

38480

NATIONAL INSTITUTE OF LAW ENFORCEMENT
AND CRIMINAL JUSTICE

Gerald M. Caplan, Director

LAW ENFORCEMENT ASSISTANCE ADMINISTRATION

Richard W. Velde, Administrator

Paul K. Wormeli, Deputy Administrator

The Polk County Rape/Sexual Assault Care Center is one of 20 programs which have earned the National Institute's "Exemplary" label. Projects are nominated through the LEAA Regional Offices and the State Planning Agencies and are examined by an independent evaluator to verify their:

- Overall effectiveness in reducing crime or improving criminal justice
- Adaptability to other jurisdictions
- Objective evidence of achievement
- Demonstrated cost effectiveness

Validation results are then submitted to the Exemplary Projects Advisory Board, made up of LEAA and State Planning Agency officials, which makes the final decision.

For each Exemplary Project, the National Institute publishes a range of information materials, including a brochure and a detailed manual. Publications are announced through the National Criminal Justice Reference Service. To register for this free service, please write: NCJRS, P.O. Box 24036, S.W. Post Office, Washington, D.C. 20024.

AN EXEMPLARY PROJECT

TITLE
A COMMUNITY RESPONSE TO RAPE

Polk County Rape/Sexual Assault Care Center

Des Moines, Iowa

by
Gerald Bryant
Paul Cirel

NCJRS

JAN 17 1977

ACQUISITION

38480

Prepared for the National Institute of Law Enforcement and Criminal Justice, Law Enforcement Assistance Administration, U.S. Department of Justice by Abt Associates Inc., under contract number J-LEAA-014-74. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Office of Technology Transfer
National Institute of Law Enforcement
and Criminal Justice
Law Enforcement Assistance Administration
U.S. Department of Justice

March 1977

*For SWI
NCJRS - available
MMB 1/14*

For further information concerning the policies
and procedures of the Polk County Rape/Sexual
Assault Care Center, contact:

- Ms. Corinne Whitlatch
Coordinator
Rape/Sexual Assault Care Center
700 East University
Des Moines, Iowa 50316
(515) 283-5666

TABLE OF CONTENTS

CHAPTER 1:	INTRODUCTION	1
	1.1 Project Overview	4
	1.2 Summary of Results	7
	1.3 Content Guide	8
CHAPTER 2:	PROJECT DEVELOPMENT AND ORGANIZATION	11
	2.1 History	11
	2.2 Organization	19
	2.3 Administration	20
	2.4 Staff	22
	2.5 Funding	24
	2.6 Replication	25
CHAPTER 3:	VICTIM SERVICES COORDINATION	27
	3.1 Medical Facilities	27
	3.2 Medical Examination	30
	3.3 Counseling and Supportive Services	37
	3.4 Replication	47
CHAPTER 4:	CRIMINAL JUSTICE SYSTEM COORDINATION	49
	4.1 Des Moines Police Department	49
	4.2 Police Training	52
	4.3 Polk County Sheriff's Department	57
	4.4 The Polk County Prosecutor's Office	59
	4.5 Additional Prosecutorial Responsibilities	64
	4.6 Replication	64
CHAPTER 5:	COMMUNITY EDUCATION	67
	5.1 Program Publicity	67
	5.2 Community Education	71
	5.3 Minority Involvement	75
	5.4 Supportive Services Committee	76

CHAPTER 6:	RESULTS AND COSTS	79
6.1	Reporting	80
6.2	Clearance by Arrest	83
6.3	Convictions	83
6.4	Conclusions	86
6.5	Costs	88
CHAPTER 7:	EVALUATION AND MONITORING	89
7.1	Client Needs and Project Services	90
7.2	Prosecutorial Results	91
APPENDICES:	Appendix A: Polk County Rape/Sexual Assault Care Center By Laws	95
	Appendix B: Follow Up Questionnaire and Results of Follow Up Questionnaire	105
	Appendix C: Manual: Focus on Sex Crimes	111

FOREWORD

Research has confirmed what many in criminal justice have long believed: the successful detection and prosecution of most major crimes depends heavily on the cooperation of the victims. Unless the victim is willing to come forward with information, the crime is not likely to be solved.

In many jurisdictions, the victim of a sexual assault has good reason to refrain from cooperating. During a period of physical and emotional trauma, she must tell her story — often repeatedly — to a male audience whose questions may be both insensitive and skeptical. If the case goes to trial she may not only fear reprisal by the defendant but attacks on her character and veracity by his attorney. Even if she does cooperate, the chances of apprehension, conviction and imprisonment of the offender are low.

In Polk County, Iowa, criminal justice agencies and concerned groups work together to lessen the burden on the victim and to increase the chance of ultimate conviction and sentencing in rape and sexual assault cases. The Rape/Sexual Assault Care Center offers medical and social supportive services to victims, aids law enforcement and criminal justice personnel in the investigation and prosecution of sexual assault offenders and educates the public and professional community of greater Des Moines about rape and sexual assault.

The Center, which has gained the support and assistance of social service and criminal justice agencies in Polk County, has been named an Exemplary Project by the National Institute. This manual describes how the Center works, and suggests ways in which other communities can adopt a similar program.

Gerald M. Caplan
Director
National Institute of Law
Enforcement and Criminal Justice

GOT A MOMENT?

We'd like to know what you think of this document.

The last page of this publication is a questionnaire.

Will you take a few moments to complete it?

The postage is prepaid.

Your answers will help us provide you with more
useful Exemplary Project Documentation Materials.

CHAPTER 1 INTRODUCTION

"A rape victim is usually brought into an emergency room of a large public hospital which is crowded, confused, understaffed and overworked Police, doctors, nurses, and clerks all are trying to get information from her, but no one asks how she is feeling. She is treated as an accused, as if she did something wrong. She leaves the hospital alone to return home frightened, confused, dirty, and distraught. She was raped in private during the crime; she has now been raped in public."*

The effects of rape on the victim are both physical and psychic. First, she faces physical peril: the immediate danger of being beaten, maimed, or even killed, and in the longer run, the possibility of contracting venereal disease or becoming pregnant. Second, she is subjected to psychological stress (Rape Trauma Syndrome); only recently has it been acknowledged that this condition requires special treatment. Compounding the victim's feelings of guilt, anxiety, and fear are prevailing community attitudes towards the victim of rape: the role of victim is viewed with ambivalence ("She got what she asked for"). Even her family and friends may suffer some trauma. A final psychic stress is caused by the often oppressive legal aspects of the definition of rape--proof of force, penetration, and lack of consent. All these factors contribute to the victim's personal feelings of humiliation and ostracism.

The Uniform Crime Reports made available by the Federal Bureau of Investigation indicate that over 56,000 forcible rapes were reported to the police in 1975--one every nine minutes. Victimization surveys indicate that the number of actual incidents may be twice

* LEAA Prescriptive Package, Rape and Its Victims: A Report for Citizens, Health Facilities and Criminal Justice Agencies, p. 55.

as high as the number reported to the police.* In the same year, the FBI estimates that 26,670 arrests for rape occurred, or roughly one for every two reported cases. Convictions, however, were much less frequent. "Guilty as charged" was the verdict for 8.8 percent of the offenses; another 2.5 percent resulted in conviction on lesser offenses.** No one really knows what happens on a national level after that. In one state that maintains offender-based transaction statistics, only 31.5 percent of the convicted rapists were sentenced to prison.*** Clearly, the odds favor the rape offender. In the overwhelming majority of cases, the rapist is not likely to spend even a day in prison for his crime.

Yet until very recently the crime of rape and its consequences for the victim received little attention. For instance, the medical community was not particularly prepared to meet the rape victim's needs. The public hospitals to which she might go for treatment tended to be overcrowded, underfinanced, and bureaucratized. Private hospitals often lacked emergency or special facilities and charged the rape victim up to \$75 for the examination. Hospitals in general did not employ Standard Operating Procedures for treating victims. Thus only haphazard consideration was given to the collection and preservation of the medical evidence necessary for prosecution, and rarely was any consideration given to the mental well-being of the victim. The former problem was aggravated by the lack of coordination between police investigators and medical examiners. Evidence was literally washed away, as clothes and bodies were cleaned rather than examined for semen, pubic hair, or blood.

The rape victim's experiences with the criminal justice system were also often unpleasant. If she reported the crime, she might encounter police skepticism and insensitivity and might have to repeatedly describe the details of the attack to a series of officers and detectives. Furthermore, rape received low priority in police investigation assignments. More often than not, the

* LEAA, Criminal Victimization Surveys in 13 American Cities (1975).

** Federal Bureau of Investigation, Crime in the United States, Uniform Crime Reports (1975).

*** California Department of Justice, Bureau of Criminal Statistics, Adult Prosecution Program Report (1973).

detectives were not from bureaus that investigated assaults and homicide (which usually are staffed with more experienced personnel) but rather from juvenile, vice, and/or prostitution bureaus. Many of these detectives were accustomed to investigating crimes in which both parties willingly participated.

If she wished to take the matter to court, she found that the prosecutors, working independently of police and hospitals, put her through the ordeal of repeating the story yet again. If the prosecutor's office was typical, there was no continuity of assignment, and therefore the victim was forced to relive and retell the incident at every change of assignment and at the various stages of prosecution (probable cause/arraignment, grand jury, and trial). Again due to the low priority assigned to rape cases, those that managed to get to trial often suffered from limited prosecutorial attention.

Proving that the rape occurred was only the first step. Several legal and circumstantial issues played a large role in preventing the suspect from being found guilty of rape even when the forcible sex act had been proven. Juries questioned any case where the victim voluntarily placed herself in a situation where a rape could occur, particularly when the victim got into a car with the offender, or let the offender into her apartment. Corroborating testimony was sometimes required, and evidence concerning the victim's lifestyle and prior sexual conduct was usually relevant and material. Finally, the myths and peculiar rules of evidence that marked the trial were often buttressed by such jury charges as the one recently struck down in an Iowa Supreme Court case, "The charge of rape against a person is easy to make, difficult to prove, and more difficult to disprove."*

During the past few years, however, rape has become more and more the focus of national attention. Rape crisis centers have sprung up around the country with the intent of treating victims, educating the public, and/or aiding in the effort to apprehend and prosecute rapists. Since late 1974, the Polk County Rape/Sexual Assault Care Center (R/SACC) has provided the greater Des Moines area with all of these services. LEAA's National Institute of Law Enforcement and Criminal Justice has designated the Polk County R/SACC an Exemplary Project in recognition of its efforts

* Struck down in State v. Fedderson, 230 NW 2nd 510, 1975.

to bring about law reform, to improve medical treatment and to institutionalize medical, police and prosecutorial procedures designed to increase the quality and quantity of victim services and the likelihood of successful prosecution. This manual is intended to aid the staff and planners of the many rape crisis centers now or soon to be in existence across the nation, in developing techniques and procedures that address the problems discussed in this introduction. In addition to this document, which focuses on the procedures employed by the Polk County R/SACC, a related LEAA publication should be consulted for information on particular techniques employed in police departments, hospitals, prosecutor's offices and communities in several other states:

- Rape and Its Victims: A Report for Citizens, Health Facilities, and Criminal Justice Agencies, A Prescriptive Package, Center for Women's Policy Studies. (Available in single copies free of charge from the National Criminal Justice Reference Service, Washington, D.C. 20024. Multiple copies are available from the Government Printing Office, Washington, D.C. 20024; order number 027-000-00363-0.)

The remainder of this chapter highlights the operations and achievements of the Polk County R/SACC. In following chapters all facets of the Center will be discussed in greater detail, with particular emphasis placed on issues of replication.

1.1 Project Overview

The Polk County Rape/Sexual Assault Care Center is a single program designed to deal with the multiple problems of rape and sexual assault. Providing victims with counseling support, reforming state statutes, coordinating with the prosecution, training and assisting police and medical personnel, and educating the public are the Center's prime objectives. Although funded primarily by the Central Iowa Area Crime Commission through the County Board of Supervisors, the Center is a truly community-oriented facility, working with and being supported by hospitals, schools, and volunteers as well as law enforcement agencies.

The Center is organized for maximum community participation. There are currently 75 agencies and organizations represented on the Center's Board of Directors. As a result, officials of almost every public agency in the community are Center volunteers. Consider what this community support means to a victim. She is shocked, hurt, stunned. But an extensive public relations campaign--local television, radio, newspapers, even a special "rape awareness" program in the public school system--has made her aware of the Center. The telephone number has been widely advertised; the operator also has it. A public education program has helped make her aware of the importance of doing something. She calls the Center. Twenty-four-hour phone and contact service ensures that help is on its way to her within minutes.

The contact worker meets the victim at the hospital, where another special education program and the worker's expertise have helped to make sure that the victim receives appropriate care and that physical evidence is properly handled. Through R/SACC's Board of Directors, the contact worker is in touch with a full range of community service agencies; she arranges for additional counseling if needed. From initial contact to hospital to counseling, the worker is always available, always there when needed, a protective buffer against further shocks. And throughout, while avoiding a "hard sell," she urges the victim to report the assault to the police.

Once the victim has agreed to report the assault, the most intensive part of the contact worker's task begins. She prepares the victim and helps her deal with the stress of each next step. Her familiarity with the victim is extremely helpful in painlessly extracting pertinent information, thereby aiding law enforcement personnel, who themselves will have received special training for dealing with rape victims.

When the case is transferred to the County Attorney's Office, the contact worker accompanies the victim to the prosecutor. A single (in Polk County's case, female) prosecutor is assigned to all rape cases. The combination of the special prosecutor and the contact worker creates an especially good working relationship with the victim which has resulted in a significant increase in the quality of rape prosecutions.



When the case finally comes to trial, the victim (accompanied to court by the contact worker) faces an educated jury. The Center's public education program has worked to teach the community that rape is not the victim's fault, that victims do not "ask" for it, and that rape is crime, not fantasy.

The route outlined above is not the only one possible. If a victim goes directly to a hospital, the Center is immediately notified. If the report is made to the police, again the Center is notified. In either case, the contact worker goes directly to the hospital to be with the victim. In all cases the final result is the same: victims receive improved medical care and counseling, and law enforcement agencies have available better evidence, better and more reliable witnesses, and improved prosecution.

1.2 Summary of Results

Since the Center was created, police clearance rates for rape cases have risen from 50 percent to 69 percent. Even more significant changes have been seen in the Special Prosecutor's Office, where victims show an increasing willingness to press charges. Before the program began, charges were filed in only a third of cases where the offender was identified; that figure has now jumped to three-fourths of those cases. An equally dramatic rise in conviction rates has occurred: while only 40 percent of the cases tried in the pre-project period resulted in conviction, the figure rose to 65 percent in the project's first year and is now up to 82 percent.

Contributing significantly to the improved record of convictions are legislative changes in the 1974 Iowa Criminal Code that disallow any irrelevant testimony involving the victim's past sexual history and eliminate the requirement for corroboration beyond the physical evidence and the victim's testimony. These reforms were stimulated by the individuals who went on to create the Rape/Sexual Assault Care Center as a necessary step in gaining the victim cooperation so essential to successful prosecution of rape cases.

Finally, but most important, there is no doubt that the R/SACC has succeeded in both coordinating service activity and decreasing victim trauma. The quantity and quality of the Center's services are limited only by the quantity and quality of those available in the entire community. In short, they are the best available.

1.3 Content Guide

This manual presents a detailed description of the policies and procedures of the Center. The chapters in the manual deal with specific areas outlined by the Center's objectives and focus on the Center's efforts to cooperate with other agencies to prevent and handle rape in a more efficient and effective manner. Succeeding chapters deal with the following subjects:

Project Development and Organization

R/SACC's historical development as an offspring of the Iowa feminist movement is explored. Issues discussed include the project's political legitimization, organization and administration. The operations of the project's Board of Directors, whose deep involvement constitutes a strong and unique element of the Center, are examined in detail.

Victim Services Coordination

R/SACC's contacts with medical and social services agencies are discussed. Rape treatment procedures in effect at Broadlawns Hospital, one of many participating agencies, are presented. Also described is the in-service training provided by R/SACC to the staffs of many community agencies regarding both the physical and emotional needs of victims and the criminal justice process in rape/sexual assault cases.

Criminal Justice Support

This chapter discusses the crucial, supportive roles played by the Des Moines Police Department and the Polk County Sheriff's Department in investigating the assault, and by the Polk County Prosecutor's Office in assigning high priority to rape cases.

Community Education

The vigorous efforts to inform the public of the program's existence are explored. The undertakings of the two committees that specifically deal with public education are detailed.

Results and Costs

Facts and figures on R/SACC costs and results are documented. Reporting, clearance, and conviction rates, contacts, referrals, and other impact measures are discussed.

CHAPTER 2

PROJECT DEVELOPMENT AND ORGANIZATION

"Rape makes no distinctions along political boundaries, and the cooperation of all government units will enhance the effectiveness of the services which the Center can deliver."*

From its inception the Polk County R/SACC has enjoyed the active support of the greater Des Moines community. This support has been carefully sought and actively maintained. Founders and supporters were committed to the notion of creating a community-wide service agency that would not only be accessible to all victims but that would be able to attract victims. A non-partisan, broad, community-based effort was undertaken to accomplish that goal. Section 2.1 presents a chronology of the events that led to the formation of the Polk County R/SACC. While particular individuals are cited for their foresight and diligence, the section's main purpose is to demonstrate one successful method for the formation of a rape crisis center. It details how one community utilized a resource available to every community--active, concerned citizens--to respond to needs equally present in every community. Following this discussion, the remainder of the chapter describes various aspects of the R/SACC organization.

2.1 History

In 1973-1974 the Iowa Women's Political Caucus emerged as a respected, influential organization. Allied with established political interests, to a large degree it helped legitimize the feminist movement in Iowa. Politically active and concerned women who

* R/SACC Board recruitment letter.

considered themselves feminists were not viewed as a fringe group but rather as an integral part of the political process. This identification was clearly helpful in establishing a climate receptive to the development of a rape crisis center.

