

Reprinted with
permission from
PCAR by the
New Mexico Coalition
of Sexual Assault
Programs, Inc.
1-888-883-8020

For emergency
situations call RAINN
1-800-656-4673
They will connect
you with services in
your area.

Pennsylvania Coalition Against Rape
125 North Enola Drive
Enola, PA 17025
717-728-9740 • 1-800-692-7445
www.pcar.org

A guide for friends & family of sexual violence survivors

Works Cited

- Bachman, Ronet, and Linda Saltzman. *Violence Against Women: Estimates from the Redesigned Survey*. Washington, D.C.: Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice, August 1995. NCJ, 154348.
- Crime Victims Council of the Lehigh Valley. *Healing: A Guide for Parents of Sexual Assault Victims*. Allentown, PA: Crime Victims Council of the Lehigh Valley, 1998.
- Finkelhor, David, G. Hotaling, I. Lewis, and C. Smith. "Sexual Abuse in a National Survey of Adult Men and Women: Prevalence, Characteristics, and Risk Factors." *Child Abuse and Neglect*, Vol. 14, pp. 19-28, 1990.
- Greenfeld, Lawrence A. *Sex Offenses and Offenders: An Analysis of Data on Rape and Sexual Assault*. Washington, D.C.: Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice, February 1997. NCJ, 163392.
- Holmes, William C., M.D., MSCE, and Gail B. Slap, M.D., M.S. "Sexual Abuse of Boys." *Journal of the American Medical Association* 280, no. 1: (1998):1855-1862.
- Horton, Anne L., Barry L. Johnson, Lynn M. Roundy, and Doran Williams. *The Incest Perpetrator: A Family Member No One Wants to Treat*. Newbury Park, CA: Sage Publications, Inc., 1990.
- McEvoy, Alan, Debbie Rollo, and Jeff Brookings. *If He Is Raped: A Guidebook for Parents, Partners, Spouses, and Friends*. Holmes Beach, FL: Learning Publications, Inc., 1999.
- Population Information Program. *Population Reports: Ending Violence Against Women*. Baltimore: Population Information Program, Center for Communications Programs, Johns Hopkins Bloomberg School of Public Health, 2000.
- Rennison, Callie Marie. *Criminal Victimization 1999: Changes 1998-99 with Trends 1993-99*. Washington, D.C.: Bureau of Justice Statistics, U.S. Department of Justice, August 2000. NCJ, 182734.
- _____. *Criminal Victimization 2000: Changes 1999-2000 with Trends 1993-2000*. Washington, D.C.: Bureau of Justice Statistics, U.S. Department of Justice, June 2001. NCJ, 187007.

IMMEDIATE CONCERNS

The period immediately following an assault is emotionally charged, confusing, and frightening. If you are assisting a sexual assault victim, it is important to address the following topics as soon as it is appropriate for the victim.

Physical Safety: Make sure the victim is in a safe place. Encourage her or him to call or be with someone she or he trusts for emotional support. Contact your local RCC for free & confidential counseling and support.

Evidence: Valuable evidence of the assault may remain on the victim's body and clothes. Encourage the victim not to eat, drink, smoke, comb her or his hair, shower, urinate, defecate, or douche before going to the emergency room. However, if she or he has already done these things, don't let this stop her or him from seeking medical care. Also, if possible, have the victim place the clothes she or he was wearing during the assault in a *paper* bag and take them to the hospital with her or him.

Medical Attention: Doctors can check for injuries that may not be visible. Hospital staff can also treat the victim for possible STDs and provide medication to prevent pregnancy (emergency contraception). Hospital staff may also perform a rape exam to collect evidence in case the victim decides to prosecute.

Reporting the Assault: Whether or not the victim decides to prosecute, ask her or him to consider notifying police of the assault. Pressing charges may help the victim feel empowered after the assault.

Counseling: The victim has been through a traumatic experience and may need help dealing with her or his feelings.

