



B. What You Need to Know

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INTRODUCTION

The term interpersonal violence simply means violence inflicted on one person by another individual (e.g., an intimate partner, an acquaintance or stranger) or by a small group of individuals (e.g., perpetrators of a gang rape) (Krug et al., 2002; Rosenberg et al., 2006). The **main acts of interpersonal violence discussed in this toolkit are sexual violence, domestic violence, dating violence and stalking**. Sexual harassment is also reviewed.

B. What You Need to Know provides basic information on interpersonal violence:

- ✓ Types of interpersonal violence
- ✓ Background information on gender-based violence, victim-blaming and offenders
- ✓ Responding to disclosures
- ✓ Reporting and criminal investigations
- ✓ Promoting prevention efforts

C. Getting Started delves into information more specific to college students and response by campus law enforcement and security departments. *D. Training Resources* provides more in-depth material that can be utilized to train campus law enforcement and security departments on sexual violence, domestic and dating violence, and stalking.

Although both males and females are victims of interpersonal violence, most reported and unreported cases involve female victims and male offenders. Thus, victims are often referred to in this toolkit as females and offenders as males. This use of terms is **not** intended to minimize the fact that male victimization and same gender violence do occur. It is written in this format solely for the ease of reading the material.



Acquiring new knowledge and putting it into practice is a process. You are not expected to “know” the information in the toolkit all at once. Instead, you can work through toolkit sections at your own pace, building your knowledge base as you go.

B1. TYPES OF INTERPERSONAL VIOLENCE

Sexual assault, dating violence, domestic violence and stalking are serious crimes affecting millions of individuals across our nation, including those attending college. This section offers general information on these crimes, often **collectively known as interpersonal violence**, as well as a summary of applicable criminal offenses. Specifically, it covers:

- ✓ Sexual violence
- ✓ Drug-facilitated sexual assault
- ✓ Child sexual abuse
- ✓ Sexual harassment
- ✓ Domestic violence
- ✓ Dating violence
- ✓ Stalking and harassment
- ✓ Cybercrimes (related to sexual and domestic violence and stalking)

The section begins with a brief overview of criminal justice response and civil legal remedies.



Criminal Justice Response and Civil Legal Remedies

It is helpful to have an understanding of the criminal and civil legal systems and be able to concisely explain these systems to victims of interpersonal violence and their families.

With **criminal offenses**, the **county prosecuting attorney makes the decision whether or not to prosecute the case and what level of offense is charged**. Once a crime is reported to law enforcement, a criminal investigation may begin. Law enforcement makes the initial determination of what charges to file against a suspect. However, at the time an indictment is sought, the county prosecuting attorney makes the decision as to what charge(s) should be brought in connection with a case.

To charge a suspect with a crime, sufficient evidence that the crime occurred is needed. **Law enforcement seeks to help reconstruct details about the crime during an investigation**. Evidence on victims' bodies can be collected, if applicable to the crime. There may be crime scene evidence as well as evidence on suspects' bodies/clothes and at other locations. Statements from victims, suspects and witnesses may support evidentiary findings.

Whether or not there are criminal charges filed, civil legal remedies may also be available to victims of interpersonal violence. A civil protective order is a remedy available to victims of domestic violence, sexual assault and stalking in West Virginia. Victims can request a protective order through **magistrate court**—a **Personal Safety Order (PSO) for victims in non-domestic relationships** or a **Domestic Violence Protective Order (DVPO)**. Filing fees may be waived. There is no obligation to file a criminal report in order to obtain a protective order. (See *B3. Responding to Disclosures: Safety Planning*.)

Under criminal law, when a person is a victim of another person's criminal act, the crime is considered to be committed against the community and not against an individual victim. Thus, prosecution represents the state rather than victims in criminal cases. Certain restrictions are placed on prosecutors in order to protect the rights of the accused. For example, the accused has the right to have an attorney, to not be subjected to unlawful search or seizure, to confront witnesses, and to not be forced to testify against oneself. Prosecutors are required to share any information with the defense that might prove that the accused is not guilty or less culpable of a criminal act.

Civil cases occur when private individuals or states file lawsuits against an individual, corporation or the government for harm/loss that has occurred. A civil lawsuit may list one or more torts (civil wrongs or injuries), including assault, negligence, infliction of emotional distress, false imprisonment or wrongful death. Sanctions usually include the injured party receiving monetary compensation. Sometimes other awards can be made, but imprisonment cannot be imposed. The burden of proof in a civil case is a "preponderance of the evidence," a lower standard than required in a criminal case (which requires guilt beyond a reasonable doubt). (From International Association of Forensic Nurses, 2010; Brandl et al., 2007.)

Sexual Violence

Sexual violence is broadly defined by the World Health Organization (Krug et al., 2002) as **any sexual act or attempt to obtain a sexual act** (as well as unwanted sexual comments or advances or acts to traffic) **directed against a person's sexuality using coercion**. For the toolkit's purpose, this **overview of sexual violence is focused on those acts which are considered crimes in West Virginia**. Examples of crimes of sexual violence include:

- ✓ Rape—sexual intercourse against a person's will
- ✓ Forcible sodomy—anal or oral sex against a person's will
- ✓ Forcible object penetration—penetrating someone's vagina or anus, or causing that person to penetrate her/himself, against that person's will
- ✓ Unwanted sexual touching
- ✓ Sexual contact with a person who lacks the capacity to give consent
- ✓ Incest (sexual contact between family members)
- ✓ Any other nonconsensual sexual contact

STATE LAWS



Sexual assault and sexual abuse are the two major classifications of sex offenses in West Virginia (WVC§61-8B).