In November, 1973, the Metropolitan Criminal Justice Center (MCJC), an LEAA-funded Pilot Cities project located at Drake University in Des Moines, was engaged in a crime assessment program with the city of Des Moines. Among the target crimes of the study was rape. It became obvious to MCJC staffers that the greater Des Moines community was not equipped to handle the problem adequately from either a law enforcement or social service viewpoint. This fact was brought to the attention of Betty Durden and Anne Schodde, the director and coordinator of the Drake University Women's Center. Ms. Durden was also a member of the Iowa Commission on the Status of Women and both women were known and respected members of the Des Moines community. They agreed that some immediate community response was necessary. They were also aware that there was currently a movement in the legislature, spearheaded by Assistant Iowa Attorney General Roxanne Conlin (also chairperson of the Iowa Women's Political Caucus), to amend the state's rape statutes. It was decided that efforts in both areas should be coordinated. With the hope of obtaining broad community involvement, this group of women approached Des Moines Mayor Richard Olson in December, 1973.

Mayor Olson was receptive. The meeting resulted in tentative plans for holding a Mayor's Conference on Rape in the spring. An advisory board was formed, and with Anne Schodde as the chairperson, the membership planned to organize a conference that would make immediately implementable recommendations so that Des Moines could swiftly address the problems of rape.

The advisory board decided to appeal to the entire community. Recommendations with a broad approval clearly stood a much greater chance of being implemented. The conference planners, therefore, proceeded to amass a group of cooperating sponsors in hopes of publicizing the conference and mobilizing support for conference recommendations. Their success is illustrated by the following list of sponsors and cooperating sponsors:

SPONSORS: M.C.J.C.
Drake University, University College, Women's Programs
Mayor's Office, The Honorable Richard Olson

COOPERATING SPONSORS:

Polk County's Women's Political Caucus
Women's Law Caucus--Drake Law School
American Association of University Women, Des Moines
Y.W.C.A.
I.C.L.U.--Women's Equality Committee
Chamber of Commerce--Women's Bureau
Polk County Sheriff's Office
Des Moines Police Department
Planned Parenthood of Iowa
Child Guidance Center
Broadlawns County Hospital
Iowa Children's and Family Services
City Council of Des Moines
Des Moines Area Religious Council
Des Moines Commission on the Status of Women
Drake University, United Campus Ministry
Des Moines Ministerial Association
Interdenominational Ministerial Alliance
Polk County Bar Association
United Way Board, Planning Division
Polk County Attorney's Office
Polk County Medical Society
Polk County Association for Mental Health
Church Women United
Catholic Council for Social Concerns
League of Women Voters, Des Moines
Des Moines Federation of Women's Clubs

In establishing the conference format and contacting speakers, the advisory board kept subsequent implementation in mind. Thus, the two-day conference was organized in the following manner:

Day One -- Problem Identification

Presentations would be made by expert speakers (from within and without Iowa) concerning national trends, Iowa problems, rape victims' reactions and victim treatment.

Day Two -- Problem Solving: Defining Areas of Needed Change

On day two the conference delegates were to divide into workshops, a format which would facilitate an action approach. Each workshop was to have a specific type of concern, and was to include experts in that field, a chairperson, a recorder, and a "catalyst." Three workshops were planned:

- The Iowa Law--Criminal Code revision, assistance to the victim, court procedures, cooperation between police and the courts.
- The Rape Victim--reporting procedures, police investigation procedures, cooperation between hospital personnel and private agencies aiding the victim, and an effective alternative for victim assistance.
- Community Education--assaults on women, measures needed to reduce hazardous conditions in the city, educational efforts in the public schools, community organizations, self-defense.

At the close of day two, each workshop was to present its recommendations to the Mayor and his advisory board for implementation.

The conference was planned for May 6 and 7, 1974. On May 2, the legislature provided the participants with an added impetus for program development. By a vote of 44-0 the Senate repealed the laws allowing wide questioning of rape victims concerning their past sexual conduct and requiring corroboration of a rape victim's testimony.

The issue of past sexual conduct was of particular concern; as long as it was relevant and material testimony, the defense attorney would attempt to paint the victim as a temptress or a woman of loose moral fiber. Even if the procedure was not always effective with the jury, it was quite traumatic to the victim. One of the fears of reporting is, of course, that such practices put the victim on trial.* Thus, the new Iowa Code 782.4, Evidence of

* As long as prior sexual acts are material evidence, defense attorneys can badger the victim with an endless stream of "Isn't it true that on X date you had sexual intercourse with Mr. Y?"

Past Sexual Conduct in Trials of Rape, opened the door for more victims to pursue their assailants to court:

Evidence of Past Sexual Conduct in Trials of Rape.

In prosecutions for the crime of rape, evidence of the prosecuting witness' previous sexual conduct shall not be admitted, nor reference made thereto in the presence of the jury, except as provided herein. Evidence of the prosecuting witness' previous sexual conduct shall be admissible if the defendant shall make application to the court before or during the trial.

The court shall conduct a hearing in camera as to the relevancy of such evidence of previous sexual conduct, and shall limit the questioning and control the admission and exclusion of evidence upon trial.

In no event shall such evidence of previous sexual conduct of the prosecuting witness committed more than one year prior to the date of the alleged crime be admissible upon the trial, except previous sexual conduct with the defendant. Nothing in this section shall limit the right of either the state or the accused to impeach credibility by the showing of prior felony convictions.

The issue of corroboration was particularly bothersome to prosecutors. The former law had provided that more evidence than the victim's testimony was necessary to link the defendant to the crime:

Corroboration in Rape, Seduction and Other Crimes.

The defendant in a prosecution for rape, or assault with intent to commit rape, or enticing or taking away an unmarried female of previously chaste character for the purpose of prostitution, or aiding or assisting therein, or seducing and debauching any unmarried woman of previously chaste character, cannot be convicted upon the testimony of the person injured, unless she be corroborated by other evidence tending to connect the defendant with the commission of the offense.

No other charge required such corroboration. Clearly, this law tended to prevent rape cases from reaching the highest prosecutorial priority, and its repeal was welcomed.

The conference was held as planned in the wake of these legislative successes. Over 400 delegates from virtually every service-related agency in the county were present as were the police chief and the county prosecutor. The workshop format was particularly successful and resulted in the formulation of a series of recommendations. These are presented here in their entirety for two reasons. First, they suggest the variety of services unavailable to rape victims prior to R/SACC's creation. Second, they indicate the progress made in two years: virtually every action recommended has since been realized.

WORKSHOP NO. 1 RAPE AND THE LAW

The community, including local and county governmental units, should work to:

- 1. Change uniform jury instruction to eliminate prejudicial references.*
- 2. Provide public money to pay for the medical and rehabilitation expenses of the rape victim.*
- 3. Urge a legislative review of the penal code and sentencing structure with regard to crimes of sexual abuse.*
- 4. Upgrade law enforcement personnel and the County Attorney's staff, including special training for persons handling the specific problems of rape and sexual abuse.*
- 5. Recommend to the board of the Law Enforcement Academy that its structure be changed to include representatives from other disciplines (such as psychology, sociology, etc.), women, and members of minority groups.*
- 6. Recommend to the Iowa Crime Commission that its structure be changed to include representatives from other disciplines, women, and members of minority groups.*

WORKSHOP NO. 2 EFFECTIVE TREATMENT FOR THE RAPE VICTIM

The community police and medical procedures for assistance to the rape victim should include the following:

1. Immediate medical treatment for the victim before any investigative procedures are initiated by authorities.
2. One designated place for medical care of the victim where confidentiality is guaranteed and the victim has the freedom to decide whether or not to report to authorities; a cooperative effort to develop and provide effective and sensitive treatment to rape victims at all hospitals; immediate legal assistance, medical care, and counseling available to the rape victim.
3. Initial contact with authorities who are specifically trained in dealing with sex crimes; a special squad, including women members, with specific training in handling sex crimes.
4. A police questionnaire which has been shortened to eliminate any irrelevant and unnecessary questions, and a reporting procedure requiring only one interview so the victim is not subject to repeated questioning.
5. A TRAINED COUNSELOR AVAILABLE FOR HELP AT ANY TIME AT A CENTRAL PHONE NUMBER. THIS MIGHT BE DONE THROUGH AN ESTABLISHED RAPE CRISIS CENTER OR THROUGH AN EXISTING COMMUNITY AGENCY WHICH WOULD PROVIDE COUNSELORS AND SERVE AS A CLEARINGHOUSE FOR COMPLAINTS OF VICTIMS.
6. Individual and/or group support counseling available to the victim and her family after the initial contact.

The City of Des Moines should support a comprehensive "funded" plan that would include measures for education, prevention, self-defense education, and revision of the laws concerning rape.

The County Attorney's Office should hire women prosecutors to serve on its staff.

The Mayor should set up a women's task force on rape to coordinate and implement a comprehensive community program aimed at all aspects of the problem.

WORKSHOP NO. 3 COMMUNITY EDUCATION AND PREVENTION PROGRAMS

The community should develop education programs which:

1. Provide training in self-defense, including attitudinal, physical, and legal aspects, for both boys and girls in school physical education classes.

2. *Provide school classes in health, sex education, and possibly human relations taught by carefully selected and trained teachers. Make family life education classes co-educational at all levels.*
3. *Publicize available community resources for crime prevention and education such as "Crime Alert" through the use of mass media, mailings, bumper stickers, and billboards. Bring to the public's attention the facts about the crime of rape.*
4. *Set up a future conference dealing with the psychological implications for the rape victim and the rapist.*
5. *Provide more adult education programs on the subject of assault and rape and establish a community advisory board to disseminate information to parents and teachers.*
6. *Support federal legislation, Title III of Public Law 94-63, which would create a National Rape Crisis Center.*

Of particular importance is Recommendation #5 of Workshop 2, the establishment of a rape crisis center. This recommendation led to the establishment of Polk County R/SACC. Other proposals had included establishing either a special prosecutor's office or a special police investigation force with victim care components. Both of these ideas were rejected, however, due to the concern that project identification with a law enforcement agency might dissuade victims from coming forward. Ultimately, the Board decided the best approach would be to attend to the emotional needs of the victim. If an agency or program first dealt with the victim's trauma and helped her re-establish her self-confidence, confidence in the criminal justice system would then be more easily engendered. Treat the victim and then prosecute the rapist.

To the credit of criminal justice agencies in the Des Moines area, this approach was accepted. County Prosecutor Ray Fenton, who had initially intended to seek funds for a special sex crimes prosecutor, cooperated with the advisory board by allowing funds to be sought for a separate crisis center through those funds earmarked for prosecution by the Iowa Crime Commission. He further promised to provide the in-kind services of one full-time prosecutor to coordinate with the center and to assume the responsibility for prosecuting all assaults. Funds being available, the advisory board was then faced with the task of organizing a rape crisis center.

2.2 Organization

The lesson of the previous six months was not lost on the advisory board: the entire community must be involved to elicit maximum support and achieve the best results. Rather than affiliate itself with any single existing agency, the advisory board chose to form a non-profit corporation with a Board of Directors composed of representatives from all major social service agencies in Des Moines. That Board would be responsible for setting up, staffing, and promoting a Rape/Sexual Assault Care Center.

The R/SACC was incorporated on August 8, 1974. (See Appendix A for articles of incorporation.) In conjunction with the Iowa Crime Commission, the funding agency, the incorporators established the R/SACC by-laws. These by-laws state:

The purpose of this organization shall be:

- a. to provide immediate and continuing counseling for the victims of rape and sexual assault and referral to appropriate medical, legal, and psychological services, upon the request of the victim;
- b. to cooperate in every way possible with law enforcement agencies, including the Polk County Sheriff's office, the police departments of the cities and towns within Polk County, and the Polk County Attorney's office, to bring about a greater arrest and conviction rate for the crimes of rape and sexual assault;
- c. to educate the public and law enforcement personnel about the crimes of rape and sexual assault and their effect on victims;
- d. to educate people to protect themselves effectively against attack.

The by-laws also established the make-up and mandate of the Board. As can be readily seen in the following excerpts, total community involvement is the goal:

Article III: Board of Directors

Section 1. The Board of Directors shall consist of:

- a. one elected or appointed representative from every interested organization in Polk County;
- b. one representative of each police department in Polk County; one representative from the Polk County Sheriff's office; one representative appointed by the Polk County Board of Supervisors;
- c. two representatives appointed by the mayor of the City of Des Moines, and one representative appointed by each of the mayors of the other cities and towns in Polk County;
- d. two representatives appointed by the Des Moines School District and one representative appointed by each of the other school districts whose geographical jurisdiction lies within or partially within Polk County;
- e. five members selected at large by the Board of Directors at its first official meeting, and at each annual meeting thereafter;
- f. any organization in Polk County which may desire representation on the Board of Directors, and has not applied for such representation before September 5, 1974, shall submit its application for membership in writing to the Board of Directors...

Section 3. The Board of Directors shall have all necessary and reasonable powers to carry out the purposes of the corporation as set out above.

2.3 Administration

The intent of the Center to involve and gain the support of as many organizations and institutions as possible has been successfully accomplished, for the governing board is composed of 75 representatives from 26 Polk County organizations. The Center's executive functions are conducted by the Board's executive committee which meets on a monthly basis with the program (the full Board meets four times a year). The rest of the Board members are assigned to committees usually according to their particular exper-

tise. The functions of each committee are outlined below:

- By-laws--study and recommend any changes needed to help obtain the objectives of R/SACC
- Finance and Budget--establish budget needs; establish insurance needs; recommend future funding sources
- Nominating--recommend slate of candidates for officers for the following year
- Office Facilities--establish needs and recommend ways to improve appearance of office; help office staff in any appropriate way as needs arise
- Personnel--advertise, interview, and recommend hiring of personnel; develop job descriptions and review performance; research need for any increase in staff
- Inter-Governmental Relations--provide communication between R/SACC and the governmental units that the committee members represent regarding concerns, needs and information
- Community Education--develop materials for R/SACC (i.e., brochure); review printed or visual material and recommend it if applicable for use by Center; help develop resource library, initiate publicity via mass media
- Supportive Services--develop Speaker's Bureau; initiate contacts for Speaker's Bureau and schedule speakers; coordinate orientation of Board members and Speaker's Bureau; coordinate workshops sponsored by the Center; develop resource persons for student information requests
- Victim Services--develop guidelines for coordinator regarding: (a) scope of Center's role in dealing with clients, (b) determining referrals to other agencies; provide resources for coordinator and/or designated counselors in improving interviewing and counseling skills; work with the coordinator to develop guidelines for use of other counselors, part-time staff, and/or volunteers
- Long-Range Planning--determine services to be provided and area to be served; determine the Center's relationship to other institutions and agencies; explore sources of future funding.

The importance of the Board of Directors' broad community base cannot be overstated. Representing a wide spectrum of organizations, the Board has "legitimized" Polk County's rape crisis center in the eyes of the legal, medical, and social institutions of the city. Moreover, the Board's committee functions have provided R/SACC with an extraordinarily expert and influential cadre of volunteers. The committee functions are further supported by members of a Speaker's Bureau composed of Board members or individuals recruited by the Board because of some particular expertise. Here are a few examples of the committee/member pairings which will provide insight into just how helpful this volunteer staff can be:

- Budget and Finance Committees/representatives of Polk County Board of Supervisors
- Inter-Governmental Relations/representatives of County D.A., ten police departments, two mayor's offices and the County Sheriff
- Community Education/Des Moines School District representative
- Victim Services/Broadlawns Hospital representative
- Long-Range Planning/Des Moines Mayor's office and an at-large member who is also an Assistant Attorney General.

2.4 Staff

The Center has three full-time staff positions--a program coordinator, a victim contact worker, and a secretary. In addition, a full-time prosecutor is linked to the Center and is responsible for prosecuting all Center cases.

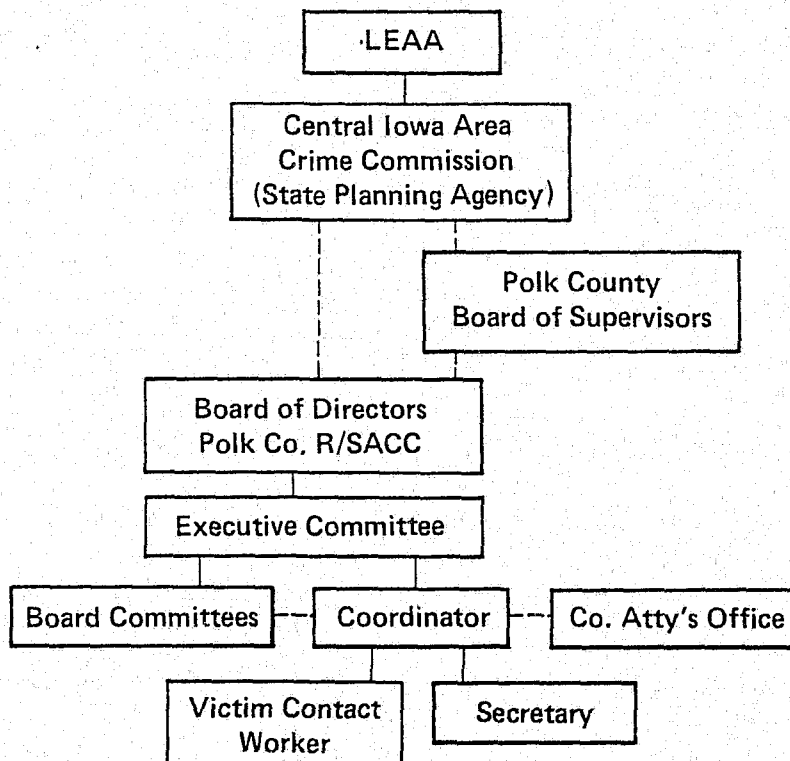
The program coordinator, Corinne Whitlatch, shares victim contact work (on a 24-hour alert basis) with the victim contact worker, and is responsible for coordinating activities with the special prosecutor and the Board and its committees. The victim contact worker, Carole Meade, in addition to her contact and counseling activities, has been active with the Speaker's Bureau, and conducts in-service professional training. The special prosecutor, Karla Fultz, is regarded as one of the top attorneys in the Prosecutor's Office. She is also chairperson of the Inter-Governmental Relations Committee and during R/SACC's planning stages, co-chaired the committee created to form the Center. Karla and Corinne have held their positions since the Center began operations.