Table of Contents

Immediate Concerns	3
Communicating with the Victim.....	4
Understanding Sexual Violence	6
Myths and Facts	9
Questions and Concerns	11
Long-term Effects	14
Effects of the Assault on You	16
Risk Reduction.....	17
Definitions.....	19

To contact your local rape crisis center, please call:

If you would like more information,
please call The NMCSAP
1-888-883-8020

For emergency situations
call RAINN 1-800-656-4673
They will connect you with
services in your area.

2

Communicating with the Victim

Effective communication is important to a sexual assault victim's long-term adjustment. If you are wondering what you should and shouldn't say and do, here are several suggestions.

DO Remain calm. It is common for you to feel shocked and outraged, but expressing these emotions to the victim may cause her or him more trauma.

DO Believe the victim. Make it clear to the victim that you believe the assault happened and that the assault is *not* her or his fault. Do not ask "why" questions that may make the victim defensive, such as "Why were you wearing that?" or "Why were you alone?"

DO Give the victim control. All control was stripped from the victim during the assault. Empower her or him to make decisions about what steps to take next, but do not tell her or him what to do.

DO Let the victim express feelings. Allow the victim to cry, scream, be silent, etc. Remember, the victim is angry with the assailant and the situation, not with you. Just be there to listen.

DO Assure the victim of your friendship. The victim needs to know that regardless of what happened, your relationship will remain intact.

DO Maintain confidentiality. Let the victim decide who will know about the assault. It is not your place to tell people.

DO Encourage counseling. Give the victim the hotline number for the nearest sexual violence crisis center, but let the victim decide whether or not to go.



4

Sorensen, Teena, and Barbara Snow. "How Children Tell: The Process of Disclosure in Child Sexual Abuse." *Child Welfare* (January-February 1991).

Tjaden, Patricia, and Nancy Thoennes. *Prevalence, Incidence, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey*. Washington, D.C.: National Institute of Justice, Office of the Justice Programs, U.S. Department of Justice, November 1998. NCJ, 172837.

_____. *Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey*. Washington, D.C.: National Institute of Justice, Office of the Justice Programs, U.S. Department of Justice, November 2000. NCJ, 183781.

Wiehe, Vernon R., and Ann Richards. *Intimate Betrayal: Understanding and Responding to the Trauma of Acquaintance Rape*. New York: Sage Publications, 1995.

Zierler, S., L. Feingold, D. Laufer, P. Velentgas, I. Kantrowitz-Gordon, and K. Mayer. "Adult Survivors of Childhood Sexual Abuse and Subsequent Risk of HIV Infection." *American Journal of Public Health* 81, no. 1 (May 1991): 572-575.

www.pcar.org
www.teenpcar.com
www.wheretheoutrage.org
www.nsvrc.org
www.menagainstsexualviolence.org

23

Dissociation

Those who were forced to undergo traumatic sexual abuse usually find the experience too much to bear. Since the victim was prevented from leaving the assault physically, the only remaining option was mental escape (dissociation). Victims often describe it as "floating above themselves" or concentrating intently on a particular object in the room. Survivors may continue this behavior throughout their lives and in times of stress, may "space out," or go numb. This does not mean the victim is psychotic or has a split personality.

Revictimization

People who have been abused by their families or by people they know and trust run a high risk of being victimized again. Women who reported that they were raped before age 18 were twice as likely to report being raped as an adult (Tjaden & Thoennes, 2000).

Revictimization does not occur because survivors enjoy being abused or assaulted. People who have been abused may suffer from low self-esteem and continue to associate with abusive individuals. Additionally, people with a history of abuse often "normalize" violent behavior and may not recognize it as abuse.

21

Rape Trauma Syndrome

Identified by Ann Wolbert Burgess and Lynda Lytle Holmstrom in 1974, rape trauma syndrome (RTS) is a series of stages in dealing with the assault. The first phase, acute distress, begins immediately following the assault. It includes shock, disbelief, confusion, and anxiety. At the same time, a number of physical symptoms may arise, such as soreness, bruising, bleeding, sleep disturbances, nausea, and fatigue.