Sexual abuse occurs when **a person subjects another to sexual contact without her/his consent**, and that **lack of consent is due to physical force, threat or intimidation**. The levels of sexual abuse in West Virginia are:

- ✓ **1st Degree:** Sexual contact without the victim's consent due to forcible compulsion, the victim is physically helpless, or the victim is younger than age 12 and the perpetrator is age 14 or older. Penalty: An indeterminate term of not less than 1 nor more than 5 years in a state correctional facility; and/or a fine not more than \$10,000. However, if the defendant is 18 or older and the victim is younger than 12, the penalty is not less than 5 nor more than 25 years in a state correctional facility; and/or a fine of not less than \$1,000, nor more than \$5,000.
- ✓ **2nd Degree:** Sexual contact with someone who is mentally defective or mentally incapacitated. Penalty: Confinement in a regional jail for not more than 12 months; and/or a fine of not more than \$500.
- ✓ **3rd Degree:** Sexual contact with a victim under age 16 without her/his consent. Penalty: Confinement in a regional jail for not more than 90 days; and/or a fine of not more than \$500.

Sexual assault is sexual intercourse or sexual intrusion without consent. West Virginia's levels of sexual assault include:

- ✓ **1st Degree:** The perpetrator inflicts serious bodily injury, uses a deadly weapon, or the perpetrator is over age 14 and the victim is younger than 12 years old and is not married to that person. Penalty: Indeterminate term of not less than 15 nor more than 35 years in a state correctional facility; and/or a fine of not less than \$1,000 nor more than \$10,000.

However, if the defendant is 18 or older and victim is younger than 12, the penalty is not less than 25 nor more than 100 years in a state correctional facility, and or a fine of not less than \$5,000 nor more than \$25,000.

- ✓ **2nd Degree:** Sexual intercourse or intrusion without consent and lack of consent is due to forcible compulsion or physical helplessness. Penalty: An indeterminate term of not less than 10 nor more than 25 years in a state correctional facility; and/or a fine of not less than \$1,000 nor more than \$10,000.
- ✓ **3rd Degree:** Sexual intercourse or intrusion with someone who is mentally defective or mentally incapacitated, or when someone age 16 or older assaults someone less than 16 who is at least 4 years younger than the perpetrator and not married to him/her. Penalty: An indeterminate term of not less than 1 nor more than 5 years in a state correctional facility; and/or a fine of not more than \$10,000.

There is **no statute of limitations for felony sex offenses; 2nd and 3rd degree sexual abuse must be charged within 1 year** after the offense was committed (*WVC§61-11-9*).

Explanation of Terms: WV Sexual Abuse and Sexual Assault Laws

(see www.legis.state.wv.us)

Forcible compulsion: (a) physical force that overcomes such earnest resistance as might reasonably be expected, under the circumstances; (b) threat or intimidation, expressed or implied, placing a person in fear of immediate death or bodily injury to him/herself or another person or in fear that he/she or another person will be kidnapped; or (c) fear by a person under 16 years of age caused by intimidation, expressed or implied, by another person who is at least 4 years older than the victim. For the purpose of this definition, "**resistance**" includes physical resistance or any clear communication of the victim's lack of consent.

Married: for the purpose of this article, in addition to its legal meaning, includes persons living together as husband and wife regardless of the legal status of their relationship.

Mentally defective: a person suffers from a mental disease or defect which renders that person incapable of appraising the nature of his/her conduct.

Mentally incapacitated: a person is rendered temporarily incapable of appraising or controlling his/her conduct, as a result of the influence of a controlled or intoxicating substance administered to that person without his/her consent or a result of any other act committed upon that person without his/her consent.

Physically helpless: a person is unconscious or for any reason is physically unable to communicate unwillingness to an act.

Sexual contact: intentional touching, either directly or through clothing, of the anus/any part of the sex organs of another person, or the breast of a female or intentional touching of any part of another person's body by the actor's sex organs, where the victim is not married to the actor and the touching is done to gratify the sexual desire of either party.

Sexual intercourse: any act between persons involving penetration, however slight, of the female sex organ by the male sex organ or involving contact between the sex organs of one person and the mouth or anus of another person.

Sexual intrusion: any act between persons involving penetration, however slight, of the female sex organ or of the anus of any person by an object for the purpose of degrading or humiliating the person so penetrated or for gratifying the sexual desire of either party.

Bodily injury: substantial physical pain, illness or any impairment of physical condition.

Serious bodily injury: bodily injury which creates a substantial risk of death, which causes serious or

prolonged disfigurement, prolonged impairment of health, or prolonged loss or impairment of the function of any bodily organ.

Deadly weapon: any instrument, device or thing capable of inflicting death or serious bodily injury and designed or adapted for use as a weapon or possessed, carried or used as a weapon.

While some terms are not the most sensitive choice of language, they currently define the law and influence charging decisions. Avoid use of legal terms such as “mentally defective” when talking with victims as their use could increase their reluctance to seek assistance.

BASIC DATA ON SEXUAL VIOLENCE

(Note that studies from which the data is extrapolated may define sexual violence differently and examine only certain forms, such as rape or sexual assault.)

- ✓ About **1 in 6 women** and **1 in 21 men** in **West Virginia** indicated they experienced an attempted or completed rape (*2008 West Virginia Behavioral Risk Factor Surveillance System Survey*, West Virginia Bureau for Public Health).
- ✓ According to the 2004 U.S. Department of Justice’s *National Crime Victimization Survey*, 15% of sexual assault and rape victims were under age 12, 29% were age 12 to 17, **44% were under age 18 and 80% were under age 30**.
- ✓ According to the *West Virginia State Police 2010 Incident-Based Reporting System*, **86% of sexual assault victims knew their offenders: 48% of sexual assaults were committed by an acquaintance (non-intimate partner)**, 7% by an intimate partner, 31% by other family members, and 5% by a stranger. In 9% of these cases, the relationship between victim and offender was unknown.
- ✓ National studies indicate that **14% to 39% of all sexual assaults are ever reported to law enforcement** (Kilpatrick, 2000). Some of the most common reasons victims are reluctant to report are self-blame, fear of retaliation, fear of rejection, and negativity they perceive might accompany criminal justice system involvement (Office on Violence Against Women, 2004).