Office space for R/SACC (three rent-free rooms) has been donated by the Iowa Lutheran Hospital, and has been in use since October, 1974. Much of the contact with victims, however, takes place in other locations. Since the support provided by the victim contact worker is not limited to a clinical setting or to clinical topics (both potential sources of discomfort), victims are more willing and able to provide information. In fact, victim support often takes place over coffee at the victim's house or business. This personal, informal approach usually begins during the first encounter.

2.5 Funding

The R/SACC is currently completing its second year funding cycle. During the first two years, program funds have come from the Iowa Crime Commission as LEAA State Block Grant Funds earmarked for prosecution. The following chart illustrates both the funding and project organization.



The Polk County Board of Supervisors, which is responsible for budgeting and administrative operations for the County has served as a clearinghouse for the SPA funds to the R/SACC. Now that the two-year funding cycle has come to a close, the County Board of Supervisors (as of June 30, 1976) has assumed fiscal responsibility for the R/SACC. The Board's Office of Administrative Operation is currently in the process of planning the future administrative organization of the Center. Currently, that office has committed County funds for the next two years without administrative changes, and is considering the future development of a wider, community service agency of which R/SACC would be one component. In any event, the County is committed to the Center's goals and basic method of operation for the foreseeable future.

2.6 Replication

Although R/SACC's goals are closely aligned with those of most other rape crisis centers, the actual goals of a center are commonly dictated as much by external as internal factors. Of crucial concern in defining project goals are the community's level of awareness and the existing laws and agency procedures, the financial resources available, and the project's political identification. Often, the more activist feminist groups want no contact with criminal justice agencies and limit their activity to lobbying for law reform or providing victim services (i.e., crisis and follow-up counseling). Indeed because of their limited contacts, centers with a militant orientation are apt to have an additional goal--to create a context in which women help themselves and each other. They may earn the reputation of being anti-male, anti-professional, and difficult for more conventional groups to work with. On the other hand, the more establishment-oriented projects are not only willing to work more closely with community agencies (and vice versa); they also tend to have direct access to these agencies by virtue of their political affiliations. Thus the political identification of the project is often the most crucial variable in determining project orientation.

R/SACC is a creation of the Iowa feminist movement, which is largely composed of professional women with established political ties. Unlike many centers that are spin-offs of consciousness-raising women's organizations, the wide scope and non-partisan nature of R/SACC's Board of Directors and the active involvement of its com-

mittees have made the Center known and respected throughout the community. Such a structure could be replicated in a community with the size and stability of Des Moines (201,000 in the 1970 Census). In areas of more than 500,000 or with a more transient population, reliance on volunteer support may be more difficult. This is not to say that Des Moines has some unique degree of homogeneity, but that there is a sense of "home-townness" and community stake that may be limited by size and mobility.

In addition to stimulating community respect and support, the active participation of R/SACC's Board of Directors also eliminates the need to subcontract service components. Such an organization is clearly less costly and perhaps ultimately more effective in promoting community responsibility for the treatment of rape victims and offenders.

CHAPTER 3

VICTIM SERVICES COORDINATION

"Under the impact of feminist investigations and increasing publicity about such neglect, more hospitals are now opening their doors to rape victims and providing better care. What is most needed is not special medical care, but something more difficult to obtain--understanding and concern. In the peculiarly complex and emotion-wrought crime of rape, special care must be taken that would-be healers do not also become unwitting oppressors."*

Much recent public attention has been directed at the institutions rape victims must confront if they report the crime. Criticism has been leveled at hospitals (not to mention police departments) for their alleged insensitivity in perpetuating the attitudes and social myths that add to the victim's trauma. Hospitals and social service agencies are the non-legal organizations confronted by rape victims as they strive to return to pre-rape normality, both physical and emotional. R/SACC's coordination with these two service components is the subject of this chapter.

3.1 Medical Facilities

Before the widespread public attention to rape, victims of sexual assault in and around Polk County were given support and treatment in, at best, a lackadaisical manner. There was no continuity of approach or communication between law enforcement officials and medical personnel. Typically the victim would appear in a hospi-

* N. Gager & C. Schurr, Sexual Assault: Confronting Rape in America, pp. 109, 128.

tal emergency ward without prior warning to the staff. After the victim arrived, it was not often explained to her what was about to happen. Meanwhile, police continued to question her. Doctors rarely knew what became of their patients after the exam since few victims came back for the follow-up exam. Nor was the relationship between the attorney's office and medical personnel close.

Many area private hospitals refused to give examinations to rape victims when they could get help at Broadlawns, Polk County's public hospital in Des Moines. One victim was even refused treatment after travelling 60 miles to receive medical attention. Hospitals in the area where she was raped were not adept at handling sexual assault cases as they received so few. Upon contacting a private hospital in Des Moines, much to her chagrin she found that not only were they not predisposed to handle such cases, but they refused examination when she was unable to offer proof that she had medical insurance covering such assault.

When R/SACC was formed, one of its major tasks was to review hospital procedures for treating rape victims and to recommend revisions that would create a Standard Operating Procedure (SOP). In conjunction with the Metropolitan Emergency Department Committee (MEDC), rape treatment procedures were developed that insure medical thoroughness, the psychological well-being of the victim, and the proper preservation of necessary evidence. The MEDC is composed of nurses, interns, and other medical personnel involved in the treatment of patients in the emergency wards of all metropolitan hospitals. This committee, whose main function is policy making and service coordination for patients, is chaired by Dr. Michael Abrams, who is also the Director of the Emergency Ward of Broadlawns Hospital, a member of R/SACC Board of Directors and chairperson of the Board's Long-Range Planning Committee. The procedures developed in conjunction with the MEDC are currently in effect in Broadlawns Hospital, the city's largest public hospital, while other hospitals have adopted the same or similar policies.

This protocol reflects careful consideration of the victim's non-medical needs. It is aimed at insuring sensitivity by attending personnel, as well as eliminating needless questions that could upset the victim. The hostility generated by previous examination procedures has been eliminated. The examination is much more pleasant with a minimum of patient objections to certain procedures. (In the past, rape victims would often bicker with medi-

cal personnel, and would refuse to undergo certain tests--specifically, parts of the pelvic exam--if they did not understand their importance or relevance.)

Dr. Abrams is quick to point out the tremendous help he received from R/SACC's coordinator in the smooth development of a professional procedure. Not only has she used her general counseling skills to help sensitize medical personnel to the emotional needs of victims, but her knowledge of what goes on during the medical examination has helped her prepare victims before they enter the emergency ward. Fewer women are bathing and douching immediately after the assault, allowing for the preservation of possible prosecutorial evidence.

When the victim undergoes the medical examination, she is treated as a "psychological emergency," for rape is a crime of violence resulting in psychological trauma. The nurse talks about the exam, making sure that the patient understands completely what is about to happen. Broadlawns Hospital has five private examination rooms, so the victim does not have to wait for extended periods of time as was the case previously. Most victims, either through the police or R/SACC, contact Broadlawns ahead of time, and the hospital staff has a room ready for her when she arrives. Says Dr. Abrams, "The more time (the victim has) to think about the event without treatment, the worse her emotional framework becomes."

After the examination the victim can then wash or bathe. She is given a fresh set of clothing that R/SACC has assisted in providing. These clothes include underwear, blouses, wraps, skirts, and robes--nothing elaborate, just comfortable clothing to help the victim relax until she can change into her own clothes.

No interrogation occurs during the medical examination, which was not necessarily true a few years earlier. The only people the victim comes in contact with in the examining room are a doctor, a nurse, and usually the Center's victim contact worker. Police officers are absent from the examination. "That only confuses the issue," asserts Dr. Abrams. "They (victims) are here for medical help, not questions."

The examination costs anywhere between \$50 and \$80, and can go much higher depending on the extent of injury, tests for venereal disease or pregnancy, etc. While Iowa Blue Cross and Blue Shield only pay the costs if the victim has been visibly beaten, four Polk County hospitals, Des Moines General, Iowa Methodist, Mercy and Northwest Community Hospitals, have adopted the Broadlawns policy of eliminating fees remaining after insurance billing for those sexual assault victims who accept service from R/SACC. In addition, the Iowa Senate has passed an amendment to the Criminal Code Revision which will take effect January 1, 1978, requiring that treatment for rape victims be paid out of County funds.

Each Polk County hospital has representatives on R/SACC's Board of Directors. Again, the importance of a broad-based Board of Directors emerges, for such Center/hospital coordination and co-operation prompts all County hospitals to contact the Center upon notification that a rape victim is arriving or has arrived. The Center's staff member then remains with the victim, if she so wishes, through the examination and is available to explain the procedures to both her and her family. R/SACC actively cooperated with medical institutions in 101 cases during its first year of operations, and was actually present during the medical examination in 96 of these cases. While most of the cases involved Broadlawns Hospital, case cooperation in at least one instance is recorded for each of the hospitals in Polk County. Broadlawns, like other public hospitals, differs from private hospitals in relation to rape victims not so much in procedure but in orientation. They have a different financial base, and, according to Dr. Abrams, are more dedicated, allowing them to "take care first and ask questions later." As a result, the Broadlawns emergency room is by far the busiest in the County. Thus, for reasons of cost and visibility it is a sound choice as the R/SACC's primary medical contact.

3.2 Medical Examination

The importance of a properly conducted medical examination cannot be overstated. If an accurate, legible, and complete medical record is prepared the charts and tests will speak for themselves. The physician need only be present in court for certification of tests and medical records. The Polk County Attorney's Office has papers on laboratory test analysis and rape exams which answer all questions that may arise. The protocol and recording instru-

ments are now an accepted and expected component of every Polk County rape trial.

3.2.1 Medical Examination Protocol

The following is a synopsis of the protocol developed by Dr. Abrams and employed at the Broadlawns Hospital.

First Contact With the Victim

It is vitally important that the victim be put at ease immediately and that she understand what is about to happen to her and why. It is suggested that emergency room staff meet her at the door and promptly escort her to the examination room. A statement like the following should suffice:

"Hello, my name is Nurse _____ (or Dr. _____). We know you've been through a very traumatic and shocking experience. It may be hard for you to talk about what just happened. We need to ask you some questions to help you medically and to help you legally. We need to do an examination and collect some specimens for testing. We will explain the why for each question and test. If at any time you have a question, or don't feel like talking, we understand why and we'll try to answer your questions. We want to help you the best way we know how."

Pre-Examination Considerations

- Preparing a medical records sheet: age, date of birth, etc.
- Patient consent to examination and consent to release information to police. If patient is a minor parental consent is necessary for both.
- Explanation of pelvic examination and determination whether prior ones have occurred.

- Informing patient of R/SACC if not yet done. If R/SACC counselor is already present, plan for mutual cooperation.

Written Medical History

Throughout the interview, it is important to explain before asking the question, why you need to have the answer, to avoid appearing judgmental.

- If patient desires to tell the whole situation, it is her choice. It is not medically-legally necessary for the physician to write down the total event. Items in the history regarding physical injury are medically important. Inquire about anal or oral intercourse; patient may not volunteer such because of embarrassment or lack of terminology.
- Time and date of assault.
- Last normal menstrual period and current contraceptive usage--explanation: to determine the chance of previous pregnancy and time of ovulation and possibility of pregnancy.
- Determine if there has been any bathing, douching, gargling since time of sexual assault--explanation: washing away semen, spermatozoa, blood, tissue, hairs, etc.
- Last time patient had vaginal sexual intercourse--explanation: if in past 24 hours, semen/typing would be necessary.
- Current symptoms, such as pain, bleeding, cuts, bruises, etc.

Physical Examination

- Emotional status of patient, i.e., oriented, controlled, extremely agitated.
- Pulse, blood pressure, temperature.

- Collect possible evidence-bearing clothing. Exam for presence of blood, hair, semen, and other particles, i.e., grass, dirt. The Woods ultraviolet lamp can be used to detect secretions in clothing. Place clothing in bag, seal, write identifying information on it and hold or give to police. The police may examine instead of physician.
- A very close exam of the patient's skin, hair, fingernails to detect bruises, bites, lacerations, semen, blood and evidence of trauma. Foreign matter, i.e., alien pubic hair, grass, fingernail scrapings--seal in envelope and write identifying information.
- Pelvic exam:
 - External genitalia, thighs, anus to be closely observed for trauma and dried secretions. The ultraviolet lamp is used to detect dried secretions.
 - Vaginal speculum exam: inspect for sperm, lacerations and bleeding.
 - Bimanual exam. Physician uses one hand intra-vaginally and one hand on abdomen. Detects uterus size and position, pain and size of ovaries and tubes and checks for unseen vaginal tears and internal damage. The rectum is also examined to detect lacerations and for pain. If history of anal intercourse, smears for sperm and acid phosphatase.
 - Pharynx and throat exam if patient gives history of oral intercourse.
 - A urine analysis will often show sperm up to 8-12 hours after vaginal intercourse. Urine specimen for pregnancy test, especially if estrogens are given for therapy reasons (optional).

Medical Diagnosis

Sexual Assault or Suspected Rape

Diagnosis as "sexual assault" is preferred since that term has no legal connotation (in Iowa). When the legal term, "rape" is used, it is necessary to precede it with "suspected". The term "alleged" is unacceptable as it connotes disbelief.

Medical Treatment and Considerations

- Immediate repair of any lacerations, and dressing for abrasions, etc.
- Tetanus toxoid given if indicated for lacerations.
- Venereal disease question: testing for gonorrhea and syphilis at the time of exam can be optional. Other venereal diseases to be considered are Herpes progenitalis virus, venereal warts virus, hepatitis B virus, mycoplasma and trachomitis viruses. Trichomonas and candida have been mentioned. If no test at this time, arrange for immediate future.
- Pregnancy considerations:
 - Pregnancy is rare with rape. There is a calculated 4% chance of pregnancy with one intravaginal penetration with viable sperm if it happens during time a woman ovulates.
 - Patient has several alternatives. It need not be an issue at time of initial exam. Patient is under extreme pressure and questions of pregnancy and abortion may only increase her conflict.

Medical-Legal Responsibilities

- If an accurate, legible and complete medical record is done, the chart and tests will speak for themselves. The physician only to be present in court for certification of tests and medical records.

- The main responsibility legally for the medical personnel to determine and document whether penetration, with or without ejaculation, occurred in the vagina, anus and/or mouth. The mere entrance of the penis into the vulva or between the labia majora is sufficient to constitute penetration. Also to document bruises and lacerations.
- Medical personnel are not responsible for determining whether the sexual assault was against the will of the assaulted.

Meaning and Value of the Evidence

- Spermatozoa: One of the best indicators of recent vaginal intercourse. Live sperm indicates intercourse within 3-4 hours and, in rare instances, up to 24 hours. Most intravaginal sperm die after 4 hours but can stay intact up to 72 hours. The dried Pap smear slide for sperm becomes the most critical test if patient is examined 13 or more hours after the assault. The fixed slide is kept for 5-10 years as evidence.
- Acid Phosphatase:
 - Since the increased incidence of vasectomies, this test has become a vital necessity to prove sexual intercourse within the past 12 hours.
 - Acid phosphatase is secreted by the prostate into seminal vesicle fluid called semen. Acid phosphatase stays stable up to 12 hours after ejaculation and can be detected intravaginally/orally/rectally on the skin and recovered from clothing.
 - Acid phosphatase can be frozen for preservation up to one year without appreciable loss of quantity.

Tests and Time Factors

In the first four hours after intercourse, live sperm is the best evidence. If no sperm is present, the acid phosphatase is

best test up to 12 hours after intercourse. After 12 hours, dead sperm can be present for 48 hours if no bathing or douching and the dried, Pap smear is best test. After 48 hours, pregnancy is best indicator of intercourse.

Semen Typing

Semen typing is best done from dried seminal stains found in patient's clothing. The BCI Lab has this capability. Typing semen from vaginal secretions can be done, but the patient's blood has to be drawn and typed also.

3.2.2 Training

Medical personnel assisting rape victims should fully understand all rape treatment procedures in their facility, and receive training sensitizing them to the victim's needs. Such training ideally should be incorporated into the curricula of professional schools. Rape crisis centers can help promote its incorporation by participating in the in-service training for medical personnel. With R/SACC participating, training has been conducted in all Polk County hospitals. These training sessions are mostly informational seminars regarding the medical procedures, with a "sensitivity training" segment that attempts to make medical personnel aware of some of the problems of a victim. Dr. Abrams and the R/SACC coordinator have spoken on occasion to the Iowa State Medical Records Meeting and to the Emergency Department Nurses Association. Together they show slides and a film, "The Reality of Rape," to the nurses in training. Due to the rotation of nurses in a given emergency ward, Dr. Abrams and the project coordinator speak to nurses twice a year to insure reaching everyone. Last year they spoke more than two times due to increased interest.

That the Center has been instrumental in cooperating with and sensitizing the personnel of medical facilities is echoed in this quote by Dr. Abrams: "If other agencies are to do what R/SACC does, why hasn't it been done?" The in-service training provided by the R/SACC staff and Dr. Abrams, in addition to insuring that all the procedures listed in 3.2.1 take place, also helps doctors, nurses and other hospital staff realize that the victim has just undergone a life-threatening and emotional

trauma. Staff must be aware that their attitudes, if negative, can severely impair the victim's recovery in the long term by increasing her feelings of guilt. In the short term, they may hamper her ability to provide law enforcement personnel with crucial information in the critical few hours immediately after the assault. Thus, the following guidelines are impressed on all staff. The role of medical personnel is to:

- Identify and treat injuries in need of treatment;
- Insure proper arrangements are made for tests (and treatment if necessary) for pregnancy and venereal disease;
- Record all indices that intercourse occurred, paying minute attention to data collection forms provided in the emergency room.

The role of medical personnel is not:

- To determine whether or not consent was given;
- To evaluate or comment upon the victim's behavior.