The second phase is a period of apparent readjustment. The victim may rationalize the assault or announce she or he has “forgotten” the incident. This may appear to be a final resolution, but usually is not. The incident is often constantly in the back of the victim’s mind.

The third phase, called reorganization or integration, is marked by the reemergence of initial emotions (depression, fear, nightmares, etc.). The victim may appear to be getting worse instead of better. These responses are a sign that she or he may be confronting deep-seated feelings and recovering from the assault.

Trigger

Triggers are specific touches, sights, sounds, smells, places, etc. that involuntarily evoke a memory of the sexual assault. Triggers often lead to painful flashbacks. Victims often take conscious or unconscious steps to avoid triggers. Doing so means the victim is forced to limit her or his life activities.

Flashbacks

A flashback is a full re-experiencing of the sexual assault. It is more than a memory — the survivor actually believes the trauma is occurring and that she or he is reliving the experience. Often, victims are unable to distinguish the past from the present, a friend or loved one from the perpetrator.

20

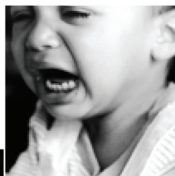
Be assertive. Respect yourself enough not to do anything you don’t want to do. Your opinions matter, and when you say “no,” the other person should stop.

Child Sexual Abuse Prevention

Education is the best defense against child sexual assault. An educated child has the ability to recognize dangerous/uncomfortable situations and will be more likely to tell you if abuse has occurred.

In order to protect children, teach them:

- to feel good about themselves
- the difference between safe and unsafe touches
- that their bodies belong to them and no one has a right to hurt them
- that safety rules apply to all adults, not just strangers
- that they can say “no” to requests that make them feel uncomfortable
- to tell you if any adult asks them to keep a secret
- that they can rely on you to believe and protect them
- that they are not to blame for sexual abuse



DO NOT

Get angry if the victim is reluctant to talk. Do not accuse her or him of “hiding something” because she or he did not tell you sooner. She or he may fear rejection, may want to protect loved ones from the pain, or is too embarrassed. Sometimes, one way the victim can feel in control of the situation is by not talking.

DO NOT

Pry into the physically intimate aspects of the assault. A sexual assault is a traumatic and intimate violation. The victim may not want to recall and share frightening sexual acts.

DO NOT

Confront the offender or encourage revenge. Do not tell the victim that you will “get” the offender or support any thoughts of revenge. A confrontation can add additional trauma — especially if the offender is a loved one. It also can be extremely dangerous. Leave it to the proper authorities.

DO NOT

Hold or touch the victim without asking permission. Physical touch can cause anxiety or flashbacks. Consider other ways to show support and affection.

DO NOT

Say everything is all right. Even if the victim is in a safe place, everything is probably not “all right” with her or him. It may take years to heal from the sexual assault. Avoid minimizing the gravity of what has happened to her or him.

DO NOT

Tell the victim to “get over it.” Every victim deals with the assault and her or his emotions differently. Some may want to put it out of their minds, while others may want to talk extensively about it. Allow the victim to grieve and heal in her or his own way.

DO NOT

Make promises. Don’t make any promises that you’re not sure you will be able to keep. For instance, don’t promise that the victim will never be hurt again or the offender will go to jail. The victim has put all her or his trust in you — you don’t want to break that trust.

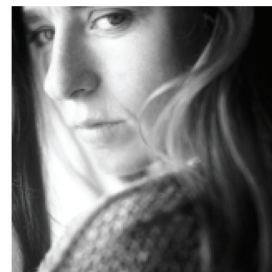
5

who rape other males realize that their victims are likely to have the muscle power to resist, so they rely on brutality to accomplish their ends (McEvoy, et al., 1999).

Often, men reporting muggings or robberies have also been sexually assaulted. Emergency room doctors and police, however, do not typically look for behavioral signs of sexual assault in men.