The **impact of sexual victimization on individuals’ lives can be profound**, potentially leading to short- and long-term physical, emotional, sexual and reproductive health problems. Victimization can also affect those close to victims. (See *B3. Responding to Disclosures: Health Consequences for Victims* and *C3. A Snapshot of Interpersonal Violence Against College Students: Sexual Violence*.)

DRUG FACILITATED SEXUAL ASSAULT

In West Virginia, someone who is drunk or drugged cannot give consent to sex.

Perpetrators may intentionally drug their victims or prey on persons who have been voluntarily drinking in order to have sexual intercourse with them. If a person has sex with someone who is in such an incapacitated condition, it is sexual assault.

Sexual assaults are often linked to the abuse of drugs, primarily alcohol, that decrease inhibitions and make the user incapacitated. In addition to alcohol, the **drugs most often used to facilitate sexual assaults** are GHB, Ecstasy, Rohypnol (a benzodiazepine), Ketamine and Soma, although other benzodiazepines and sedative hypnotics are used as well. These drugs cause unconsciousness—an effect that is quickened and intensified when the drugs are taken with alcohol. They can also cause intense sleepiness, memory loss, nausea, lack of

coordination, slurred speech, loss of inhibition, confusion, seizures and even death. **Victims may be unconscious during all or parts of the sexual assault and, upon regaining consciousness, may experience anterograde amnesia**—the inability to recall events that occurred while under the influence of the drug.

Victims often are reluctant to report drug facilitated sexual assault because of a sense of guilt, embarrassment or perceived responsibility because they lack specific recall of the assault. Many of the drugs used in these cases are rapidly absorbed and metabolized by the body, making them undetectable in routine urine and blood drug screenings.

Potential Signs a Person May have been Drugged

- ✓ Feeling more intoxicated than usual for the amount of alcohol that was consumed
- ✓ Waking up feeling hung over or still feeling intoxicated/drugged, experiencing memory lapse and not being able to account for periods of time
- ✓ Remembering taking a drink but not being able to recall what happened for a period of time after consuming the drink
- ✓ Thinking sex occurred, but not being able to remember the actual incident



If individuals think they have been drugged and sexually assaulted, they should be **encouraged to get help immediately**—go to a safe place, preserve evidence and go to a hospital emergency department for a forensic medical examination and care.

- ✓ To **preserve evidence prior to the exam, victims should not urinate, shower, bathe, douche or throw away clothes that they wore during the incident**. They should also save other materials that might provide evidence (e.g., a glass that held the drink).
- ✓ **The first urine after the assault needs to be collected in a clean container for drug toxicology testing. Preferably the urine should be collected at the hospital.** The likelihood of detecting the drugs used to commit the sexual assault lessens each time the person urinates. **If patients cannot wait to urinate until their arrival at the hospital, first responders should ask them to provide a sample and bring it to the hospital, documenting the chain of custody.** It is suggested that law enforcement officers and emergency medical technicians keep toxicology screening kits readily available, according to agency policy (Office on Violence Against Women, 2004).

CHILD SEXUAL ABUSE

On college campuses, it is more likely that sexual assault and sexual abuse as defined by the West Virginia Code will occur than child sexual abuse. However, child sexual abuse is not out of the realm of possibility, as minors can come/be brought to campus for any number of reasons.



In addition to sexual assault and sexual abuse, West Virginia law describes other **sex offenses involving children**. Sexual abuse of children includes, but is not limited to, sexual intercourse, sexual intrusion and sexual contact (West Virginia Department of Health and Human Resources, Child Protective Services, 2008):

- ✓ **Use of minors in filming sexually explicit conduct** (*WVC§61-8C-2*);

- ✓ **Distribution and exhibiting of material depicting minors engaging in sexually explicit conduct** (*WVC§61-8C-3*);
- ✓ **Sexual abuse** by a parent, guardian, custodian or person in a position of trust to a child; a parent, guardian, custodian or person in a position of trust to a child allowing sexual abuse to be inflicted on that child; and displaying of a child's sex organs by a parent, guardian or custodian (*WVC§61-8D-5*);
- ✓ **Sending, distributing, exhibiting, possessing, displaying or transporting of material** by a parent, guardian or custodian **depicting a child engaged in sexually explicit conduct** (*WVC§61-8D-6*); and
- ✓ **Incest**—engaging in sexual intercourse or sexual intrusion with one's father, mother, brother, sister, daughter, son, grandfather, grandmother, grandson, granddaughter, nephew, niece, uncle or aunt (*WVC§61-8-12*).

Generally speaking in West Virginia, child abuse involves **a parent, guardian or custodian of a child who knowingly or intentionally inflicts an injury upon that child**; and sexual abuse of children includes, but is not limited to, **sexual intercourse, sexual intrusion and sexual contact** (West Virginia Department of Health and Human Resources, Child Protective Services, 2008) (See *WVC§61-8B, 8C and 8D*). Note that not all sexual violence committed against children is child sexual abuse as described above. Teenagers, for example, can experience sexual assault perpetrated by their peers.