3.3 Counseling and Supportive Services

R/SACC provides social services to rape and sexual assault victims in three main ways: 1) by lessening the victim's trauma during the immediate post-crisis period; 2) by easing the victim's return to normal life; and 3) by supporting the victim and her family through all criminal justice proceedings. Since many of Polk County's social service professional agencies and community organizations have representatives on the Center's Board of Directors, coordination with social service agencies has progressed well. During the first operational year R/SACC received 42 referrals from 19 agencies and referred 20 victims to other agencies. All Center services are free to clients and confidentiality is assured.

3.3.1 Post-Crisis Counseling

Most centers attempt to provide a 24-hour-a-day hotline service so that a victim can have contact with a counselor immediately following the rape. R/SACC uses trained and supervised personnel for its 24-hour telephone counseling service. Not only are the Center's coordinator and victim contact worker dedicated and well trained in crisis intervention skills, but other people who are among the first contacted by the victim -- Sheriff's Department personnel, police officers, doctors -- have all been sensitized by R/SACC concerning victim counseling and needs. Through the physical presence of the female coordinator or victim contact worker, the Center provides support and information to the victim (and family and friends as needed) during the hospital examination, in making the decision to report the assault, and during the contact with law enforcement personnel.

Reporting the assault is not a condition for receiving the services of the Center or for the medical examination. All the same, the Center uses "gentle persuasion" to encourage the victim to report. It is explained that reporting will increase the chances of apprehending the offender. Although the medical examination and criminal proceedings might be traumatic for her, Center personnel will support her all the way. More importantly, she would be doing a service to other women of the community who might fall prey to that assailant if he is not arrested and punished. Most women who contact the Center do decide to report the crime as a result of Center encouragement and support.

3.3.2 Follow-up Counseling

Before the existence of R/SACC, rape victims received little or no follow-up counseling treatment. A Salvation Army worker would on occasion see a rape victim, but this support was without a planned programmatic approach. A Victim Services Committee was formed by R/SACC to aid victims by providing guidelines for staff in social service work, including guidelines for private agency referral when necessary. "Emotional support and trust are the key things to victim services," says Karilyn Broad, a social worker at Broadlawns Hospital and a member of the Center's Victim Services Committee. "Not all victims need or want

counseling, and most do not need professional psychiatric counseling." Still, the Committee makes sure it is available if needed. Counseling from the Center has a dual orientation. Center staff will counsel victims until a point is reached when an organization or professional having expertise in a particular area of need might be of better service. Then the Center acts as a referral agent. There is no need to train Center personnel expertly in every social service conceivable for thorough-going counseling when such services are readily available in the community. Furthermore, long-term counseling would be inordinately difficult and expensive for the Center.

3.3.3 Victim Services Committee

The job of developing internal counseling procedures, including when and where to make referrals, is the mandate of the Victim Services Committee of the R/SACC Board of Directors. Composed of social workers and a psychologist, the Victim Services Committee performs in an advisory capacity for the Center, developing guidelines for the project coordinator and the victim contact worker concerning the scope of the Center's role in counseling clients. Together with the project coordinator, members of the Victim Services Committee have developed written guidelines for the counseling of rape victims. These guidelines are a combination of original material and material adapted from other sources. The following is a summary of those guidelines.

Role of the Counselor

In counseling and/or interviewing rape victims the following skills and abilities can be extremely useful in getting necessary information, putting the victim at ease and recognizing the limits of the counseling effort.

- Compassion - be aware that the victim is experiencing mental and physical trauma. Be acquainted with myths and the resultant responses they may engender in the victim and her friends and family.
- Knowledge - of the procedural matters involved regarding the medical, law enforcement and judicial systems.

- General Counseling Skills - be on guard to recognize what is important to victim. Encourage her to express her feelings. Do not attempt to redefine the situation as being more or less critical than she sees it. Only the victim can determine how critical the situation is, since determination must be based on her values.
- Maintain Reasonable Expectations - for both the counselor and the victim. Communicate immediately what can and cannot be done. Pre-existing life problems will persist and may, in fact, be brought into sharper focus by the crisis.
- Assist in Decision-making - the victim must, of course, make all the decisions herself. However, she should be made aware that decisions need to be made regarding medical treatment, reporting to the police, child care, and informing relatives. The counselor must be aware of the available alternatives to be effective.
- Institutional Advocacy - know all the procedures followed by all agency personnel that the victim might contact. Although they have their own SOP's that are sensitive to the rape victim, those SOP's might be overlooked. Be prepared to explain all procedures.
- Family Contacts - the counselor can help the victim find support from other people in her life. The victim will often have a good intuitive idea who to tell or not and how they will react. Offer to help her tell family/friends if she wants you to. Sometimes a third party can be a buffer during the initial period of revelation.

The following excerpts from the guidelines present counselors with specific information concerning the emotional state of the victim, needs for counseling during the trial and overall "do's and don'ts" of counseling.

3

PAGE 41

100%



Feelings Frequently Felt by Rape Victim

Fear of the Rapist - 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 the 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. Whatever she decides, her plan should be clear in her mind and simple to put into operation even when she is emotionally upset.

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.

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 willpower and control over herself.

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, including medical and law enforcement personnel, may be painful.

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 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.

Anger - this is the most appropriate attitude, and it is a healthy 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 in 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.

In Summary - the victim needs calm, reassuring, unwavering support. She needs to know that she is not crazy. She needs help to restore her dignity and self-respect. She need not feel ashamed or guilty. She needs to see the

total rape experience for what it was, an attack on her whole being. The rape cannot be allowed to become a dominant factor in her life. Such an assault is a terrifying experience that she must incorporate into her life, and then continue living as a stronger woman. It would be damaging to repress the experience or to negate her own part in it, however small.

Counseling at the Time of Trial

As the trial approaches, many of the victim's initial feelings will resurface and may even intensify. She faces seeing and accusing her attacker and telling about what happened before a jury and open court. The defense will be either that she has incorrectly identified the rapist, that sexual intercourse did not take place, or that she consented to the intercourse. Any line of defense will make her feel that she is not believed. The questioning will be embarrassing in its detail and frustrating and irritating as the attorney will attempt to confuse her and cast doubt on her credibility and character.

She will be helped by recognizing that it will all be over soon. She will no longer have to keep details fresh in her memory and can allow herself to forget. The prosecuting attorney should become acquainted with the victim prior to trial and should explain courtroom procedures to her and discuss with her the likely defense. The sexual assault counselor is invaluable at time of trial. The victim needs to recognize and express her feelings and not suppress them in her attempt to view the trial objectively.

She should be prepared for the possibility of acquittal and encouraged to recognize that successful prosecution of rape is very difficult, and acquittal does not necessarily mean that she was not believed. "Proof beyond a reasonable doubt" is a necessity for conviction. Technical and legal problems are also often factors in acquittal.

She should not be present in the courtroom except when testifying. Hearing the other testimony will intensify her negative feelings, and the jurors may be distracted by her presence or influenced by her reaction/nonreaction.

Tips for Counselors

1. Just listening and indicating that you understand is very important to the victim. By trying to share her feelings of the moment she is, in essence, helping herself.
2. During the impact period, the victim is hypersensitive to any action or statement which you might make and often fears "pressure" from you even when she is asking for advice.
3. Even if the woman states that she is a relative or friend of the victim, keep in mind that it might be the victim herself. Some women cannot bring themselves to admit to the fact immediately.
4. For the victim who has difficulty in communicating, the counselor can usually begin by asking her how she feels.
5. Assure the victim that she has not been singled out for an attack, but that what has happened to her has happened to thousands of other women.
6. Do not phrase questions in a manner which will inhibit the victim, such as, "Are you using a form of birth control?" Say instead, "Do you have any physical concerns right now?"
7. It helps the victim to be told that this experience will cause a disruption to her life for a while.
8. If she feels guilt because she failed to fight, tell her that fear inhibits most people or that survival is the most important thing -- depending upon the individual situation.

9. *If she is alone, offer to call someone for her. If she does not want anyone called, assure her that you will be available if she needs to call again.*

While the R/SACC staff receives continuing consultation from the members of the Victim Services Committee regarding victim counseling needs and approaches, the counseling goal of the Rape/Sexual Assault Care Center is to deal with the immediate crisis situation and to minimize the stresses of the aftermath of the sexual assault -- in other words, to attempt to return the victim to her pre-assault state. In an effort to be available to victims after the immediate crisis has passed, R/SACC conducts a follow-up phone call or visit, and arranges for appropriate medical follow-up regarding possible and actual venereal disease and pregnancy. Any on-going counseling needs which are not directly related to the assault are handled by referral to other professional agencies. Victims have been referred to such agencies as: Planned Parenthood, Child Guidance Center, Legal Aid, Child Protective Service, and Iowa Runaway Service.

The Center also sends a follow-up questionnaire to the victims of rape or sexual assault who have had contact with either the coordinator, victim contact worker, or special prosecutor in their work with R/SACC. "The best way to evaluate (the Center's success) is to ask those people what they think," feels Corinne Whitlatch, project coordinator. Of those who responded (all replies are anonymous), more than 80 percent felt that the Center was at least somewhat helpful (see Appendix B). Some of the comments included:

"I was told about the Center when I arrived at the hospital. Corinne was there almost immediately. She stayed with me through the police questioning, examination, drove me home, took me to the police station. She made me feel as comfortable as possible in a situation like that."

"It was good to know someone was there."

"They made me feel a lot better. And more at ease when I went to court. Because I knew the women at the Rape Center were behind me all the way."

"Without feeling someone really understood and cared,
I couldn't have made it."

Not only does R/SACC provide in-service training to medical facility personnel, it provides training to the staff at many community agencies regarding both the physical and emotional needs of victims, and the criminal justice process in rape/sexual assault cases. Participating agencies include Youth Services, Child Protective Service, Goodwill Centers, and Planned Parenthood. In addition, R/SACC assists case workers of other agencies and provides counseling advice and information to victims of past sexual assaults that have no current relevance to the criminal justice system.

3.3.4 Criminal Justice Support

Of course, the most intensive work for the Center involves those cases where the victim pursues prosecution, due to the additional stress of that experience. Of critical importance is the support given the victim by the physical presence of the coordinator or contact worker during every phase of law enforcement contact. The police interrogation and possible administration of a lie detector test can cause a great deal of anxiety that is reduced when a woman who is familiar with the proceedings is present and lends support. The Center staff members also remain by the victim's side during the court proceedings, often assuming the responsibility of transporting the victim to and from court. This support is of tremendous value. Said one victim, "(the counselor) helped at the courthouse in explaining what was going to happen, questions I'd be asked, etc. (She was) very helpful with information and understanding."

3.4 Replication

Since R/SACC does not engage in any long-term counseling effort but instead acts as a clearinghouse, this type of project must necessarily have strong linkages with appropriate community service agencies. Although this is related to the Board's role in

establishing linkages, community size is not much of a limiting facet as larger cities would have a greater abundance of agencies to call upon.

Although many projects are neither affiliated nor identified (in the eyes of victims) with a specific component of the medical, social, and criminal justice institutions in their communities, the institutionalization of project-related procedures is crucial to the success of any rape crisis center. All too often medical examiners are unaccustomed to looking for or recording non-medical corroborative evidence (such as grass stains, pubic hairs, or threads of clothing) that could be essential for prosecution. R/SACC has been effective in formalizing procedures for medical examinations, police interrogations and prosecution. In Des Moines, these changes all appear to have been instrumental in de-traumatizing the process for victims and in encouraging them to pursue prosecution. This can be replicated through a rape crisis center willing and able to provide the necessary training and materials. Of course the agencies themselves can decide to adopt similar procedures and seek out materials or guidance. Whether pursued formally or informally, the only bar is the willingness of appropriate agencies to adopt procedures sensitive to the concerns of victims of rape and sexual assault.

CHAPTER 4 CRIMINAL JUSTICE SYSTEM COORDINATION

Three major criminal justice system agencies are located in Polk County: the Des Moines Police Department, the Polk County Sheriff's Department and the County Prosecutor's Office.* A major goal of the R/SACC is to serve as a resource to these agencies in order to increase rape reports, arrests, and convictions. R/SACC's aim is to be considered an integral part of each agency's overall approach to the conduct of a rape investigation or prosecution. This chapter details the interagency coordination between R/SACC and each one of the three criminal justice components.

4.1 Des Moines Police Department

For the most part, R/SACC enjoys good relations with both the major enforcement agencies, the Des Moines Police Department and the Polk County Sheriff's Department. In the case of the former the relationship is somewhat less institutionalized than desired but still apparently effective as far as the victim is concerned. R/SACC staff have two primary interests. The first is insuring that police-victim contact results in Center contact so that a Center representative can be present during the police inter-

* There are, of course, the Police Departments of the various smaller cities within Polk County. They are all familiar with and supportive of the R/SACC (in fact, are represented on the Board). However, their incident contacts are few.



view.* The second is insuring that police personnel are trained to be both sensitive to the needs of the victim and aware of the particular evidentiary needs for successful rape prosecution. The Center is attempting to formulate a Standard Operating Procedure (SOP) for the police to adopt. Pending such an SOP, however, it has already been arranged that the police dispatcher notify the R/SACC when a sexual assault report is made.

The R/SACC coordinator also speaks periodically at police roll call reviewing the Center's goals and updating the line staff on any new R/SACC services. She explains at that time the benefit of having the victim contact worker present during the interview and the ways she may be useful to the investigating officer. As explained to officers, the victim contact worker can:

- Help to calm the victim so that the police report can be quicker and more complete;
- Assist in such tasks as providing fresh clothing and telling/calming the victim's relatives;
- As a woman, ease the victim's embarrassment at telling about the actual sex act and can explain to the victim why consent and sex questions are necessary;
- Relieve the victim's apprehension about going to the hospital and, in fact, accompany the victim to the hospital if the officer is needed to pursue the investigation or secure the scene; and
- Encourage her to be fully truthful and relieve apprehension the victim might have about the police.

In addition to making this type of presentation at police roll call, the R/SACC has also been instrumental in dis-

* There is no question that the Center will ultimately be contacted because the police will take the victim to Broadlawns, which contacts the R/SACC as standard procedure (see Chapter 3).

continuing the dissemination of an outmoded SOP regarding rape.

4.2 Police Training

Of course, discontinuing an outmoded SOP and explaining the various benefits of the R/SACC to patrol officers at roll call does not insure a good rape investigation. Realizing this, the R/SACC staff, along with the special prosecutor, are involved in rape investigation instruction at the Des Moines Police Academy. To that end, the R/SACC staff has developed training guides and materials for the investigation of sexual assaults. These are summarized below.

Guidelines for Investigation of Sex Crimes

The investigating officer of an incident of rape has a dual responsibility: to deal appropriately with the emotional distress of the victim and her family, and to properly investigate the case and preserve the evidence for possible prosecution. These responsibilities need not be inconsistent, for a victim who is treated with kindness and patience will be of far more assistance in the investigation and will usually be a better witness for the prosecution. The guidelines presented here are of particular use to the responding police officer, whose initial investigation often provides the bulk of the prosecution's evidence at trial.

1. *The Victim -- In the crisis situation the police officer is both a social worker and a trained investigator. In dealing with the victim of a sex crime, the officer will be patient and explain what he is doing and why so that the victim understands the need for each step in the investigation procedure. A successful prosecution can only result if the entire truth is known; if the victim feels further victimized by police, accurate and full details may be lost.*
2. *The Victim's Family -- The officer will not interview the victim in the presence of family or friends, for the victim usually will not be as candid and detailed, leading to problems with the investigation.*

The officer will contact a relative or close friend of the victim if desired, and request that person to meet the victim either at the hospital after the medical examination or some place else that is convenient, and at a time that will not interfere with the initial investigation.

3. *Corroborating Evidence* -- Since the only witnesses to a sex crime are the victim and the assailant, corroborating evidence, although not required by the law, is often necessary to achieve a conviction. Because what available evidence there is is frequently subject to rapid destruction (sperm, bloodstains, etc.), it is essential that every bit of possible evidence be preserved and gathered immediately.
4. *The Victim's Statement as Evidence* -- In a sex crime, statements made by the victim soon after the crime about what happened and about the identity and description of the assailant are admissible in court to corroborate the victim's testimony. Since the police officer is frequently the first person to whom the victim tells the story in any detail, he should make as complete a report of the statement as possible.
5. *Sexual Assault Counseling Services* such as rape crisis centers may be of significant assistance to the police when they can work out mutually supportive operations and referral systems.

Duties of the Officers Investigating a Sex Crime

1. *Dispatcher* -- The police dispatcher receiving a call about a sex crime will advise the victim to wait wherever she is for a police squad, notify the hospital that a victim of a sexual offense will be arriving, and notify and instruct the sexual assault counselor.
2. *Officers*
 - A. *Division of Responsibility* -- Upon arrival one officer will undertake the responsibility for

5

PAGE 54

100%



dealing with and questioning the victim. His partner will assume primary responsibility for preserving the scene, gathering the evidence, seeking assistance from detectives and the crime laboratory, instructing dispatcher to notify hospital and a sexual assault counselor, and locating parent of a minor.

- B. Interviewing the Victim -- The officer who interviews the victim will explain the complete investigative procedure, and obtain all of the available evidence for a possible prosecution. He will explain what kinds of evidence he needs to enable the victim to assist him, that he must know the exact location of the offense, and that the victim will have to undergo a medical examination, both to discover and treat any injuries and to gather evidence for prosecution.
- C. Photographs of the victim will be taken before any cleaning or straightening up of the victim is done. These pictures will be used to illustrate to the jury the victim's physical condition at the time immediately following the assault.
- D. The Medical Examination* will take place as soon after initial contact as possible for the purpose of obtaining medical evidence. The hospital should be notified prior to arrival so that personnel and an examining room can be prepared. The officer(s) should not be present in the examining room. After the examination the officer(s) should receive the following evidence from the doctor or nurse:
 - (a) Victim's clothing (everything relevant) unless the victim must be taken home to get other clothing first.