Approximately 62% of men sexually assaulted by other men knew who assaulted them (Rennison, 2001).

Most sexual assaults of males are perpetrated by other males. However, male rape has nothing to do with the sexual orientation of either the victim or the offender. Rape is not an expression of sexuality; it is a crime that is motivated by a need to control, humiliate, and harm. Therefore, male rape does not mean that a heterosexual victim will become gay, or that a homosexual victim caused the assault.



Acquaintance Rape

Acquaintance rape (non-stranger sexual assault) is rape by someone known to the victim. The offender can be anyone from a slight acquaintance to a husband or partner. In many acquaintance rape cases, the rape occurs on a date or in the context of a dating relationship.

Many acquaintance rape victims feel they are somehow responsible for the assault — for going to the offender’s room alone, using drugs or alcohol, or failing to control the offender’s “natural urges.” Because of their feelings of confusion and guilt, victims of acquaintance rape are the least likely to report the crime to law enforcement. In one study, only 28% of those sexually assaulted by an acquaintance informed the police (Wiehe & Richards, 1995).

18

7

Understanding Sexual Violence

Sexual violence violates a person's trust and feeling of safety. It occurs anytime a person is forced, coerced, and/or manipulated into unwanted sexual activity. The continuum of sexual violence includes rape, incest, child sexual assault, ritual abuse, date and acquaintance rape, statutory rape, marital or partner rape, sexual exploitation, sexual contact, sexual harassment, exposure, and voyeurism.



Child Sexual Abuse

Child sexual abuse is any sexual contact between a child and an adult (or older child) that results in sexual stimulation and gratification for the adult. Child sexual abuse includes rape; incest; sodomy; indecent assault; sexual touching or fondling of the child's genitals; exposing

children to adult sexual activity; exposing the child to adult movies and photographs; sexualized talk; having the child pose, undress, or perform in a sexual nature; voyeurism; and forced prostitution.

Because children seek approval from adults, they are vulnerable to abuse. The use of physical force is rarely necessary to draw a child into sexual activity (Crime Victims Council, 1998). Perpetrators often "groom" children for sexual assault. The grooming process includes building trust, bestowing favors, alienating others, demanding secrecy, and violating boundaries (Horton, et al., 1990).



Male Sexual Violence

Sexual assaults of men are frequently violent and involve weapons. This is because males

6

Rape or sexual assault is the violent crime least often reported to law enforcement (Rennison, 2001).

When many people think about rape, they often picture someone overpowering the other with a weapon or brute strength. But the force used in acquaintance rape often takes a different form. Those forms include:

- threatening the person with physical harm
- threatening to harm another person
- intimidation
- implying that something even worse will happen if the person does not give in
- not listening when the person says "no"
- getting the person drunk or high in order to have sex

Silence is not consent.

Sometimes victims are too scared, disoriented, or shocked to say no or fight back. This does not mean they consented to the sexual activity.



8

Definitions

Victim vs. Survivor

There are differing opinions on the use of the terms *victim* and *survivor*. Some individuals who experienced a sexual assault refer to themselves as *victims* because they were victimized by a violent crime. It also stresses the fact that the assault was not their fault. Other sexual assault victims, however, embrace the term *survivor* because it highlights the strength it takes to survive sexual violence and reach out for help. The transition from victim to survivor is a personal, self-identified continuum. It is up to the individual to make her or his own decision. Be careful not to impose a label on the individual or become frustrated when she or he moves back and forth between terms. Typically, a person who was recently assaulted is referred to as a victim, while someone whose assault happened further in the past is referred to as a survivor.

Perpetrator

A perpetrator is the person who abused or assaulted the victim/survivor.

Post-traumatic Stress Disorder

Post-traumatic stress disorder, or PTSD, is a psychiatric disorder that can occur following the experience or witnessing of life-threatening events such as military combat, natural disasters, serious accidents, or violent personal assaults like rape. People who suffer from PTSD often relive the experience through nightmares and flashbacks, suffer from intrusive thoughts, have difficulty sleeping, and feel detached or estranged.