Examples of Child Sexual Abuse

- ✓ Sexual touching and fondling of a child's sexual body parts
- ✓ Attempted or actual oral, anal or vaginal penetration
- ✓ Forcing a child to touch another person's sexual body parts or engage in sexual activity with animals
- ✓ Exposing a child to adult sexual activity or pornography or taking pornographic pictures of a child
- ✓ Having a child undress, pose or perform in a sexual manner
- ✓ Voyeurism, exposing oneself to a child or masturbating in front of a child
- ✓ Sexualized talk with a child or making fun of a child's sexual development, preferences or organs
- ✓ Forcing overly rigid rules on dress or forcing a child to wear revealing clothes
- ✓ Stripping to hit or spank, or getting sexual excitement out of hitting

Symptoms a Child Who is Being Sexually Abused May Display

(Note the presence of such symptoms is not necessarily reflective of abuse)

- ✓ Sleep disturbances or nightmares and bedwetting
- ✓ Change in eating habits
- ✓ Excessive clinging or crying
- ✓ Depression and/or anxiety
- ✓ School problems
- ✓ Running away
- ✓ Hostility or aggression
- ✓ Sexually transmitted diseases
- ✓ Fear/dislike of particular adults/places
- ✓ Drug/alcohol problems
- ✓ Withdrawal from family, friends or usual activities
- ✓ Frequent touching of private parts or sexual behavior inappropriate to the age of the child
- ✓ Physical symptoms involving the genital, anal or mouth area
- ✓ Any dramatic change in behavior or development of new behavior

Common Emotional Responses of Children to Sexual Abuse

- ✓ **Fear** of the abuser, of getting into trouble/getting a loved one into trouble, and/or of not being believed
- ✓ **Guilt** for not stopping the abuse, believing they consented to it, telling/keeping the secret, etc.
- ✓ **Shame** about the abuse and/or their body's reactions
- ✓ **Confusion** due to their emotions (e.g., because they love the abuser)
- ✓ **Anger** at themselves and/or the abuser and others who failed to protect them
- ✓ **Sadness** at being betrayed by someone they trusted
- ✓ **Isolation** because they feel alone and have trouble talking about the abuse



When child abuse has occurred or is suspected: Stay calm and believe the child.

Assure the child that she/he is not to blame. Let the child know it was brave to tell you and you are glad she/he told. Protect the child immediately from the suspected offender. West Virginia protocol requires that suspected child abuse be reported immediately to the West Virginia Department of Health and Human Resources, Child Protective Services (1-800-352-6513) or a law enforcement agency. It is best practice to encourage that the child have a medical exam, even if no injuries are apparent, and to connect the child with a counselor.

Sexual Harassment

Sexual harassment includes unwelcome sexual advances, conduct of a sexual nature and requests for sexual favors. It must affect a person's employment, unreasonably interfere with school or work performance, or create an intimidating, hostile or offensive school or work environment (U.S. Equal Opportunity Employment Commission). It can be **verbal or written** (e.g., making sexually degrading jokes or sending unwanted sexually harassing e-mails or text messages), **non-verbal or visual** (e.g., displaying sexually explicit pictures or making sexual gestures) or **physical** (e.g., inappropriately touching a person or a person's clothing). It can include offering benefits (e.g., better grades or a work promotion) in exchange for sexual favors or making threats after sexual advances are rejected.

Sexual harassment is a violation of federal and state discrimination laws in qualifying settings. Federal laws apply to certain work sites (Title VII of the Civil Rights Act of 1964) and school settings (Title IX of the Education Amendment of 1972). West Virginia law (*WVC§5-11, Legislative Rule Title 77*) addresses certain work settings. In addition to unwanted sexual conduct, hostile or physically aggressive behavior may constitute sexual harassment if the harassment is based on gender.



To report sexual harassment, victims should **first follow their school/workplace complaint policy,** reporting the behavior to the proper authority using the written procedures of their school/workplace. **If the harassment continues after a reasonable amount of time following a report,** victims may have the right to **file a formal complaint** with the [West Virginia Human Rights Commission](#) (for qualifying schools/workplaces), the [West Virginia Equal Employment Opportunity Office](#) (for state employees), the [U.S. Equal Employment Opportunity Commission](#) (for qualifying workplaces), or the [Office of Civil Rights, U.S. Department of Education](#) (for schools receiving federal financial assistance).

Domestic Violence

(Section adapted in part from [National Coalition Against Domestic Violence](#), 2007)

Domestic violence is **abusive behavior**—e.g., willful intimidation, physical assault, battery and sexual assault as well as emotionally abusive and controlling tactics— **perpetrated by an intimate partner against another**. This **definition sometimes extends—as it does in West Virginia law—to include victims who are related to the abuser or are other household members**. Domestic violence affects individuals in every community, regardless of age, economic status, race, religion, nationality, education, gender identity or sexual orientation. In addition to emotional trauma caused by domestic violence, physical harm can vary from simple assault to homicide (Sampson, 2006).

STATE LAWS

WVC [§48-27-202](#) defines **domestic violence or abuse** as the occurrence of one or more of the following acts **between family or household members**:

- ✓ Attempting to cause or intentionally, knowingly or recklessly **causing physical harm** to another person with or without dangerous or deadly weapons
- ✓ Placing another person in **reasonable apprehension of physical harm**
- ✓ **Creating fear of physical harm** by harassment, stalking, psychological abuse or threatening acts
- ✓ **Committing either sexual assault or sexual abuse**
- ✓ **Holding, confining, detaining, or abducting another person** against that person's will

A **family or household member**: current or former spouses, persons living as spouses or who have formerly resided as spouses, current or former intimate partners, persons who are dating/have dated, persons who are presently or in the past have resided together in the same household, persons who have a child in common, parents and in-laws, siblings, children and stepchildren, grandparents, aunts and uncles, and nieces, nephews, first and second cousins.



Domestic violence offenses and penalties ([WV §61-2-28](#)) in West Virginia:

Domestic Assault: The unlawful attempt to commit a violent injury of another family or household member or unlawfully committing an act which places another family or household member in reasonable apprehension of immediately receiving a violent injury.

Domestic assault is a **misdemeanor charge**, with penalty of confinement in a county or regional jail for not more than 6 months, or fined not more than \$100, or both. For the **2nd violation**, the penalty is confinement in a county or regional jail for not less than 30 days nor more than 6 months, or fined not more than \$500, or both.

Domestic Battery: The unlawful and intentional physical contact of an insulting or provoking nature with another family or household member or unlawfully and intentionally causing physical harm to another family or household member.