* See Section 3.2.1 for the protocol developed for doctor's use during the medical examination.

- (b) Photographic film to be developed by police if photographs have been taken at the hospital.
- (c) Fingernail scrapings in sealed containers, if relevant.
- (d) Pubic hair combings together with the comb used, in a sealed envelope and plucked or clipped hairs from the victim, in a separate sealed labeled envelope.
- E. Writing the Report will be done separately and completely by each officer.
- F. Witnesses -- The officer will obtain the names, addresses and phone numbers of any and all witnesses, as their statements may provide corroborating evidence.

3. Detective

- A. Interviewing the Victim -- The detective must develop a rapport with the victim in order to find out everything about the offense and everything about the victim that is relevant to the case. A sexual assault counselor may be of assistance to the detective here.
- B. Assignment of cases -- One detective or supervisor will act as coordinator to read and assign all sex offense cases. One detective will be assigned to be responsible for each sex offense case from the beginning of the investigation through trial.
- C. Identification Procedures -- A lineup is always better than photograph identification, which should only be used as a last resort. Still, more than a mere identification of the suspect by the victim is needed to obtain a conviction.

Filing of Charges

After the investigation has been completed and all facts and circumstances recorded, the case then should be presented to the investigating officer's superior or the Prosecutor's Office for the filing of charges. The investigating officer should remember that it is his job to investigate, not to make decisions for the Prosecutor's Office. If a woman is in fact lying, a good investigation will show that and the Prosecutor's Office can make the decision and explain to the woman that it would appear there is not sufficient legal ground for the filing of the charges.

4.3 Polk County Sheriff's Department

The Polk County Sheriff's Department has enforcement responsibility throughout Polk County. Although their practice is to yield to the Des Moines Police regarding crimes in the city, many crimes which begin in the city culminate outside city limits. This is particularly true in cases in which an automobile is used. It is not uncommon for victims to be first contacted by assailants in Des Moines and then to be driven to the "country," outside the city limits, where the crime actually occurs. While the Police Department handles many more rape cases (about 4:1), the Sheriff's Office is involved in sufficient numbers (24 in the past year) to demand a standard procedure.

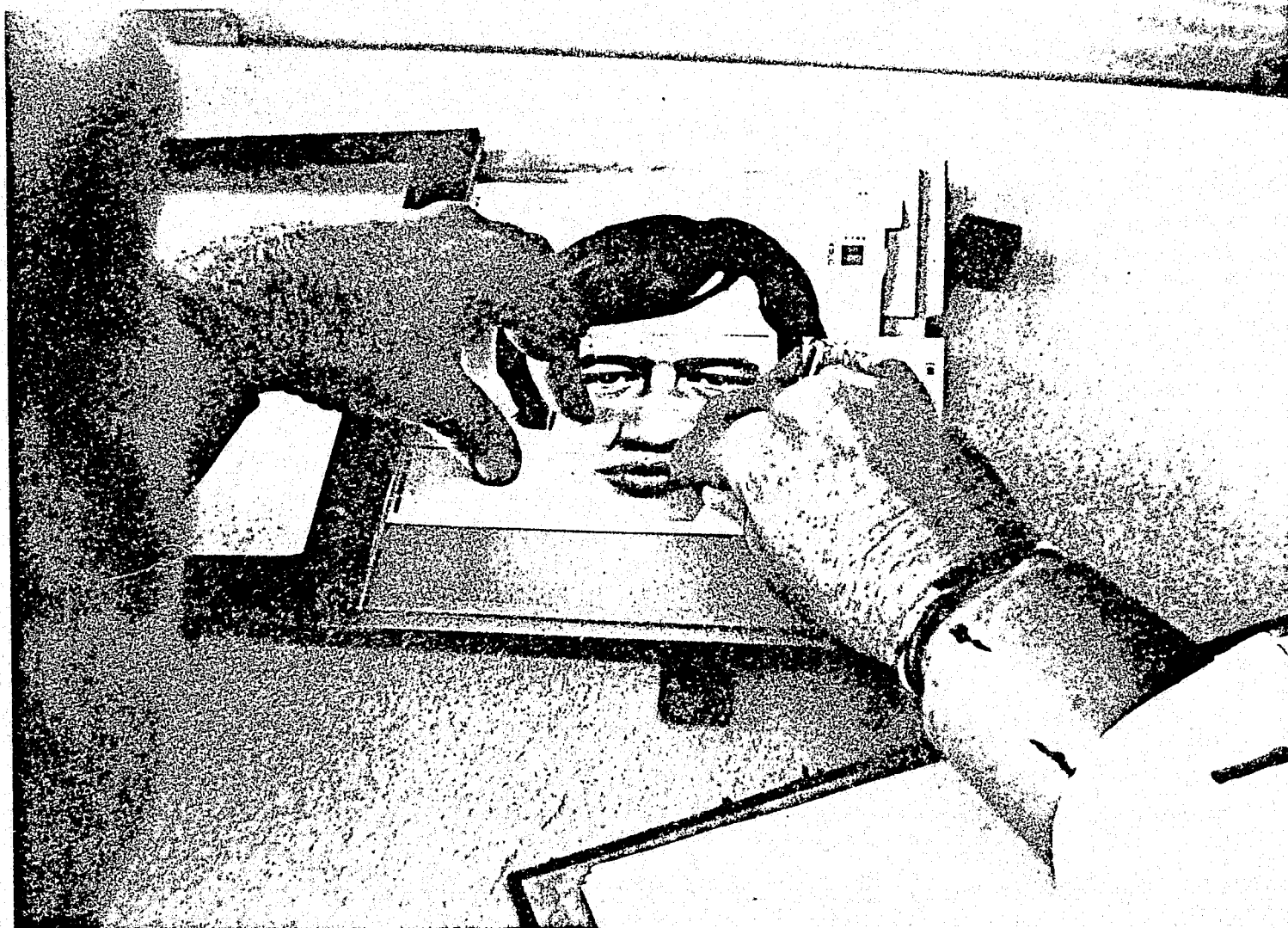
All rape cases reported to the Polk County Sheriff are handled by the "rape unit," one of three specialized units within the Detective Division. Upon receiving a sexual assault report the dispatch officer will notify the rape unit which is on 24-hour call. (As standard procedure, the dispatch officer also notifies the R/SACC.) The unit is comprised of two officers, one male and one female, who work as a team. Together with the R/SACC member the team works with the victim. Usually, questions concerning details of the actual assault are handled by the female member alone.

In addition to this procedure, the Sheriff's Department also maintains a mobile file on all sexual assault cases. A card index and tape recorder accompany the team on all calls and allow

6

PAGE 58

100%



for identifications, and, at times, on-the-spot confessions. The file includes a cross-index of suspect descriptions, names, vehicles, locations, and M.O.'s (including vocabulary). This is a particularly useful tool for identifying and ultimately prosecuting the multiple offender. The information is gathered through victims directly and from the third party report procedure that is conducted by the R/SACC and subscribed to by both the Police and the Sheriff's Departments. The third party report allows victims who do not wish to prosecute, but who are willing to contribute information regarding their assailant, to do so anonymously.

4.4 The Polk County Prosecutor's Office

The Prosecutor's Office is a key to the R/SACC operations. As discussed in the introduction, County Prosecutor Ray Fenton was instrumental from the very beginning in establishing the Center, and it was with the cooperation of this office that prosecution funds were sought and awarded for the R/SACC's first two years of funding. In addition, and most importantly, Mr. Fenton has designated full-time sexual assault prosecution to one prosecutor, Ms. Karla Fultz. Ms. Fultz has served in this capacity since the program's inception and in fact was on the advisory board that recommended and planned the Mayor's Conference on Rape.

With one prosecutor responsible for the case from start to finish, the internal procedure of the Prosecutor's Office changed drastically. In the past, the case would begin when the screening unit interviewed the victim and prepared the papers for the prosecutor's review. If the case was determined prosecutable, a County Attorney's Information was filed by a first assistant who prepared the case for trial, and often needed to go over the story again with the victim. If no plea was developed, the case was turned over to a trial attorney, who, of course, interviewed the victim yet again. Clearly, the lack of continuity might produce less than the best possible prosecution just as it proved traumatic for the victim.

Now, however, all aspects of the case are handled by Ms. Fultz. Now that continuity has been established, victims refer to the

prosecutor as "my lawyer." In addition to working closely with the R/SACC staff, Ms. Fultz is also available to victims on a 24-hour basis should they feel a need to speak with her.

All prosecutorial decisions are Ms. Fultz's from the beginning; for instance, whether to proceed with a grand jury indictment or County Prosecutor's information. Her decisions are dictated by such variables as the weight and nature of the evidence and the emotional condition of the victim. For cases which appear weaker, a Grand Jury is a good proving ground. Cases that emerge still weak may be pled-out to lesser charges. Some victims might like the dry-run notion of testifying before the Grand Jury in a more relaxed atmosphere (no cross-examination), while others might need to end all proceedings as quickly as possible. Another consideration is the opportunity of getting a sworn statement from the Grand Jury. Throughout trial, Ms. Fultz works closely with the victim advising her of every step and what to expect. Prior to trial a visit to the empty courtroom may relax the victim and acquaint her with surroundings and the procedure. Of course, Ms. Fultz will also honor decisions not to prosecute (although not without some attempt to convince victims to continue if she thinks the case is prosecutable). However, Ms. Fultz does not first meet a victim unless that victim so requests. Karla has prepared a concise "how-to" manual for sex-crimes prosecution which appears in its entirety in Appendix C. The following highlights demonstrate case preparation and prosecution techniques.

Pre-Trial Preparations

Preparation for trial should begin when the preliminary charges are filed. Early contact with the victim is desirable to begin building a relationship marked by full cooperation. The victim should be told what legal steps will be taken. Since possible defenses are often evident this early in the case, it is important to impress on the victim the importance of telling the truth. The common tendency on the part of victims to assume guilt for the attack often prompts them to lie about some points in an effort to appear totally blameless.

In areas where crisis centers are cooperative with police and prosecutor's officers, the victim contact workers can provide

valuable liaison between the prosecution and the victim. Victim contact workers can clarify aspects of the legal process that the victim does not understand, in addition to giving the victim needed support.

Other witnesses who should be interviewed include the first person to whom the victim spoke after the assault, the medical examiner (if a medical-legal protocol has not been established)*, and those who observed struggling, heard screams or any other events which would indicate lack of consent on the part of the victim. The defense that the act was consensual is frequently used by counsel for the defendant in rape cases.

Physical Evidence

The importance of physical evidence that a jury can touch, hold in their hands, and take back to the jury room with them should not be minimized. The clothing the victim was wearing, photographs of the scene, fingerprints of the assailant, weapons and hair samples are all examples of physical evidence that can be introduced at the trial of the sex crime. This evidence is provided by police and medical examiners who are well trained in the gathering of evidence in rape cases.

Depositions

The prosecutor should take the time to talk with all of these persons prior to the deposition, explaining carefully to each the reason for the deposition. The victim should be told that any questions in regard to her prior sexual conduct will be objected to by the prosecutor and that she should not answer these questions.

* See Chapter 3.

Exclusionary Motions*

This is an important tool for the prosecutor for it can be used to exclude any mention of the victim's prior sexual conduct. In cases involving a sexual assault, juries have a tendency to try the victim. The case should be assembled with that thought in mind, with each witness corroborating as much as possible the testimony of the victim. Her credibility must be "sold."

Applicable Laws

(Each state has its own set of laws and statutes concerning the various issues surrounding sexual assault cases. Only Michigan, Florida, California, and Iowa have statutes limiting the use of past sexual conduct of a complaining witness in prosecutions for rape. Prosecutors must consult each state's law directory to construct the best possible case.)

Admissibility of Other Crimes

The evidence of the defendant's other crimes is weighed as to its probative value versus the probability to prejudice. When defense counsel has interjected language reflecting on the woman's reputation into his opening statement, this fact may be argued to be a rationale for the admissibility of such evidence.

Instructions

In the trial of rape cases, advance preparation of the instructions is very important. There is no longer an instruction dealing with corroboration in the standard instructions in rape cases. The Lord Hale instruction ("A charge of rape is easy to make . . .") was struck down by the Iowa Supreme Court. The present instruction, however, is slanted in much the same fashion, containing the phrase, "If a woman consents in the least during any part of the act of intercourse, there is not such opposing will as the law requires. . . ."

*

In Iowa these are called motions in limine.

Trial

There is no standard way of trying any case, civil or criminal. However, the trying of sex crimes involves more scrutiny of the evidence and a different approach from any of the other crimes of violence.

Opening Statement

Use your opening statement to give all of the facts of the case to the jury. First impressions are often lasting ones.

Witnesses

The victim is usually the first witness called. Taking time to talk with her, explaining the courtroom procedure, and showing her the courtroom will be beneficial to your case. The victim should not remain in the courtroom after testifying. Her presence will be distracting to the jury and hearing the testimony of other witnesses may be distressing to her. Presenting other witnesses in chronological order, although not required, makes the case easier for the jury to follow.

Rebuttal

Generally speaking, bringing back the victim will add little to your case. She should not be recalled unless it is absolutely necessary as testimony in cases involving sexual assaults is extremely stressful for the victim.

Closing Argument

Begin planning your closing argument with your first witness. When the victim has not been physically injured, arguments which stress the criminal acts, the victim's lack of choice, and the continuing fear experienced by the victim should be used. End your explanation with a call for a verdict of the highest offense.

4.5 Additional Prosecutorial Responsibilities

In addition to preparing and prosecuting cases, and serving as liaison with the R/SACC, Ms. Fultz is also responsible for liaison between the Prosecutor's Office and other agencies, particularly enforcement and medical. The special prosecutor is on constant call with Police and Sheriff's Department officers for such necessities as warrants and line-up preparation. The latter is particularly important because of the possibility that a "bad" line-up will breach the defendant's constitutional rights and prevent prosecution. Other law enforcement contacts include determination of charges and requests for bond. It is equally important that the prosecutor work closely with medical personnel because of the critical nature of the medical evidence. In Polk County this was facilitated at an early stage in the overall program development by Ms. Fultz's involvement in the preparation of the medical protocol. As a result, the medical report is confined to medical evidence. At the special prosecutor's insistence, certain sections asking for descriptions of the assault which did not add to the medical report were deleted. These sections made possible conflicting assault reports because of the use of different and legally untrained transcribers.

4.6 Replication

The key to effective coordination of center and criminal justice system agency activities is prioritization. Rape/sexual assault is a crime in every jurisdiction and therefore demands both police and prosecutorial attention. The R/SACC (or similar) guidelines for investigating sexual assaults, interviewing victims and prosecuting offenders are easily replicated once there is a commitment to concentrate attention on such crimes.

In Polk County, the R/SACC's entire development was predicated on the community's prioritization of victim care and offender prosecution in rape cases. The decision to involve the criminal justice agencies through the Board of Directors went a long way toward insuring that priority. However, neither the police nor the prosecutor can effectively prioritize if the laws do not lend themselves to successful outcomes. Police will be less willing



to give priority to rape investigations if they know there will be no conviction unless there is an independent witness. Prosecutors will be equally hesitant to prioritize rape cases if standard of proof evidentiary procedures and jury charges militate against conviction. In short, the only obstacles that might impede the adoption and/or development of sensitive guidelines for the investigation and prosecution of rape cases are outmoded statutes that render any approach ineffective.

CHAPTER 5 COMMUNITY EDUCATION

Any solution to rape is complex and must involve a multifaceted approach. Basic to all reforms is a change in attitudes toward the female half of the population and in the ways in which men, ordinary citizens as well as rapists, intimidate and oppress women. Rape is not an isolated phenomenon of "sick" males, but rather an inevitable part of the entire social matrix which denigrates women--psychologically, physically, economically, and politically--and which still tends to regard females as male "property."*

A generation ago the word rape was proscribed in polite conversation. Legislatures and judges avoided the word. Now, attitudes toward rape are changing. For the first time in centuries, the public is questioning the way in which the law (and society) treat both rapists and their victims. The distribution of educational materials on the subject by R/SACC helps further public reassessment of the crime of rape. This chapter focuses on the Center's actions toward self-publicity and community education.

5.1 Program Publicity

Publicity is essential if a rape crisis center is to meet its objectives. Services for rape victims must be advertised if they are to be used by the general public. An image of both the Center and the criminal justice system must be built which will bring about public confidence and result in the reporting of many more

*

N. Gager and C. Schurr, op. cit., p. 280.

incidents of sexual assaults. In one city with a rape crisis center, the public transit company donated advertising space on the outside of buses to publicize the hotline number. In another, a subway poster campaign was implemented. In Des Moines, widespread distribution of bulletin board cards, billfold enclosures and public service broadcasts have successfully informed the public of R/SACC's existence and phone number. Additionally, "O" operators are equipped with the number.

Media usage is an effective strategy for both program publicity and community education efforts. Public service announcements on both radio and TV are easily accessible. One of the tasks of the Community Education Committee (more will be outlined later in the chapter) was to develop a six-part series on rape myths to be used as public service announcements for a local radio station. Written so that each one lasted approximately 30 seconds, a different one was aired each week during the spring and summer of 1975, and then the whole series was repeated. The myths aired were:

Rape Myth No. 1 - The primary motive for rape is sexual.

Fact: Studies show that the major motive for rape is aggression, not sex, and that most rapists have available sexual relationships. Rape is a crime of violence, committed by a man who uses sex as a weapon.

This was prepared by the Polk County Rape and Sexual Assault Care Center as a public service. If you, a relative or a friend become a victim, call 262-HELP for 24-hour confidential assistance.

Rape Myth No. 2 - Women who are raped are asking for it.

Fact: Studies report that only 4% of reported rapes involve provocative behavior on the part of the victim. Our society encourages women to be sexy, but those unlucky enough to be raped are often blamed.

This was prepared by the Polk County Rape and Sexual Assault Care Center as a public service. If you, a relative or a friend become a victim,

call 262-HELP for 24-hour confidential assistance.

Rape Myth No. 3 - No healthy woman can be raped because she is able to prevent it.