Sexual violence is among the most common causes of post-traumatic stress disorder. The chances that a victim will develop PTSD after the assault are between 50 and 95 percent (Population Information Program, 2000).

19

Risk Reduction

Although sexual violence can never be prevented, here are some suggestions to help you reduce your risk of being assaulted.

Trust your gut. If you don't feel comfortable in a situation, leave.

Be in charge of your own life. Don't put yourself in a situation where you have to rely on other people to take care of you.

Be cautious inviting someone into your home or going to someone else's home. Three out of five rapes/sexual assaults occur in the victim's home or the home of an acquaintance (Greenfeld, 1997).

Do not mix sexual decisions with drugs and/or alcohol. Your ability to make smart decisions is hampered when you are drunk or high.

When going out with someone new, don't feel you have to go alone. Go on a group date or meet in a public place.

Be aware of date rape drugs. Don't accept beverages in open containers, and never leave your drink unattended.

Avoid falling for lines such as "If you loved me ..." If your partner loved you, she or he would respect your feelings and wait until you are ready for sexual activity.

Avoid individuals who:

- don't listen to you
- ignore personal space boundaries
- make you feel guilty or accuse you of being "uptight" for resisting sexual advances
- express sexist attitudes and jokes
- act jealous or possessive



Communicate. Think about what you really want before you get into a sexual situation and communicate clearly with your partner. If you think you are getting mixed messages, ask your date what she or he wants.

17

Effects of the Assault on You

Sexual violence affects not only the victim, but also those close to her or him. If someone you know has been sexually assaulted, you may experience many of the same emotions as the victim. You may also experience:

- impatience at your loved one's long recovery
- guilt that you did not prevent the assault
- fear over the realization that you are also vulnerable
- a strong desire for revenge
- a desire to "fix it" and move on
- a rationalization that it "wasn't that bad"

It is just as important for you to deal with your own reactions and feelings as it is to deal with the victim's. In order to fully support the victim, you must also deal with your own response to the assault. The survivor is not the only one who may need counseling.

How to Help Yourself

- If you are male and the survivor is female, do not take personally any anger she feels toward men.
- Talk to a counselor or call a rape crisis hotline.
- Educate yourself about rape and rape prevention.
- Moderate your stress levels through activities with other friends and/or through "alone time."
- Do not expect to be able to make the survivor feel better all of the time.
- Do not blame yourself. The only person who is at fault is the person who committed the crime.



16

Myths and Facts

MYTH "Sexual violence can sometimes be the victim's fault."

FACT Sexual violence is NEVER the victim's fault. It doesn't matter if the victim was dressed seductively, drinking or using drugs, out at night alone, on a date with the perpetrator — no one asks to be raped. The responsibility and blame lie with the perpetrator, never with the victim.

The absence of injuries sometimes suggests to others that the victim failed to resist and, therefore, must have consented. Often, rapists only need the threat of violence to control their victims. They also sometimes use "date rape" drugs to incapacitate their victims.

Some victims submit to the assault for fear of greater harm. Submitting does not mean the victim gave consent. Each rape victim does whatever she or he needs to do at the time in order to survive.

MYTH "If a child I know was being sexually abused, she or he would tell me right away."

FACT Because they are confused by the abuse, feel responsible, or are being threatened by the abuser, children don't automatically tell a parent. In fact, 75 percent of children who disclose abuse do so accidentally. Even after a child has confirmed sexual abuse, approximately one-fifth recant their allegations. However, 92 percent of those who recant will reaffirm their abuse at a later date (Sorensen & Snow, 1991).

Be sure to talk frequently and openly about sexual abuse with your children. The more they know and the more comfortable they feel talking to you, the more willing they may be to report sexual abuse.



9

Long-term Effects

A sexual assault is a serious life crisis — a time of overwhelming turmoil and confusion. A victim of sexual violence may experience a wide range of emotions. The following is a list of common reactions many sexual violence survivors experience.