Domestic battery is a **misdemeanor charge**, with penalty of confinement in a county or regional jail for not more than 12 months, or fined not more than \$500, or both. For the **2nd violation**, the penalty is confinement in a county or regional jail for not less than 60 days nor more than 1 year, or fined not more than \$1,000, or both.

A **3rd violation for domestic assault or battery** is a **felony charge** if the offense occurs within 10 years of a prior conviction of these offenses. The penalty is confinement in a state correctional facility not less than 1 nor more than 5 years and/or a fine not more than \$2,500.

Domestic violence victims often seek **civil protective orders** against their abusers. In West Virginia, they can petition their [county magistrate](#) for an emergency order—if the magistrate finds that domestic violence or an imminent threat of domestic violence exists, an emergency order may be issued. The order will require the abuser to stop abusing, harassing, stalking, threatening or otherwise intimidating the victim. The emergency order is good until the family court hearing is held and a decision is made whether to issue a more permanent protective order (usually within 30 days of issuing the emergency order). If the abuser violates the conditions of emergency or permanent protective orders, it may result in a contempt of court charge or a criminal charge. (Paragraph from [West Virginia Laws on Domestic Violence](#).)

See the West Virginia Supreme Court of Appeal's brochure, [Domestic Violence Protective Orders](#), for more information.



See the [West Virginia Domestic Violence Response Guide for Law Enforcement Officers](#) (3rd ed., 2011). This booklet offers law enforcement officers in West Virginia guidance on initial response to domestic violence and issuing protection orders.

BASIC DATA ON DOMESTIC VIOLENCE

Women age 16 to 24 have the highest per capita rate of intimate partner violence (Rennison, 2003). Women age 20 to 24 are at the greatest risk of nonfatal intimate partner violence (Catalano, 2007). Many of the physical assaults involve pushing, slapping and hitting (Tjaden & Thoennes, 2000; Rennison & Welchans, 2000; Sampson, 2006). The 2010 [National Intimate Partner and Sexual Violence Survey](#) found that 1 in 4 women and 1 in 7 men have been the victim of severe physical violence by an intimate partner. Not surprisingly, this survey found that many female victims experienced multiple forms of violence (physical and sexual violence and stalking) while male victims most often experienced physical violence. Another study found that sexual assault occurs in approximately 40 to 45% of abusive intimate relationships (Campbell, 2003).

Klein (2009) indicated that intimate partner homicides constituted 11% of homicides between 1976 and 2005, 30% of female murders and 3% of male murders. Similarly, the FBI (2011) indicated that over 1/3 of female murder victims were killed by an intimate partner.

As for **domestic violence in West Virginia** ([West Virginia Coalition Against Domestic Violence](#), 2012): 14,880 domestic violence cases were filed in West Virginia Family Court in 2010 (West Virginia Supreme Court of Appeals) and 12,661 domestic violence offenses were reported to law enforcement in 2010 (West Virginia State Police). Consistent with national statistics, **1/3 of**

homicides were related to domestic violence (West Virginia State Police, 2010). **Over 2/3 of women murdered were killed by a family or household member** (West Virginia Bureau of Public Health, 2010)

The incidence of domestic violence is likely much higher as the above data includes only reported cases in the state, and many victims do not report this crime.

Dating Violence

(Drawn from Dating Violence Resource Center, [Campus Dating Violence Factsheet](#))

Dating violence is controlling, abusive and aggressive behavior against a person on a date or a dating partner. Like sexual and domestic violence, it can occur regardless of the sexual orientation of the victim and perpetrator. It can include:

- ✓ **Physical abuse**—intentional use of physical force with the intent to cause fear or injury, such as hitting, shoving, biting, strangling, kicking or using a weapon
- ✓ **Emotional abuse**—non-physical behaviors such as threats, insults, constant monitoring, humiliation, intimidation, isolation or harassment
- ✓ **Sexual abuse**—action that impacts a person’s ability to control her/his sexual activity or the circumstances in which it occurs, including rape, coercion or unwanted sexual contact

Many view dating violence simply as a form of domestic violence—in fact, research on dating violence sometimes lumps intimate partner violence together with violence that occurs on a date but not necessarily between individuals who have an intimate relationship. **Such a view can be misleading.**

- ✓ While a date could involve persons who are already in an intimate relationship, a **date could also be a casual encounter of persons who have not yet been intimate** or may have been intimate but **do not consider themselves in a relationship** (e.g., if they had a one-night fling only after drinking at parties they both attended but otherwise do not interact). Note that many sexual assaults in college environments occur when the victim and offender are at the same location/function (a party, a bar, a dance, etc.) but not dating or on a date.
- ✓ **Violence committed on a date is often mainly sexual in nature**, making it more about sexual rather than domestic violence.
- ✓ **Individual acts of violence committed by a date which are criminal offenses should be investigated as such** and not minimized because they occurred in a dating relationship. Violence is violence regardless of the victim’s relationship to the offender.

For these reasons, **avoid using the term dating violence and instead opt for terms that more powerfully describe the individual behaviors**—sexual assault, physical assault, intimidation, battery, stalking, etc.

Stalking and Harassment

The Stalking Resource Center defines **stalking as a course of conduct directed at a specific person that would cause a reasonable person fear**. Under this definition, stalking can include a variety of behaviors, including harassment.

STATE LAW



West Virginia law (WVC §61-2-9a) differentiates stalking from harassment. To be charged with stalking in West Virginia, someone must repeatedly (two or more times) follow another person, knowing or having reason to know that the conduct causes the person followed to reasonably fear for his or her safety or suffer significant emotional distress. **To be charged with harassment**, someone must repeatedly (two or more times) harass or make credible threats against another person.