Fact: Studies show that fear is the rapist's primary weapon. Through threats of injury or death, the woman is terrorized into cooperation or immobilized by fear.

This was prepared by the Polk County Rape and Sexual Assault Care Center as a public service. If you, a relative or a friend become a victim, call 262-HELP for 24-hour confidential assistance.

Rape Myth No. 4 - Rape can't happen to a decent woman like me.

Fact: Studies show that most rape victims have good reputations in their communities. Any woman, regardless of age, appearance, or social status can be and is raped. Rape victims in Polk County in 1974 ranged in age from 3 to 84.

This was prepared by the Polk County Rape and Sexual Assault Care Center as a public service. If you, a relative or a friend become a victim, call 262-HELP for 24-hour confidential assistance.

Rape Myth No. 5 - Women actually enjoy rape.

Fact: Most women enjoy sex. Nobody enjoys being intimidated and attacked. Nobody enjoys being threatened with injury or death. Nobody enjoys being hurt and humiliated.

This was prepared by the Polk County Rape and Sexual Assault Care Center as a public service. If you, a relative or a friend become a victim, call 262-HELP for 24-hour confidential assistance.

Rape Myth No. 6 - Most rapes are committed by strangers in dark alleys.

Fact: Studies show that at least half of the rapists are friends, family members or acquaintances of the victim and over one-third of the rapes took place in the victim's home.

This was prepared by the Polk County Rape and Sexual Assault Care Center as a public service. If you, a relative or a friend become a victim, call 262-HELP for 24-hour confidential assistance.

That all county hospitals, the Sheriff's Department, and police officers refer rape victims to R/SACC almost immediately is a sign of a publicity job well done. Of course, this has been accomplished not only through an extensive media advertising campaign, but also through cooperation and coordination with medical, legal, and social agencies, and most importantly through successful program results.

Those rape crisis centers that do not have access to the policy making levels of government and private institutions must use the media or a third party to encourage the cooperation of police chiefs, district attorneys, and hospital administrators in order to promote their efforts. However, such conduits are not necessary for R/SACC because of the broad community support generated by its Board of Directors.

Most centers attempt to provide a 24-hour-a-day hotline service so that the victim can have contact with a counselor immediately following the rape. The Des Moines hotline number is appropriate and easy to remember: 262-HELP. Hotline services may be for information or referral, or a prelude to a personal contact or future telephone counseling. R/SACC maintains a 24-hour phone and contact service provided by the two staff members, insuring that every rape victim will speak to and, if she desires, be accompanied by a competent understanding professional within minutes of the incident. Initial victim contact with the Center may come from the victim herself, a friend or relative, or a cooperating agency (medical or law enforcement). After office hours, the coordinator and victim contact worker are available through the use of a commercial telephone answering service and an electronic beeper sys-

tem. Much like those utilized in hospitals to maintain contact with doctors on an emergency basis, "beepers" are always at the side of the coordinator or contact worker. Should a rape victim call in at three in the morning, the answering service will contact the Center staff member through the beeper. No matter what she is doing, the staff member immediately calls the service, receives the message, and arranges to meet the victim either at the hospital emergency ward or the police station. Some days the coordinator stays on call, and on other days the contact worker stays on call. Ideally, they try to divide the victim contact workload on a 70%-30% basis, with the contact worker handling the bulk of this service, allowing the coordinator more time for administrative and other important duties. This does not always work since rapes are unexpected. For example, one week the coordinator dealt with seven cases (three within an eight-hour span), while the victim contact worker had five.

5.2 Community Education

In order to reduce the incidence and increase the reporting rate of rape, a rape crisis center must make the public aware of the myths and crises that confront women who are raped. Prospective jurors (the public at large) must be educated and attitudes must be altered concerning sexual assault victims. The dissemination of information on how to prevent rape and what to do when you are raped is also an important function of a rape crisis center. Programs in rape prevention and self-defense range from common sense safety tips on locks and lighting, to karate and judo instruction. The two committees which address public education efforts, the Community Education Committee and the Supportive Services Committee, provide R/SACC with a viable and effective means of achieving objectives in this area.

The Community Education Committee of the Board of Directors has developed written material, reviewed materials in existence, compiled a resource library, and developed vertical files on rape which are used in all school libraries. The quality of the education materials and their dissemination have contributed and will continue to contribute to the demythification of rape.

The representation of three local school districts on the Board of Directors has allowed the Center to accomplish that which few



other jurisdictions have--the distribution of literature on rape in the school system. Included in that literature are the following three packets:

- A Teachers' Packet which contains cover letter and mini-course outline. Geared toward classroom teaching, the articles deal with all aspects of the crime in readily understandable manner.
- A Nurses' Packet which contains many duplications from the teachers' materials as well as booklets on sex role, birth control and venereal disease.
- A Vertical File for School Libraries which contains duplicates from other packets as well as additional articles and booklets from other rape crisis centers. This file is constantly updated.

R/SACC distributes three excellent pamphlets published by Planned Parenthood:

"So You Don't Want To Be A Sex Object"

Directed toward women from the teens on up, this packet discusses sexual relationships in such a way as to promote healthy attitudes about sex, self, and the perils of role playing. The use of contraceptives is encouraged, regardless of how infrequent sexual contacts may be. Most importantly, this packet stresses that women are people, individuals, and not someone's property.

"The Perils of Puberty"

This is an excellent packet for girls who are about to or have just reached puberty. It explains what happens to a woman during the puberty stage physically, and then discusses various mental and emotional perils associated not only with puberty, but with growing up, including peer pressures, dating, sex, family, etc.

"You've Changed the Combination"

This enlightening and well illustrated packet for men of all ages discusses the changes in male/female models and role playing from the time one's great grandfather went "courting" to the present. The "changed combination" is that of women being equals. The "right combination" is gained when men throw off the ideas of aggression and force being masculine traits and childishness and weakness being feminine traits.

All high schools now have two complete sets of educational materials, one for the library's vertical files, and one that is kept by librarians for teachers' reference. These materials have been selected with the assistance of Linda Roberts of R/SACC Speaker's Bureau, who is also the young adult librarian for the Des Moines Public Library. They were distributed in Des Moines with the help of John McCaw, a member of the Des Moines School system and, not surprisingly, a member of the R/SACC Board. Ms. Roberts has also prepared an annotated bibliography on books about rape that was sent to libraries as a purchasing guide.

Perhaps the most important objective of a center's community education program is to destroy beliefs that women invite and enjoy rape; that they can't be raped if they resist; and that all rapists are "sex maniacs." This process is called demythologizing the crime. There is nothing antagonistic in the approach, substance, or purpose of the Center's community education program. The Center is a community organization performing a community service. It acts not as an outside force, but as an agent for the women of the community in the best interests of everyone of that community. For example, in Des Moines recently, a movie theater ran an ad for a movie about the "seduction" (rape) of a young woman with the lead "Ravished, defiled, violated, and she LOVED it!" In protest, Corinne Whitlatch, R/SACC Coordinator, sent a letter to both the theater manager and the Des Moines Register and Tribune urging the theater to be more aware and responsible in exercising self-censorship in its public advertising. She pointed out that the advertisement supported and promoted the destructive and widely believed misconception that women actually enjoy being raped. Ms. Whitlatch's intention was not to publicly attack the theater owner or company, but to educate and inform for the benefit of everyone in the community agency. Their success is, in no small way, owing to this

self-perception which has now been conveyed to the rest of the community.

5.3 Minority Involvement

Victims of rape have traditionally experienced problems establishing their credibility with the police, medical professions, and courts. For minority women--Blacks, Chicanos, Native Americans and Orientals--the problem is compounded. A Black woman as a woman must convince the predominantly male personnel of the medical and law enforcement agencies that she has been abused. Then, as a Black or member of a minority, she must contend with the prevailing myths that Black women tend to be prostitutes or promiscuous in general. Little wonder that non-white women prefer not to report rape and to subject themselves to further abuse. Little, if any, improvement has been made in most cities, either in reporting or treatment, as there is a conspicuous absence of minority women on the staffs of rape crisis centers. Thus, centers and information about them may be unknown in minority communities and few minority women may go to such centers.

Blacks make up less than 8% of the population of Des Moines, Chicanos less than 3%. But the victim crime rate in the Black and Chicano communities is three to four times higher than in any other section of the city. Housing and lighting in these communities are poor, contributing to the high crime rate. Unfortunately, there are only two Black police officers on the police force, and no Black women officers or Chicanos. Consequently, the situation in Des Moines was not much different than that described above.

R/SACC has always been aware that many more rapes are committed on minority women than are reported, or ever professionally treated. To rectify this situation, and to encourage more minority rape victims to utilize the Center, R/SACC formed a special minority subcommittee of the Community Education Committee aimed at addressing the Black and Chicano communities. The Center had to go out of its way to initiate contacts for two reasons: one, by making a concerted effort on its own, it would let the minority communities know of its concern and willingness to cooperate;

secondly, the Black community had been very unresponsive at first, and it was obvious that members of the Black community were not going to initiate contacts on their own. Active women in the Black and Chicano communities were contacted, and invited to serve on the Board of Directors in the same manner that resulted in support from other community factions. The fact that a disproportionate number of rapes are committed against minority women was a concern which might draw minority women to the Center. In addition, the common experiences shared by women of all races were brought out. It took much time and effort on the part of R/SACC before a subcommittee of qualified and dedicated minority women was created. Paula Baker of the subcommittee works for the State Office for Planning and Programming. Other subcommittee members, when not doing volunteer work with the Center, work for such varied organizations as Model Cities and American Indian Development.

There has not been a dramatic increase in the number of reported rapes of minority women. That takes time. Says Paula Baker, "There was a time when there was no reporting or minority contacts with the Center, so any reporting is a step." R/SACC's formation of a minority subcommittee was an important act.

5.4 Supportive Services Committee

The Supportive Services Committee of the Board of Directors coordinates a Speaker's Bureau that both initiates and responds to contacts for the purpose of making presentations. Speakers range in levels of expertise from professionals--doctors, lawyers, etc.--to concerned parents and the mother of a victim. Speaking engagements have taken place in a variety of professional organizations--the Iowa Medical Records Association, Planned Parenthood, Model Cities (18 professional groups have had presentations), and community organizations--churches, schools, the IWCA, and others (a total of 50 thus far).

A sample speech begins with a brief discussion of the Center's history leading up to October 1974 when it began operations. Then the Center's objectives are spelled out. From the speaker's point of view the most important part of the speech occurs when the speaker discusses the Center's community education objectives: a demythification of the crime leading to a willingness to report, a

sensitivity in treatment, and an educated jury. This is when the speaker can pursue the objectives more in depth. Doctors and medical personnel might focus on the medical examination and on the physical/emotional aspects of rape. Lawyers may focus on the legal aspects including necessary elements for conviction, and social workers may focus on readjustment problems of rape victims. Of course the nature of the audience, as well as the speaker, will contribute to the kind of presentation. The speaker is always mindful of the audience and their relative level of awareness and understanding. In addition, the speaker is aided by audio-visual support that is most appropriate for that particular audience.

The Community Education Committee has at its disposal the following pool of audio-visual materials.*

"Rape, A Preventative Inquiry"

A film discussing typical rape situations with actual victims, convicted rapists, and police detectives. Recommended for both classroom and general community education.

"Rape: The Savage Crime"

A filmstrip covering all areas of rape: laws, prevention, myths, procedures, victims and rapists. Recommended for high school and college classes.

"After the Rape"

A locally developed carousel slide presentation with tape narrative showing what happens in the Des Moines area, including reporting to the police, the examination at Broadlawns Hospital, and eventual trial in the Polk County District Courts. For general community education. (This was prepared by R/SACC staff and is used in local speaking engagements.)

*

Information regarding the availability of these films, unless otherwise noted, can be found in the Appendix of Focus on Sex Crimes which is presented in its entirety in the Appendix of this manual.

CONTINUED

1 OF 2

"Nobody's Victim"

A self defense film for women that shows specifically and practically how to turn off aggressive strangers in public or at one's door; how to thwart purse snatchers; what to do when walking alone or when one's car is stalled in a deserted area; protection against prowlers; and basic precautions for the woman who lives alone. For general community education.

"Reality of Rape"

This is a shocking film, designed as a police training film to make an officer aware of the nature of the crime and the importance of attending to the victim's emotional needs. Also recommended for counselors and social workers. Should be shown only when discussion time is available and only with a trained discussion leader.

In all cases, presentations include a review and a slide show explaining the R/SACC existence and purpose, and discussing the importance of not destroying possible evidence by bathing, douching, clothes washing, etc.

In the spring of 1976, R/SACC through its Supportive Services Committee, embarked on its most ambitious educational effort to date, and organized a national conference, "Focus on Sex Crimes." While aimed at and attended by prosecutors, police officers, and medical, mental health, and social service personnel from across the country, much of the discussion was interdisciplinary. The conference was well attended and a manual entitled Focus on Sex Crimes, organizing all that was presented at the conference in literature form was developed by R/SACC staff and has enjoyed wide circulation. (A copy of that manual is presented in Appendix C.)

CHAPTER 6 RESULTS AND COSTS

The Center maintains records on contacts with each of its clients which allow it to determine both the counseling services provided and the effects on prosecution which it achieves. Data on initial contacts and referrals record referrals to medical services, contacts between the Center and law enforcement agencies, and cases in which Center staff accompany victims to examinations and interviews. Services provided to the first 202 victims to contact the Center are enumerated below.

R/SACC Victim Services

<u>Service</u>	<u>Cases</u>	<u>Percent</u>
Center-Hospital contact	120	57
Counselor with victim at examination	115	55
Ultimately reported to a law enforcement agency	140	67
Center-Law enforcement contact	128	61
Center-Special prosecutor cooperative involvement	70	33

Although pressure is not exerted to force clients to report to the police or to cooperate with prosecution, two-thirds of them eventually do report, and Center statistics monitor criminal justice outcomes as well as client services to assess their impact. Three indicators have been selected from critical stages of the criminal

justice process: frequency of reported crimes, arrests, and convictions.

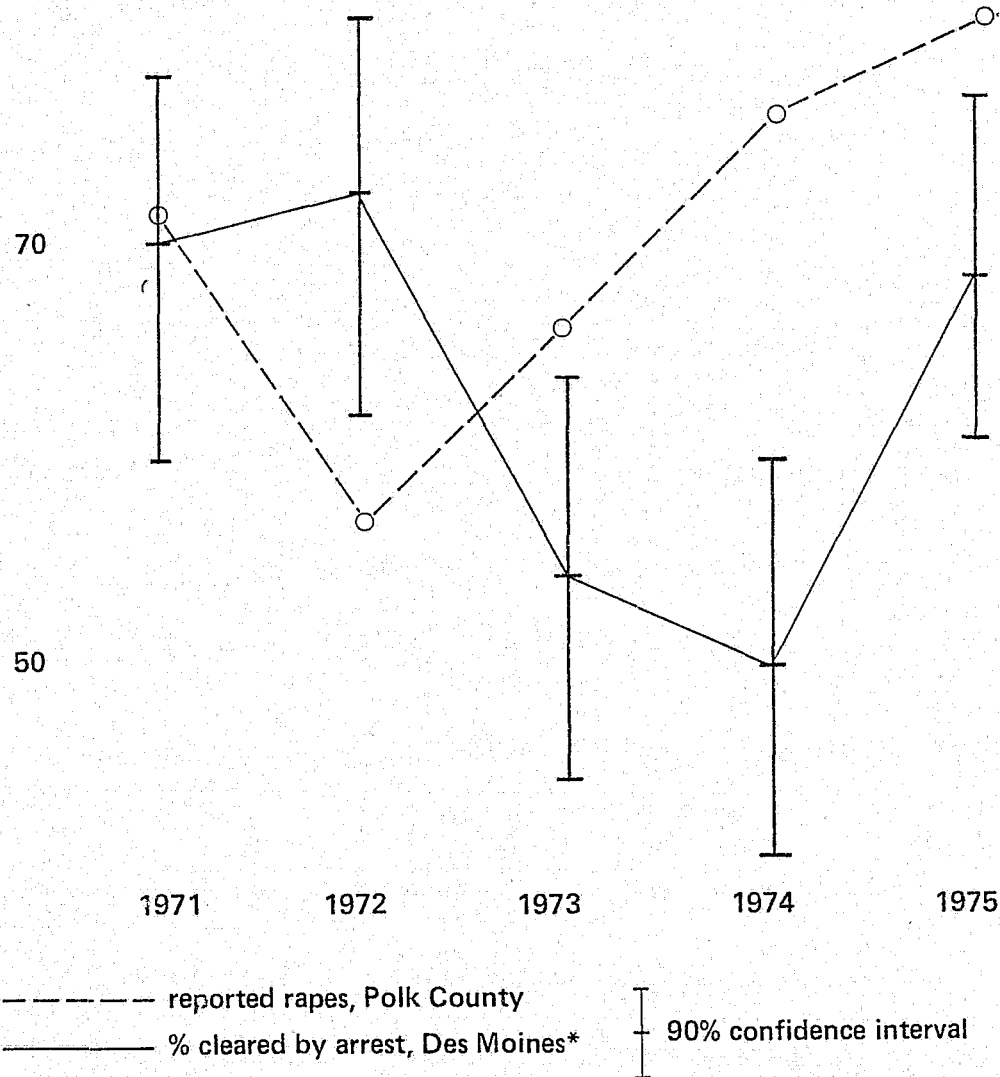
The task of interpreting changes in these indices over time is seriously complicated by the same emerging awareness of women's problems which was in part responsible for the establishment of the Center. The last few years have seen a significantly heightened awareness of and increased sensitivity to the problems of rape victims. The very existence of the Center, and the convocation of the Mayor's Conference on Rape provide evidence of the extent of public concern. Growing partly from this same concern has been a significant change in the state's rape law, initiated in part by the same individuals who founded R/SACC. Since it would be impossible to quantify the individual impacts of these variables, the type of pre/post evaluation conducted by the project must be interpreted as measuring the entire ensemble of legal and attitudinal changes which characterized the early 70's. In short, the creation of the R/SACC was not an isolated event and must be seen both as an outgrowth of new attitudes toward rape and as a potential force in changing these attitudes.