- | | | |
|-------------------|----------------|--|
| • denial | • anxiety | • social withdrawal |
| • helplessness | • flashbacks | • difficulty with intimacy |
| • dislike of sex | • dissociation | • difficulty concentrating |
| • anger | • promiscuity | • difficulty trusting themselves or others |
| • self-blame | • fear | • crisis of faith |
| • depression | • mood swings | |
| • shame | • numbness | |
| • nightmares | • guilt | |
| • rationalization | • loneliness | |

Many survivors of sexual violence are overwhelmed by their emotions and feel that they are "going crazy." Sometimes, what they need most is reassurance that what they are feeling is normal. They need to be told that it's okay for them to be mad, fearful, sad, or numb. Acknowledging and working through the feelings are the first steps toward coping with the crisis.

Sexual violence is among the most common causes of post-traumatic stress disorder. Counseling can help survivors better manage their emotions and may even lessen the long-term effects of the trauma. Free and confidential support counseling is available through local rape crisis centers.

The chances that a victim will develop post-traumatic stress disorder after an assault are between 50 and 95 percent (Population Information Program, 2000).

14

Questions and Concerns

"Since she was raped, my teenage daughter has been sexually promiscuous. Why is she behaving like this? I thought she would be more fearful."

Each victim of sexual violence reacts differently. Some become frightened of going out or being alone. Others lash out and engage in dangerous activities.

The change in your daughter's behavior is a reaction to being raped. Rape is a crime of power and control in which sex is used as a weapon. The sexual assault robbed your daughter of a sense of control over her life. She may view sexual promiscuity as a way to gain that power back. Instead of viewing sex as something to be shared lovingly with another person, she views it as a way to keep others at a distance — an "I'm using them before they can use me" attitude.

Other victims view sex as shameful and dirty. In response to the sexual assault, they stop all sexual activity. It is not uncommon for a rape victim to experience flashbacks or to dissociate during sexual relations. To avoid these negative effects, they avoid sex.

"My brother was sexually abused as a child. Now, as an adult, he abuses drugs and alcohol. Is there a connection?"

A history of childhood sexual abuse is often associated with increased risk of substance abuse. Sexual abuse survivors of both sexes were 70 to 80 percent more likely to report heavy alcohol abuse than were non-abused adults (Zierler, et al., 1991).

Many survivors feel a profound sense of loneliness and alienation from others. To satisfy their need to belong, they gravitate toward the most readily available forms of social support — the crowd at the local bar and/or drug-using party people.

(continued on next page)

11

MYTH

“Males should be able to prevent their rape.”

FACT

Many people mistakenly believe that men should be able to prevent the assault by putting up a fight. The belief is that if a man failed to fight off an attack, he is weak. No rape victim — male or female, gay or straight — should be judged for failure to stop an assault.

Some people also believe that if the victim is homosexual or had an erection during the assault, he enjoyed it. No one asks to be raped! It is important to understand that sexual response is automatic and not within the victim's control — just because his body reacted sexually does not mean he enjoyed the abuse.

It is estimated that 1 in 6 boys will be sexually assaulted before age 18 (Finkelhor, et al., 1990), and an estimated 92,700 men experience a completed or attempted rape(s) each year in the United States (Tjaden & Thoennes, 1998).

MYTH

“If the people are dating, it's not rape.”

FACT

Rape is rape no matter what the relationship is between the victim and perpetrator. Rape is not just committed by strangers in dark alleys. Nearly 7 in 10 rape and sexual assault victims know their attacker (Rennison, 2000). In a national crime victimization survey, 82 percent of rapes and sexual assaults were committed by friends, acquaintances, and intimates (Bachman & Saltzman, 1995).

Everyone has the right to change her or his mind — even about sex. One form of sexual contact does not necessarily open the door to other sexual activity. Even if the two have had intercourse before, the perpetrator does not have the right to force sex on the victim.