Both stalking and harassment are misdemeanors charges in West Virginia, with penalties upon conviction of confinement in the county or regional jail for not more than 6 months and/or fined not more than \$1,000. If a person stalks or harasses another in violation of an order by the circuit court, magistrate court or family court judge, they are also guilty of a misdemeanor, and upon conviction, can be incarcerated in the county jail for not less than 90 days nor more than 1 year and/or fined not less than \$2,000 nor more than \$5,000.

Note that the term stalking is used to refer to stalking and harassment in this toolkit.

The federal stalking statute adds protection. It specifically addresses and makes it a crime to travel across state lines or tribal jurisdiction with the intent to kill, injure, harass or place under surveillance with similar intent. The stalker must have the intent to harass, or intimidate the victim, or to place the victim, a family member, or a partner of the victim, in fear of death or serious bodily injury. **Details on the federal laws and penalties** for related federal violations can be found at the national Stalking Resource Center's website at <http://www.victimsofcrime.org/our-programs/stalking-resource-center> or by accessing the stalking section (*18 U.S.C. 2261A Interstate Stalking*) of the federal code at <http://uscode.house.gov/search/criteria.shtml>.

BASIC DATA ON STALKING

Many behaviors can constitute stalking. For example, stalkers might repeatedly follow victims on their way to school or repeatedly wait for them outside of their classrooms, homes or offices. They may slash tires, vandalize property and threaten victims and their loved ones, and use weapons. Some send gifts and cards to intimidate their targets. Stalkers may approach, confront and even harm victims, perhaps in violation of a protective order. They may call and make threats or hang up each time their victims answer. Some monitor victims' phone calls or computer use. Some use the Internet and cell phone texting to defame the reputations of their victims. Some enlist others to assist them.

According to the *National Crime Victim Survey* (2012), **6.6 million people in the U.S. were stalked in one year**. Stalking does not just happen to celebrities and well-known people.

Although high profile cases make the news, **stalking can happen to anyone. One in 6 women and 1 in 19 men have experienced stalking victimization at some point during their lifetime** (Black et al., 2011), in which they felt very fearful or believed that they or someone close to them would be harmed or killed.

There is a strong link between stalking and other forms of interpersonal violence. The Bureau of Justice Statistics' 2006 *Supplemental Victimization Survey* found that **nearly 3 in 4 stalking victims knew their offenders** (Baum et al., 2009). Another national survey found that 81% of women who were stalked by a current or former partner were also physically assaulted by that partner and 31% were also sexually assaulted (Tjaden & Thoennes, 1998).

While stalking victims may or may not be in imminent danger, the potential always exists. It can be useful for victims to develop a safety plan (see *B3. Responding to Disclosures*).

As a consequence of being stalked, victims may experience sleep and eating disturbances, nightmares, hyper-vigilance, anxiety, shock and disbelief, and a feeling of helplessness and loss of personal safety (National Center for Victims of Crime, 2010; WV FRIS). Depression, anxiety and insomnia rates are higher among stalking victims than the general population (Blauuw et al., 2002). Victims' employment could suffer because of lost time from work, frequent interruptions or disturbances by stalkers, or lost productivity due to anxiety, fear or other causes related to the stalking behavior. If victims are in school, their academic performance could be affected. Some victims feel that they have to move to end the stalking.

Cybercrimes

Cybercrimes are criminal activities facilitated through the use of technology. Technology used is not limited to computers and the Internet, but can extend to a broad range of electronic devices and media (e.g., telephones, fax machines, TTY/TTD equipment, cameras, webcams and spycams, and computer software and hardware such as global positioning systems, caller ID systems, computer monitoring software, and keystroke logging systems and software). **Stalking, sexual violence, and domestic and dating violence may involve cybercrimes.**

Electronic aggression is a term used to describe any kind of aggression perpetrated through technology, such as Internet and cell phone sexual solicitations, harassment or stalking (Hertz and David-Ferdon, 2008). The Internet creates opportunities for electronic aggression to occur through e-mails, instant messaging, chat room exchanges, website posts, creating web pages, videos or profiles on social networking sites, taking pictures and distributing them, and uploading videos and posting them on-line for the world to see. The cell phone—via phone calling, texting, taking/distributing photos/videos, and connecting to the Internet— is another popular tool for electronic aggression.

Some examples of how electronic aggression is used in interpersonal violence cases (both alone and in combination with other controlling, abusive and/or violent tactics):

- ✓ **Sexual predators can victimize individuals online.** For example, they may (Wolak, Mitchell & Finkelhor, 2006): request victims to engage in sexual activities or provide

personal sexual information, attempt offline contact with victims, expose victims to unwanted sexual material, and/or harass victims.

- ✓ **Prior to or in the aftermath of a sexual assault, a sex offender may also use electronic aggression to threaten or retaliate against the victim.**
- ✓ **For abusers in dating or domestic violence situations,** technology offers a host of readily available tools to enable them to **repeatedly control, pressure or threaten someone** they are in an intimate relationship with or dating.
- ✓ **Stalkers can use any form of electronic or technological media and/or devices to threaten, harass or intimidate their victims (sometimes referred to as cyberstalking).** With their technology arsenals, stalkers can easily gather information and spy on victims, impersonate them, intercept and monitor their communications with others, and embarrass, insult, harass and exploit them.



See Campus Safety Magazine's [Your Ultimate Guide to Student and School Internet Safety](#) (Swanson, 2011) to explore how to protect students from cyberstalking and Internet predators.



Victims of cybercrimes may need assistance identifying the full extent of the problem, developing a plan to address their concerns, dealing with the emotional trauma resulting from their victimization, planning for safety, and obtaining additional information and referrals for service. Education may be needed for all parties involved to recognize the seriousness of the situation and examine ways to reduce the risk of future incidences. Help in these areas is available from rape crisis centers and domestic violence programs. See C8. *Getting Started: Resources for Victims on College Campuses.*

B2. BACKGROUND

This section briefly explores:

- ✓ How gender biases contribute to interpersonal violence
- ✓ The phenomena of victim-blaming
- ✓ Basic information on sex offenders, abusive partners and stalkers.