6.1 Reporting

Figure 6.1 shows the frequency of reported rapes in each of the last five years in Polk County. There has been a fairly steady increase in reported crimes from 1972 through 1975. The data do not tell us what portion of this increase reflects an increase in the percent of victims contacting the police and what portion--if any--is due to more rapes being committed. Since R/SACC goals involve both increased reporting and decreased incidence, it is not clear what inferences should be drawn from short term fluctuations in the number of reported incidents.

Center data do allow computation of reporting rates for victims who contacted the R/SACC. Data are available for the 160 rape victims coming to the Center in its first sixteen months of operation, of whom 110 (69 percent) also reported the crime to a law enforcement agency. A comparable 71 percent of the other sex crimes known to the Center were reported to law enforcement agencies. While these numbers are substantially higher than the 52 percent reporting rate

Figure 6.1



*clearance data not available for Polk County

9

PAGE 82

100%



found by the National Crime Panel survey in 1974, the sampling error of that number (± 15 percent) and the biases inherent in R/SACC contact render direct comparison inappropriate. Center clients are a biased sample of victims for two reasons. First, they exclude some unknown number of women who did not wish to discuss the crime with anyone, and hence contacted neither police nor the Center. Second, Standard Operating Procedures at the sheriff's departments and at the major hospital ensured that the Center was notified of every contact these agencies had with the rape victims.

6.2 Clearance by Arrest

Figure 6.1 also shows the fraction of reported and valid offenses cleared by arrest or exceptional means in the Des Moines Police Department for each year from 1971-1975. In the two years prior to the project only half the cases (51.7 percent) were so cleared. In the first year of project operation the rate jumped to 69 percent. This difference is statistically significant at the .05 level (chi square = 3.984, d.f. = 1). As figure 6.1 shows, however, the two earliest years were marked by yet higher clearance rates (71 percent and 73 percent, respectively). Compared with the entire four year pre-program period the first year data do not indicate a statistically significant improvement in clearance.

6.3 Convictions

It is in the post-arrest processing of cases that the project's statistical results are clearest. Figures 6.2 and 6.3 show the case flow for all rape cases reported in Polk County during a 16 month period before project initiation, and the first year after the project, respectively. The first significant difference is in the number of cases filed by the prosecutor. Whereas two-thirds of the identified suspects escaped having charges filed by the prosecutor during the pre-project period, only one quarter were not filed in the first year of the Center's existence. (This

Figure 6.2
Prosecution Case Flow Before R/SACC
January 1973 – April 1974

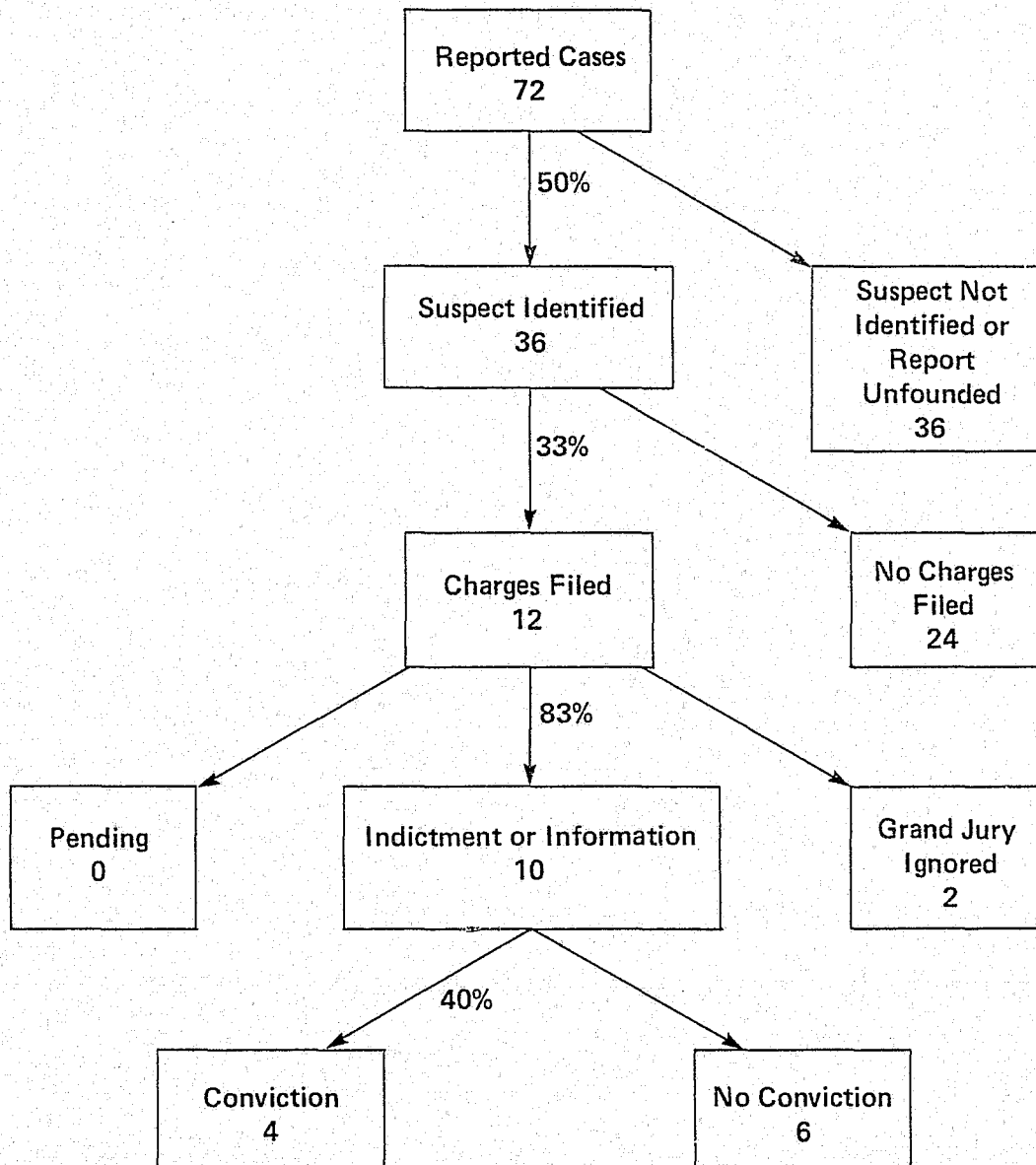
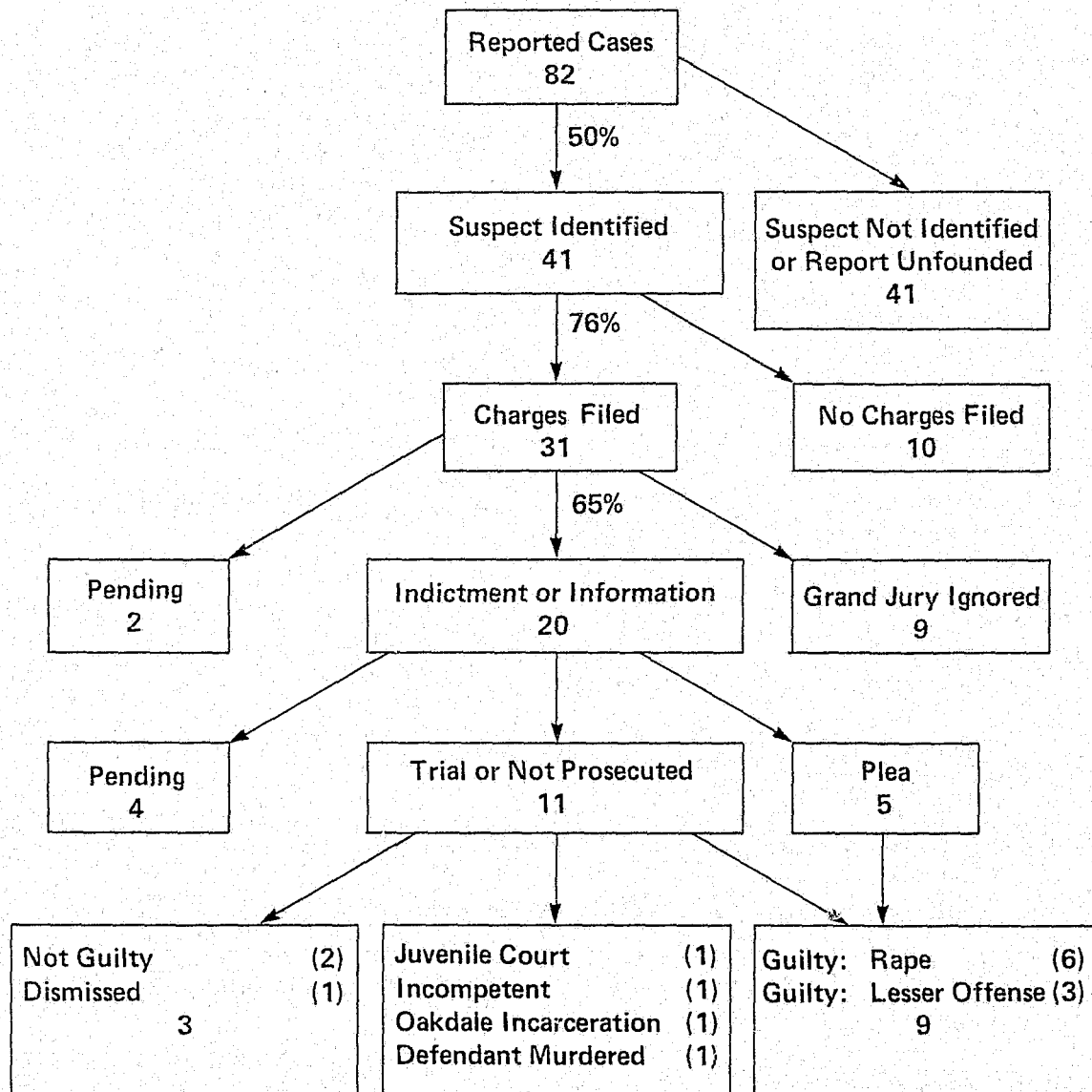


Figure 6.3
 Prosecution Case Flow After R/SACC
 October 1974 – October 1975



difference is statistically significant; chi square = 12.23, d.f. = 1, $p < .01$.)

It is possible that a part of this increase comes from a simple relaxation in the rigidity of prosecutor screening, since the percentage accepted by the Grand Jury declined slightly, from 83 percent to 65 percent. The net result was an indictment or information on 50 percent of the cases with identified suspects in the project year, compared with 28 percent in the prior period. A chi square test shows this improvement to be significant at the .05 confidence level.

The rate of conviction is also significantly better during the project year. Where previously six out of ten cases had escaped conviction, only three of the sixteen cases decided by October 1975 were either dismissed or acquitted. This difference, like the previous one, is statistically significant at the .05 confidence level. While the number of convictions returned is too small to permit any kind of generalization, the sentences listed in Figure 6.4 will serve to illustrate the degree of severity in sentencing for convicted offenders. Since there were only four convictions in the entire period from January 1973 through April 1974 no comparison with previous sentences is possible.

6.4 Conclusions

In focusing on the evidence of project impact on the criminal justice process, it must not be forgotten that the project has succeeded in mobilizing important services previously unavailable or inaccessible to the victims of rape. Through programs and materials generated by the staff and appropriate Board Committees, community agencies have been made aware that rape victims have special needs and are further informed of the best ways to meet these needs by the Center's educational materials and in-service training. As the next section will indicate, this coordinated response to the problems of rape victims represents an extremely economical approach to the important question of how to make the community as well as the justice system more sensitive and responsive to the social consequences of the crime of rape.

Figure 6.4
Sentences of Convicted Offenders

Charge	Plea or Verdict	Sentence
Rape	Plea: Guilty as charged	Boy's training school until 18
	Plea: Guilty as charged	10 years
	Verdict: Guilty as charged	15 years
	Verdict: Guilty as charged	20 years
	Plea: Breaking & entering	10 years
	Plea: Assault & battery	30 days
	Plea: Assault & battery	30 days
	Verdict: Assault & battery	30 days
Statutory Rape	Plea: Guilty as charged	10 years
	Plea: Guilty as charged	10 years
	Plea: Guilty as charged	5 years
Assault with Intent to Rape	Plea: Assault & battery	\$100
	Plea: Breaking & entering	10 years
	Verdict: Guilty as charged	5 years
Criminal Sexual Psychotic	Plea: Guilty as charged	Mental Health Institute
Lascivious Act with a Minor	Plea: Guilty as charged	5 years
Rape of an Imbecile	Verdict: Guilty as charged	25 years

6.5 Costs

The project's entire budget for the six month period ending December 31, 1975 totaled \$17,417, not including any costs associated with the special prosecutor. During the same six month period the Center contacted approximately 75 victims. A crude calculation thus places the average cost of the services delivered at slightly over \$230 per client.

In many ways this ratio fails to give an accurate picture of true resource allocation. There may be some incremental costs associated with the provision of the special prosecutor, and there are undoubtedly costs associated with the fact that more victims are cooperating in prosecution and more cases are reaching trial. Given the state's obligation to prosecute, however, it is not clear how such costs ought to be treated in measuring the project's efficiency. Conversely, the fact has been noted that the Center exists as part of a complex and changing ensemble of laws, public awareness, and strategies in other criminal justice agencies. Accordingly it shares the credit for improved arrest and conviction rates with these other elements of its environment.

In addition to direct service to clients, the Center staff are actively engaged in educating the public at large about facts concerning rape both to reduce risks and to develop better informed juries. They have developed materials for a mini-course on rape for public schools, and have been successful in introducing this material both at the classroom level and as a reference file for instructional materials centers. Professional training also draws on Center resources. In-service and academy training is provided to local police departments, and both materials and speakers are available to medical personnel.

These services highlight the fact that Center attention is not exclusively concentrated on those actual victims who contact the staff. Rather, there is an equal concern with improving the system's capability for handling all rape incidents, and for helping the public to prevent future incidents. No simple cost figures can do justice to the attainment of these ends, just as no simple statistical measure can fully document their degree of achievement.

CHAPTER 7 EVALUATION AND MONITORING

The importance of data gathered by the project on client services and criminal justice outcomes lies more in their ability to provide monitoring information than as the basis for a rigorous evaluation. As the previous chapter has noted, the very environmental changes responsible for the Center's creation made attribution of changes difficult; there is no way to separate project effects from the effects of concurrent social and legal changes in the Des Moines community. Given the community-wide nature of the services, it is hard to see how any purer comparison could have been found. Traditional experimental methods using untreated control areas were clearly ruled out by both the physical impossibility and the social undesirability of differential treatment. Moreover, comparison with other jurisdictions would introduce at least as many uncertainties as it could remove.

Use of some of the measures is even further complicated by the infrequency of the events described. In the discussion of convictions, the total data base for the pre-Center year consisted of ten cases. The total number of sentences available for study in that year was four. The total number of victims available in any limited observation period is also small by statistical standards. In the last half of 1975, contacts were averaging twelve per month. The circumstances of the crimes and victims vary greatly from case to case, making any kind of statistical generalization more difficult and less informative than it would be with more homogeneous data.

These difficulties combine to suggest using case study methods, rather than simple numerical tabulations as the most effective way to observe the impacts of such projects. A number of areas for observation can be outlined, although local conditions and the

kinds of services available will partially dictate the logic of data collection.

7.1 Client Needs and Project Services

Probably the most urgent data to gather and assess relate to the determination of client needs. This information can be used on two levels, first for establishing procedures for referring victims to already-available services, and second, to develop a clear picture of what kinds of services should be made available. Ideally such a needs assessment would include client follow-up to determine:

- Whether project-referred services were ever delivered;
- Whether they were responsive to the perceived need;
- Any previously undiagnosed needs which emerged after the client left the Center;
- Any kinds of services which the client sought out on her own in addition to Center-referred services.

The R/SACC emphasis on working with care-givers and helping in the development of increased services makes formal documentation of victim needs a particularly useful application of data collection. Equally critical to this function is ability to gather information on the quality and quantity of services provided. At the very least, records of services directly delivered by Center staff should be analyzed for program planning and revision. To the extent possible, however, this should be combined with information on client services from all sources. Briefly, one would wish to know:

- Kind of service;
- When presented;
- From whom;

- Client perceptions of service adequacy;
- Any other indicators of service quality which may be available.

A follow-up questionnaire used by the Polk County project is included in the Appendix. It asks basic questions about Center contact, and satisfaction with treatment provided by the Center, the hospital, police, and other local agencies. Projects interested in adapting this questionnaire for their own evaluative purposes may wish to modify it to

- a) refer to their specific local service providers
- b) probe more deeply into possible causes of dissatisfaction
- c) ask about the details of service delivery
- d) include questions of particular interest to locally perceived potential problems.

7.2 Prosecutorial Results

A similar formal case study approach might be expected to yield useful insights in reviewing prosecutorial results. The flow chart in Figure 6.3 shows four points at which cases drop out of the system. The largest loss -- suspects not identified and unfounded reports -- is substantially beyond program control, although receipt of Center services may enhance cooperation with the police and thus indirectly lead to better suspect identification. The remaining categories, however -- no charges filed, Grand Jury ignored, and case dismissed or acquittal -- together account for half the cases where a suspect was identified. The nature of the process sometimes prohibits exact determination of the reason a case failed. Grand Jury proceedings, for instance, are confidential. An experienced observer, however, can examine the records of cases that failed at these points and attempt to determine probable areas of weakness. Such a study could be expected not only to identify those topics where most future attention should be devoted, but will help in interpreting the otherwise relatively opaque statistics provided by simple flow tabulations such as those presented by Figure 6.3.

In an ideal monitoring design an interplay would be established between the use of case study data and more quantitative measures, in which each would provide clues for the interpretation of the other. For example, the quantitative data of Figure 6.3 have been used to identify major sources of case loss in prosecution. On combining Figures 6.2 and 6.3 a substantial increase in cases ignored by the Grand Jury becomes evident. This suggests that examination of those particular cases might provide the most useful information about presentation problems, and that they therefore should be the subject of special case study. As a general rule, quantitative data can help identify two classes of problems where case studies are most appropriate -- those most likely to occur, and those where some special counter-intuitive phenomenon appears to be operating.