There are many ways a person can be forced into sexual activity. Sometimes perpetrators use physical force or a weapon, but more often they use coercion, manipulation, or psychological pressure.

10

Some survivors have found that, for a time, the pain of the sexual abuse stops when they are high. However using substances doesn't stop the pain forever and struggling with an addiction brings new pain. Alcohol is a depressant and can increase mood swings, dissociative episodes, and the risk of self-harm. Similarly, while amphetamines increase energy, they can also cause acute panic attacks in survivors, who are already likely to suffer from anxiety.

The most important priority for addicted survivors is to get sober and clean.

“What do I do to report the sexual assault of my best friend?”

The decision of whether or not to report the assault should be made by your friend. If the assault occurred within the past 72 hours, it is recommended that your friend undergo a rape exam at a hospital. **This decision, however, should be made by the victim.** The exam, which is conducted before she is allowed to bathe or change clothes, may entail a lengthy wait in the emergency room followed by a pelvic exam; vaginal, oral, and rectal swabs; a pubic combing; fingernail scrapings; and treatment for pregnancy, STDs, and any injuries.

This kind of exam, performed by strangers in the aftermath of the assault, can be very upsetting. One way you can help is to request that the exam be performed by a sexual assault



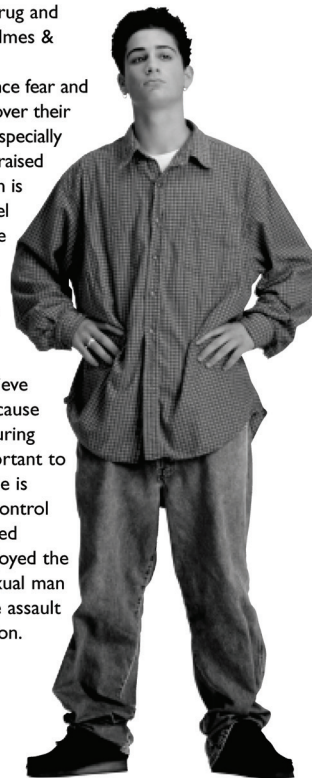
12

Common Reactions of Male Victims

Sexually abused boys often exhibit high-risk behavior, including the use of prostitutes, unprotected sex, a high number of sexual partners, behavior and legal problems, drug and alcohol abuse, and suicide (Holmes & Slap, 1998).

Male survivors may experience fear and anger over the loss of control over their bodies and themselves. This is especially strong if the survivor has been raised to believe that showing emotion is wrong or weak. He may also feel dirty, ashamed, and guilty that he wasn't “strong enough” to protect himself.

Sexual identity becomes an important issue for some males after a sexual assault. A heterosexual survivor may believe the assault means he is gay because of the way his body reacted during the assault. However it is important to remember that sexual response is automatic and not within his control — just because his body reacted sexually does not mean he enjoyed the abuse. A homosexual or bi-sexual man may feel he is to blame for the assault because of his sexual orientation. No one asks to be raped!



15

forensic examiner (SAFE) or sexual assault nurse examiner (SANE), a professional who is trained to perform the exam in a sensitive manner. Another way you can help the victim is to ensure that a counselor from the local rape crisis center is present, if one has not already been notified.

Most hospitals are required to report the assault to the police. **However, it is up to the victim to decide if she or he wants to talk to a detective.** Following the exam, a detective will be assigned to the case and will interview the victim. The victim will need to give a statement recalling the events surrounding the assault and details of the assault itself.

In the hours and days that follow, the victim will be expected to repeat the story of the assault many different times to many different people. Many victims find it difficult to repeat the intimate details of the assault over and over again.

If the district attorney decides to prosecute the crime, the lengthy legal process begins wherein the truth and accuracy of the victim's story may be repeatedly called into question. Once the charges have been filed, the crime is viewed as an action against the state, with the victim serving as a witness on behalf of the state.

The most important thing you can do for your friend is to be there to listen and support her or him.



13