joe McHugh
500 East Capitol 62701
Tel: 544-2744

Hours: By appointment. Family Planning Counseling, Medical examinations, cancer check program; Referrals and information, Community education. Eligibility: Depends on Service; Signed consent form. General Services: Family counseling; Medical examinations; Will take emergency appointments for exams especially in rape cases.

Reproductive Health Services, Inc. Contact: Secretary
100 North Euclid
Suite 203 St. Louis, MO 62310
Tel: 314-367-0300

Hours: Appointment between 9 a.m. to 5 p.m. Eligibility: $200 fee made in form of travelers check or money order. General Services; Vacuum aspiration, through 12 weeks from last menstrual period. Strongly recommend referring women to Planned Parenthood for more information and pre-abortion counseling.

Young Parents Program of Family Service Center
1308 South 7th Contact: Vicki McGee
Tel: 528-8406

Hours: 8:30-5:00 p.m. Eligibility: no fee. General Services: Counseling: Outreach program; Community education; Speaking engagements; Family counseling; Follow-up; Teenage pregnancy; Contact doctor.

VENEREAL DISEASE

Illinois Department of Public Health Contact: Secretary
535 West Jefferson
Tel: 782-2747

Hours: 8:30-5:00 p.m. Mon.-Fri. Eligibility: Free. In need of service. General Services: Treatment and testing for both sexes.

Venereal Disease Educational Hotline Contact: Personnel
Tel: 800-252-8989 Toll-free

Eligibility: Anyone needing service. Information on symptoms and treatment.

YOUTH

Springfield & Sangamon Youth Service Bureau
1410 South MacArthur Contact: Intake
Tel: 753-8300 Hotline: 753-8300

Hours: 24 hours Mon.-Sun. p.m. Eligibility: Referred by law enforcement agencies; referred by school; walk-in. General Services: Hotline; Emergency foster care; School outreach; Individual and family counseling.

YWCA Contact: Personnel
421 East Jackson 62701
Tel: 522-8828

Hours: 6:00-11:00 p.m. Mon.-Sat. Eligibility: Women or girls. General Services: Provides various cultural and recreational activities for women and girls in the city, county, and surrounding areas.

THESE REFERRALS WILL SEE MINORS WITHOUT PARENTS PRESENT AT LEAST A FEW TIMES. FEES AT ALL THESE SOCIAL SERVICE REFERRALS ARE BASED ON ABILITY TO PAY, AND, IN MANY CASES, ARE NOMINAL.

Glossary of Legal Terms *

Acquittal	The verdict of not guilty by judgment of the court.
Admissible Evidence	Evidence or testimony which a judge allows to be heard during the trial.
Aggravated Battery	Intentionally or knowingly causing great bodily harm.
Alias Capiers	A warrant issued by a judge for a person's arrest.
Arraingment	A person(s) is taken to open court and is read the formal charges against him/her. At this time the person(s) will enter their plea of guilty or not guilty; and choose a jury or bench trial if the plea is not guilty.
Appeal	A procedure for review by a higher court of bail, sentence, or verdict handed down by a lower court.
Assailant	A person who has committed crime against another person.
Bail	The property or money given as assurance that a person released from custody will return at an appointed time.
Bench Trial	A trial before a judge only (no jury).
Charge	To accuse formally of a crime or crimes.
Circumstantial Evidence	Evidence which is not substantial enough for proof beyond a reasonable doubt, but which may be entered to strengthen the impact of other evidence.
Circuit Court	Trial court.
Complainant	Person against whom a crime was committed; and who signs a complaint against their assailant.
Continuance	Postponement or adjournment of legal proceedings.
Conviction	To be found guilty by a court or jury.
Cross Examination	The questions a witness is asked by the opposing attorney. Often attempts to break down the creditability of that witness.
Defendant	A person who has been charged with an offense.
Defense Counsel	Attorney hired by defendant or appointed by the court (public defender) to "defend" a person's innocence.
Dismiss	To throw a case out of court without hearing any additional information.
Disposition	The outcome of a case.
Docket	The list of cases that need to be heard by the court and when they will be heard.
Evidence	The physical items or testimony which support a person's statement of what happened.

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Felony	Criminal offenses such as murder, felonious assault, and forcible rape. Commonly more serious than crimes called misdemeanors.
Grand Jury	A group of 23 persons called in to hear the information regarding charges against an individual to determine if there is enough evidence to indict.
Guilty	Decision by the judge or jury that the defendant did commit the crime.
Hearsay Evidence	Evidence/information received indirectly rather than what was seen or heard, which is sometimes admissible in court.
Hung Jury	When a jury cannot come to a unanimous decision regarding a case.
Indictment	A written statement presented by the grand jury to a court which charges that there is sufficient evidence that a crime has been committed and the case should be tried.
Indigent	Without money (to hire an attorney in the court system).
Injunction	A court order requested by one party prohibiting another from doing anything which will infringe upon their rights.
Intoxication	Being drunk.
Misdemeanor	A criminal offense less serious than a felony; an act of misbehavior.
Objection	Method used by attorneys to have questions and/or answers stricken from the record of the court.
Perjury	Testifying falsely and deliberately while under oath.
Plea	The reply of the defendant of guilty or not guilty of the charge filed against him/her.
Plea Bargaining	An agreement by the defendant and his attorney and the district attorney that the defendant will plead guilty to a lesser offense or to one of several charged offenses.
Probable Cause	The ruling in a preliminary hearing that states there is reasonable ground for belief that the accused is guilty of the crime in question.
Prosecutor	Attorney representing the people of a state, who tries to prove a person guilty of the charge.
Rebuttal	Argument used to oppose what has already been said.
Sentence	The punishment pronounced by the judge after the defendant has been found guilty.
Sequester	Witnesses and juries are sequestered when isolated to prevent the influence of the media, or (in the case of witnesses) other testimony.

Speedy Trial	The defendant has a right to be tried in 120 days if in jail and 160 days if out on bond.
Statute	An established law.
Subpoena	A legally binding document which demands the appearance of a person in court on a certain day.
Summons	A notice issued by the court commanding a person to appear in court on a given day.
Suspect	A person fitting the description given by the complainant as the person who committed a crime.
Transcript	The written official record typed from the tape recording of the court proceedings.
Testimony	Words heard from witnesses in court; it can also mean any admissible evidence.
Venue	Location of the trial.
Verdict	Conclusion a judge or jury arrives at after hearing a case.
Warrant	Document issued by a judge authorizing a law enforcement officer to make an arrest or conduct a search.
Waive	To give up rights, e.g. to a jury or an attorney.
Witness	Any person(s) who is at the scene of a crime or has evidence relating to a crime.