Conversely, case study results can suggest new variables and hypotheses for future quantification. Whenever a problem emerges in a case analysis, the next questions should be how common is this problem, and how grave are its impacts? Only by continued adaptation of case study and quantitative methods to use the information provided by both can such questions be fully explored.

APPENDICES

Appendix A: Polk County Rape/Sexual Assault Care Center
By Laws

Appendix B: Follow Up Questionnaire and Results of
Follow Up Questionnaire

Appendix C: Manual: Focus on Sex Crimes

Appendix A

Polk County
Rape/Sexual Assault Care Center
By Laws

By Laws
Polk County Rape/Sexual Assault Center
Adopted September 5, 1974

Article I Name

The name of this corporation shall be Polk County Rape/Sexual Assault Center.

Article II Purpose

The purpose of this corporation shall be:

- a. To provide immediate and continuing counselling for the victims of rape and sexual assault and referral to appropriate medical, legal and psychological services, upon the request of the victim;
- b. To cooperate in every way possible with law enforcement agencies, including the Polk County Sheriff's office, the police departments of the cities and towns within Polk County, and the Polk County Attorney's office, to bring about a greater arrest and conviction rate for the crimes of rape and sexual assault;
- c. To educate the public and law enforcement personnel about the crimes of rape and sexual assault and their effect on victims;
- d. To educate people to protect themselves effectively against attack;
- e. To establish liaison with correction counselors and other personnel who deal with the rehabilitation of sex offenders, and to coordinate a total effort of law enforcement, medical, legal and community people to reduce the incidence of crimes of rape and sexual assault.

Article III Board of Directors

Section 1. The Board of Directors shall consist of:

- a. one elected or appointed representative from every interested organization in Polk County;

- b. one representative of each police department in Polk County; one representative from the Polk County Sheriff's office; one representative appointed by the Polk County Board of Supervisors;
- c. two representatives appointed by the mayor of the City of Des Moines, and one representative appointed by each of the mayors of the other cities and towns in Polk County;
- d. two representatives appointed by the Des Moines School District and one representative appointed by each of the other school districts whose geographical jurisdiction lies within or partially within Polk County;
- e. five members, selected at large by the Board of Directors at its first official meeting, and at each annual meeting thereafter;
- f. Any organization in Polk County which may desire representation on the Board of Directors, and has not applied for such representation before September 5, 1974, shall submit its application for membership in writing to the Board of Directors.

Section 2. Any vacancy shall be filled by the electing or appointing member organization.

Section 3. The Board of Directors of this corporation shall have all necessary and reasonable powers to carry out the purpose of the corporation as set out in Article II above, and shall have the power to contract on its own behalf for services and facilities and with others for the performance of its functions.

Section 4. The Board of Directors shall meet at least quarterly each year, and may meet at any other time designated by the President or by five members of the Board of Directors.

Section 5. One-third of the members of the Board of Directors shall constitute a quorum.

Article IV Officers

Section 1. The officers of this corporation shall be a president, a vice president, a recording secretary, a corresponding secretary, and a treasurer.

Section 2. The officers shall be elected by the Board of Directors at its regular meeting in September, 1974, and at its annual meeting in October hereafter, to serve for one year and until their successors are elected.

Section 3. Any vacancy shall be filled by the Board of Directors at its next regular meeting or at a special meeting called for the purpose, with due notice to all members in either case.

Article V Executive Committee

Section 1. The Executive Committee shall consist of the officers as described in Article IV, Section 1, above.

Section 2. It shall meet on call of the President or two of its members.

Section 3. It shall perform such duties between meetings of the Board of Directors as may be deemed necessary. Four members shall constitute a quorum.

Section 4. It shall have the authority to appoint an advisory committee of resource personnel, with special consideration of representation of the Polk County Attorney's office, the Board of Supervisors, and the offices of the mayors of cities and towns of Polk County.

Article VI Fiscal Year

Section 1. The fiscal year of the Polk County Rape/Sexual Assault Center shall be January 1 to December 31.

Section 2. An annual meeting shall be held in October for the purpose of election of officers and receiving annual reports of officers and chairmen of standing committees.

Article VII Legislative and Political Activities

No substantial part of the activities of this corporation shall be the carrying on of propaganda or otherwise attempting to influence legislation; and shall not participate in or intervene in any political campaign on behalf of any candidate for public office, including publishing or distributing statements.

Article VIII Operational Limitations

Section 1. Notwithstanding any other provision of these articles, this corporation shall not carry on any other activities not permitted to be carried on by:

- a. a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954, or the corresponding provisions of any future United States Internal Revenue Law, or by
- b. a corporation, contributions to which are deductible under Section 1970(c)(2) of the Internal Revenue Code of 1954, or the corresponding provisions of any future United States Internal Revenue Law.

Article IX Dissolution

Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provisions for the payment of all of the liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purpose of the corporation, in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious or scientific purposes, as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954, or the corresponding provisions of any future United States Internal Revenue Law, as the Board of Directors shall determine. Any of the assets not so disposed of shall be disposed of by the Circuit Court of the county in which the principal office of the corporation or organizations as said court shall determine, which are organized and operated exclusively for such purposes.

Article X Parliamentary Authority

The rules contained in Roberts Rules of Order Newly Revised shall govern the organization in all cases in which they are applicable and in which they are not inconsistent with these By Laws.

Article XI Amendments

These By Laws may be amended by a two-thirds vote of the Board of Directors under the following provisions:

- a. all proposals for change shall be submitted to the Board of Directors at least one week prior to a called meeting;
- b. the President shall notify the members of the Board of Directors of the proposed amendments, and the meeting date. Failure of any member to receive such notice shall not invalidate such amendments.

Proposed By Laws Changes
To be Voted on at Annual Meeting - October 20, 1975
(Suggested Additions or Changes are Underlined)

By Laws
Polk County Rape/Sexual Assault Center

Article I - Name -- No Change

Article II - Purpose -- No Change

Article III - Board of Directors

Section 1. The Board of Directors shall consist of:

- a. one elected or appointed representative from every interested organization in Polk County.
- b. one representative of each police department in Polk County; one representative from the Polk County Sheriff's office, one representative appointed by the Polk County Board of Supervisors;
- c. two representatives appointed by the mayor of the City of Des Moines, and one representative appointed by each of the mayors of the other cities and towns in Polk County;
- d. two representatives appointed by the Des Moines School District and one representative appointed by each of the other school districts whose geographical jurisdiction lies within or partially within Polk County;
- e. five members selected at large by the Board of Directors at its first official meeting, and at each annual meeting thereafter.

Section 2. New Member Organizations and Vacancies

- a. Any organization in Polk County which may desire representation on the Board of Directors, and has not applied for such representation before September 5, 1974, shall submit its application for membership in writing to the Board of Directors at any time. Such application shall be acted upon at the Annual Meeting.
- b. Any vacancy shall be filled by the electing or appointing member organization, as such vacancy occurs.

Section 3. The Board of Directors of this corporation shall have all necessary and reasonable powers to carry out the purpose of the corporation as set out in Article II above, and shall have the power to contract on its own behalf for services and facilities and with others for the performance of its functions.

Section 4. The Board of Directors shall meet at least quarterly each year, and may meet at any other time designated by the President or by five members of the Board of Directors.

Section 5. Fifteen of the members of the Board of Directors shall constitute a quorum.

Article IV - Officers

Section 1. The officers of this corporation shall be a president, a vice president, a recording secretary, a corresponding secretary, and a treasurer. They shall assume their duties at the conclusion of the Annual Meeting.

Section 2. The officers shall be elected by the Board of Directors at its regular meeting in September, 1974, and at its Annual Meeting in October thereafter, to serve for one year or until their successors are elected. No person shall serve more than two consecutive terms in the same office.

Section 3. All the nominees to elective office shall have served on the Board of Directors for a minimum of one year.

Section 4. Any vacancy shall be filled by the Board of Directors at its next regular meeting or at a special meeting called for the purpose with due notice to all members in either case.

Article V - Committees

Section 1. The Executive Committee

- a. It shall consist of the officers as described in Article IV, Section 1, above.
- b. It shall meet on call of the President or two of its members.
- c. It shall perform such duties between meetings of the Board of Directors as may be deemed necessary. A majority shall constitute a quorum, but an affirmative vote of a majority of the whole committee shall be necessary in every case.
- d. It shall keep regular minutes of its proceedings and report same to the Board of Directors.

Section 2. The Nominating Committee (New Section Added)

- a. The Nominating Committee shall nominate candidates for all offices as listed in Article IV, Section 1, a chairman of Nominating Committee, and the five members-at-large.
- b. The Committee shall have five members chosen from the Board of Directors.
- c. The four remaining members of the Nominating Committee (the chairperson having been selected) shall be appointed by the President and the Chairperson of the Nominating Committee, with approval of the Executive Committee.

Section 3. Standing Committees (New Section Added)

- a. The Board of Directors shall have the following standing committees: Budget and Finance, By Laws, Community Education, Inter-Governmental Relations, Office Facilities, Personnel, Supportive Services, Victim Services, and Long Range Planning.
- b. All committee chairpersons must be selected by the President from Board members. A majority of committee members shall also be from the Board.

Section 4. Other Committees

- a. The Executive Committee shall have the power to appoint and dissolve temporary or special committees.
- b. The Executive Committee shall have the authority to appoint advisory committees of resource personnel, with special consideration of representation of the Polk County Attorney's office, the Board of Supervisors, and the office of the mayors of cities and towns of Polk County.

Article VI - Fiscal Year -- No Change

Article VII - Legislative and Political Activities - No Change

Article VIII - Operational Limitations -- No Change

Article IX - Dissolution -- No Change

Article X - Parliamentary Authority -- No Change

Article XI - Amendments

These By Laws may be amended by a two-thirds vote of the Board of Directors present at the Annual Meeting under the following provisions:

- a. All proposals for change shall be submitted to the Board of Directors at a meeting prior to the Annual Meeting or mailed with the notice of the date of the Annual Meeting.
- b. At least ten days prior to the Annual Meeting, the President shall notify the members of the Board of Directors that proposed amendments will be considered. Failure of any member to receive such notice shall not invalidate such amendments.

Appendix B

Follow Up Questionnaire
and
Results of Follow Up Questionnaire

FOLLOW UP QUESTIONNAIRE

Whom did you first contact after the assault? Second contact?

☐ Police
☐ Hospital
☐ Rape Care Center (phone)
☐ Friend or relative
☐ Other (please specify)

How did you learn about the Rape Care Center?

☐ Police
☐ Radio or TV
☐ Newspaper
☐ Hospital
☐ Other (please specify)

What contacts did you have with the Rape Center counselor?

<input type="checkbox"/> Telephone	<input type="checkbox"/> Court appearances
<input type="checkbox"/> Hospital	<input type="checkbox"/> Home visit
<input type="checkbox"/> Police	<input type="checkbox"/> Other

How many times did you see or talk to the counselor? _____

Do you feel that the Rape Care Center counselor was helpful to you?

☐ yes ☐ no ☐ partly

Could you explain further?

Did you go to the hospital?

☐ Yes; which hospital? _____
☐ No

How do you feel you were treated at the hospital?

☐ Satisfied
☐ Partly satisfied
☐ Dissatisfied

(Please feel free to make any comments or suggestions.)

Did you report the assault to the police or sheriff's office?

☐ Yes Which agency? (i.e., Des Moines Police, Polk Co. Sheriff's Office, etc.) _____
☐ No What were your reasons? _____

How do you feel about the treatment they gave you?

☐ Satisfied
☐ Partly Satisfied
☐ Dissatisfied

(Please feel free to make any comments or suggestions.)

Approximately how much time did you spend in contact with them?

☐ 1 hour or less ☐ 4 to 8 hours
☐ 1 to 4 hours ☐ 8 hours or more

Was your attacker identified?

☐ Yes
☐ No

Did you have any contact with the Special Prosecutor?

☐ Yes
☐ No

Were you satisfied with the manner in which your case was handled?

☐ Yes ☐ No ☐ Partly

(Please feel free to make any comments or suggestions.)

Do you mind being asked to respond to this questionnaire?

☐ Yes ☐ No

SUMMARY: Followup of Questionnaire, Polk County Rape/Sexual
Assault Care Center.

Total Responses: 48.

1. *How did you learn about the Center?*

Hospital	22	46%
Police	18	38%
Radio/TV	5	10%
Relative/Friend	4	8%
Counselor	4	8%
Newspaper	1	2%
Community Group	1	2%
Phonebook	1	2%

2. *What contacts did you have with the Center?*

Hospital	31	65%
Telephone	28	58%
Home Visit	16	33%
Police	11	23%
Court Appearances	10	21%
Other	4	8%
R/SACC Office	3	6%

3. *How many contacts did you have with the Center?*

One	5	10%
Two	10	21%
Three	6	13%
Four	4	8%
Several	22	46%
None	1	2%

4. *Do you feel the Center benefitted you?*

Yes	37	77%
No	2	4%
Partly	7	15%
No answer	2	4%

5. *Did you go to the hospital?*

No	9	19%
Broadlawns	21	44% (15 satisfied; 4 partly satisfied; 2 dissatisfied)
Lutheran	5	10% (3 satisfied; 2 partly satisfied)

Mercy	3	6% (2 satisfied, 1 partly satisfied)
General	3	6% (2 satisfied, 1 dissatisfied)
Methodist/Blank	4	8% (4 satisfied)
Northwest	2	4% (2 satisfied)
Non-Polk County	1	2% (1 partly satisfied)

Total:

Satisfied	28	72%
Partly Satisfied	8	21%
Dissatisfied	3	8%

6. Did you contact the police?

<u>Yes</u>	45	94%
Unknown agency	1	2% (1 dissatisfied)
DMPD	32	71% (21 satis., 7 partly satis., 4 dissatis.)
Polk Co. Sher.	7	15% (5 satisfied; 1 partly satis., 1 dissatisfied)
Urbandale	2	4% (1 satisfied; 1 dissatisfied)
Clive	1	2% (1 satisfied)
Drake	1	2% (1 dissatisfied)
Pleasant Hill	1	2% (1 partly satisfied)
Windsor Heights	1	2% (1 partly satisfied)
Outside of Polk County	1	2% (1 partly satisfied)
<u>No</u>	3	6%

Total:

Satisfied	28	64%
Partly Satisfied	8	18%
Dissatisfied	8	18%

Time spent with police:

Less than 1 hour	12	27%
1 to 4 hours	21	48%
4 to 8 hours	9	20%
More than 8 hours	2	5%

7. Did you have any contact with the Special Prosecutor?

Yes	19	40%
No	29	60%
Satisfied	12	63%
Partly Satisfied	6	32%
Dissatisfied	1	5%

Appendix C

Manual: Focus on Sex Crimes

manual to come

EXEMPLARY PROJECTS REVIEW BOARD

Members of the Exemplary Projects Review Board in June 1976, when the Polk County Rape/Sexual Assault Care Center was selected were the following:

State Planning Agency Directors

Henry Dogin, Administrator
Office of Planning and Program Assistance
Division of Criminal Justice Services
New York, New York

Paul Quinn, Director
Division of Criminal Justice
Department of Local Affairs
Denver, Colorado

Jay Sondhi, Executive Director
Missouri Council on Criminal Justice
Jefferson City, Missouri

LEAA Officials

Mary Ann Beck, Director
Model Program Development Division/OTT
National Institute of Law Enforcement and Criminal Justice

Robert Diegleman, Program Planning Specialist
Planning and Evaluation Division
Office of Planning and Management

Dr. James Howell, Acting Director
National Institute of Juvenile Justice and Delinquency Prevention
Office of Juvenile Justice and Delinquency Prevention

Gwen Monroe, Director
Program Development and Technical Assistance Division
LEAA Region IX - San Francisco

Benjamin H. Renshaw, Director
Statistics Division
National Criminal Justice Information and Statistics Service

John Spevacek, Evaluation Specialist
Office of Evaluation
National Institute of Law Enforcement and Criminal Justice

James C. Swain, Director
Adjudication Division
Office of Regional Operations

James Vetter, Police Specialist
LEAA Region VIII - Denver

(CUT ALONG THIS LINE)

1. What is your general reaction to this document?

- | Highly Useful | Of Some Use | Not Useful |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Have you contacted or do you plan to contact the project site for further information?

8. Check ONE item below which best describes your affiliation with law enforcement or criminal justice. If the item checked has an asterisk (*), please also check the related level, i.e.,

<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County	<input type="checkbox"/> Local
<input type="checkbox"/> Headquarters, LEAA	<input type="checkbox"/> Police *		
<input type="checkbox"/> LEAA Regional Office	<input type="checkbox"/> Court *		
<input type="checkbox"/> State Planning Agency	<input type="checkbox"/> Correctional Agency *		
<input type="checkbox"/> Regional SPA Office	<input type="checkbox"/> Legislative Agency *		
<input type="checkbox"/> College, University	<input type="checkbox"/> Other Government Agency *		
<input type="checkbox"/> Commercial Industrial Firm	<input type="checkbox"/> Professional Associations *		
<input type="checkbox"/> Citizen Group	<input type="checkbox"/> Crime Prevention Group *		

FOLD

U.S. DEPARTMENT OF JUSTICE
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION
WASHINGTON, D.C. 20531

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

POSTAGE AND FEES PAID
U.S. DEPARTMENT OF JUSTICE
JUS-436



Director
Office of Technology Transfer
National Institute of Law Enforcement
and Criminal Justice
U.S. Department of Justice
Washington, D.C. 20531

(CUT ALONG THIS LINE)

FOLD

9. Your Name _____
Your Position _____
Organization or Agency _____
Address _____

Telephone Number _____ Area Code: _____ Number: _____

10. If you are not currently registered with NCJRS and would like to be placed on their mailing list, check here. ☐

END