Gender-Based Violence

Most males are not violent towards females. However, girls and women do experience interpersonal violence at significantly higher rates than boys and men, and, in the vast majority of cases, a male is the perpetrator.

Gender bias is prejudice in treatment or action towards other persons on the basis of their sex (www.legal-explanations.com). **Gender bias greatly influences social norms that tolerate violence against females.** It is useful to examine gender stereotypes you may hold to be able to dispel myths related to interpersonal violence and avoid gender bias in your own interactions.

We are socialized from an early age—through the media, family, community, peers, schools, religious institutions, etc.—to buy into stereotypes of females and males that reflect and

reinforce gender bias. **Due to gender bias, girls and women are more at risk for violence throughout their lives.** The following are a few examples of societal beliefs about gender roles, relationships and sexuality that support gender-based violence:

- ✓ It's acceptable to tell jokes and show visual images that degrade women.
- ✓ If a man takes a woman out on an expensive date, it is OK for him to expect sex in return.
- ✓ It's OK for males to be sexually aggressive, while females are expected to set and enforce limits on male sexual behavior.
- ✓ In an intimate relationship between males and females, women traditionally were expected to listen and be supportive to their male partners, fulfill their sexual needs, care for their children, and cook and clean their home. An abusive husband may rationalize the use of violence if his wife fails to live up to such expectations. (For more on domestic violence and adherence to gender roles, see [University of Michigan, Sexual Assault Prevention and Awareness Center.](#))

While many individuals do not buy into beliefs rooted in gender bias, the overall message of male power and female submissiveness is inescapable in our culture. **Note the following overlapping social norms that contribute to gender-based violence:**

- ✓ Traditional male roles that promote domination, exploitation, objectification, oppression and risk-taking behaviors in men and boys, often glorifying victimizing women and girls;
- ✓ Limited female roles that sexualize women from a young age, encouraging them to act like and be treated as objects for the pleasure of men and condoning men's use of the "commodity" of women;
- ✓ Glorification of power that allows men to hold control over women;
- ✓ Acceptance of aggression as normal male behavior that can be used as a way to solve problems and get what one wants; and
- ✓ Individual and family privacy and shame that encourages silence around interpersonal violence and fosters stigmatization of victims, lack of intervention and further abuse.

Community factors can reinforce societal norms, such as weak sanctions against perpetrators and lack of support for victims from institutions that are supposed to help them seek justice. For example, college students who had been sexually victimized give a number of reasons for not reporting their victimizations to law enforcement officials. Fear of being treated with hostility by law enforcement and anticipation that law enforcement would not believe the incident was serious enough and/or would not want to be bothered with the incident were listed as barriers to reporting (Fisher, Cullen & Turner, 2000).



Gender bias is exacerbated by discrimination based on race, ethnicity, sexual orientation, perceived gender identity, socio-economic status, class, disability and/or age. These additional forms of discrimination can further increase a person's vulnerability to violence and make safety, healing and justice less feasible (Amnesty International).

Gender bias affects all victims of interpersonal violence. When men are victims of sexual or domestic violence, they may be even less likely than female victims to seek help because these crimes are seen as ones that "happen to" females, who are perceived as the "weaker" sex.

Despite the public's growing awareness about male victimization, there is still a sense of disbelief that boys and men could be violated sexually or by a female intimate partner. Heterosexual male victims may fear being perceived as homosexual, feminine or weak if they were assaulted by a male. If they were sexually assaulted by a female, many believe that they should just enjoy "the sex" instead of "complaining" about it.

When girls and women experience sexual or domestic violence by a female perpetrator, gender bias that sanctions violence against women can still be a factor.

Victim Blaming

A key reason for a victim's reluctance to report or seek help following an act of interpersonal violence is society's tendency to blame the victim. **Victim blaming in essence removes the responsibility for the violence from the offender and places it upon the victim.** Sadly, it is common for a victim to experience some degree of victim blaming from her family, friends, classmates, school faculty/staff, fellow employees, criminal justice officials, health care providers, etc.

Some **examples of myths that people believe that support victim blaming in sexual violence cases** include:

- ✓ If a woman wears revealing clothing, flirts with or walks home with the perpetrator, she is enticing him, so it can't be sexual assault.
- ✓ If a woman is out alone at night, she deserves what she gets.
- ✓ If a woman did not physically resist the perpetrator's advances or there was no "real" threat of physical harm, then it cannot be sexual assault.
- ✓ If an individual had sex previously with the perpetrator, it can't now be sexual assault.
- ✓ A woman might fabricate interpersonal violence to seek attention or revenge.

When women remain in abusive relationships, people will often question why they stay and then blame them for "letting" the abuse happen ("she would leave if she didn't like it"). Some may justify the violence if they feel the woman provoked it ("she was being such a nag" or "she made him get angry and lose his temper"). Some may excuse violence as a side effect of the abuser's use of alcohol or drugs.

The blame that victims receive from others often erodes their confidence and develops into self-blame, which can manifest into feelings of guilt, shame, anxiety, depression, lack of trust and isolation. **It makes it harder for victims to come forward and report the violence. Just as damaging, victim blaming can lead to backlash and retaliation against victims**—for example, a victim might be labeled promiscuous by peers after being sexual assaulted by a classmate or sexually harassed by a professor. If the incident is reported, a victim may be subjected to retaliation by the perpetrator (e.g., her stalker may increase the level of attacks) and others (e.g., harassed if her abusive partner or rapist is a popular public figure such as an athlete). In addition, institutions and the media can add to the damage by portraying victims negatively.

Why do people blame victims of interpersonal violence? Some thoughts and theories:

- ✓ **Men and women are socialized to believe stereotypes that support gender discrimination, including gender-based violence.**
- ✓ **People want to believe that as long as they behave “appropriately,” nothing bad will happen to them.** This belief leads to the view that victims of interpersonal violence must have done something to encourage or deserve the violence and, therefore, are to blame. Those who blame victims may feel a false sense of security because they view themselves as acting appropriately and thus not vulnerable to violence. (Bullet adapted from Rape Crisis Information Pathfinder.)
- ✓ **People may believe that sexual violence is caused by uncontrollable sexual desire,** which leads them to conclude that the way a person looks or behaves can elicit irrepressible sexual arousal on the part of others.
- ✓ **People may find it difficult to comprehend that a person they know is capable of interpersonal violence.** This is especially true when the alleged perpetrator is someone they like and/or respect.
- ✓ **People may not be educated about the nature of interpersonal violence.** Some people maintain victim blaming attitudes simply because they have not been taught about the realities of interpersonal violence and have not had the opportunity to counter their assumptions and biases with facts.



Some tips ([Center for Relationship Abuse Awareness](#)): Challenge victim-blaming statements. Don't agree with perpetrators' excuses for violence (they will try to rationalize their actions). Let victims know that it is not their fault. Hold perpetrators accountable for their actions. Provide victims with resources and support. Avoid victim blaming.

Sex Offenders

(Partly drawn from the Center for Sex Offender Management (CSOM) publications. See www.csom.org.)

The primary motivation for sex offenders to commit sexual violence is generally not sexual gratification, although that may be part of it. More commonly, **offenders use sexual violence as a tactic to overpower, control and/or humiliate another person.** They often have a need to compensate for their own feelings of inadequacy, anger and/or powerlessness. By humiliating victims, their anger is discharged and their feelings of strength and capability are validated. Offenders' dehumanizing acts of sexual coercion may help them gain a temporary sense of control, while leaving their victims feeling devastated, traumatized and powerless.

There is no profile of a typical sex offender (Becker & Murphy, 1998; Hunter, 2006; Marshall, 1996; Talbot et al., 2002). Instead (paragraph and bullets drawn from CSOM, 2010; Gilligan, 2008):

- ✓ Sex offenders vary from one another in terms of demographics, range of offending behaviors, motivations, intervention needs and levels of risk they pose (Carter, 2008).
- ✓ Sex offenders can be adults or juveniles. Sex offenders may offend against adults and/or children, males and/or females.
- ✓ The vast majority of sex offenses are committed by males, but females do commit these crimes (FBI, 2005; Schwartz & Cellini, 1995).
- ✓ Sex offenders vary in marital status, socio-economic level, education and family ties.

- ✓ Some have been victims of sexual abuse, but many have not. Being sexually abused does not cause people to become sex offenders.
- ✓ Offenders' sex crimes can range from non-contact offenses such as flashing or voyeurism to contact offenses such as fondling or rape.
- ✓ Most sex offenders commit multiple sex crimes against multiple types of victims with whom they have varying types of relationships (Denver Police Department, 2011).
- ✓ Sex offenders may have a long criminal history or none at all.

Key points about sex offenders (drawn in part from [Lisak & Miller](#); 2002):

- ✓ When discussing sexual assault that occurs on college campuses, people may have an image of a male student “who, under the influence of alcohol, mistakenly crosses the line between sexual pressure and rape.” However, the **majority of rapists plan their assaults as well as how to get away with them** (e.g., by identifying potential victims who are vulnerable, accessible and easily manipulated/isolated, and whose credibility will be called into question if they report due to factors such as they were drinking or doing drugs, involved in illegal activities, have a mental disability, had sex with the rapist previously, etc.).
- ✓ **Sex offenders use violence as needed.** They may not need to use physical force if they can incapacitate, intimidate and/or wear down resistance of their victims. It is easier to avoid prosecution if physical force is not used. Bachman (1998) found that the only factors associated with rape that increased the likelihood of victim reporting were physical injuries and the use of a weapon.

Between 12 and 24% of convicted sex offenders are known to have repeated sex crimes, as indicated by a new charge or conviction for a sex offense (Hanson & Harris, 2004; Hanson & Morton-Bourgon, 2005). However, **these rates likely are underestimated since most sex crimes are not reported.** There is usually no single factor that makes someone more likely to reoffend, but rather a combination of factors that might include problems in relationships, difficulty in dealing with emotions such as anger, having antisocial values, hostile attitudes toward women, or being sexually attracted to children. Treatment may help sex offenders develop skills to manage their behavior, which can reduce their chances of reoffending. But whether they will be successful depends on whether they are motivated to change their behaviors (Aos, Miller & Drake, 2006). (Paragraph drawn from CSOM, 2010.)

It is likely that **sex offenders committed far greater number of sex crimes than they are or will be convicted of (most will likely not be convicted at all).** Lisak and Miller (2002) found that of 1,882 men they assessed for acts of interpersonal violence, 120 reported acts that met legal definitions of rape or attempted rape, but were never prosecuted by criminal justice authorities. The majority (76) were repeat rapists. The 76 repeat “undetected” rapists together committed: 439 rapes and attempted rapes, 49 sexual assaults, 277 acts of child sexual abuse, 66 acts of child physical abuse, and 214 acts of battery. Lisak and Miller also found common characteristics between incarcerated and undetected rapists: Anger directed at women, need to dominate women, belief in rape myths, hyper-masculine attitudes, view of violence as normal, view of women as objects to be conquered, and deficits in empathy.

Lisak and Miller noted that with both incarcerated and undetected rapists, there is **a pattern that a small number of men committed the majority of sex crimes** (rather than many men committing single acts of sexual violence).

The courts can impose a variety of sentences for sex offending, depending upon the offender, the facts of the case and state laws. While some offenders are sentenced to prison or jail, others are sentenced directly to community supervision (e.g., probation). Depending on their age and conviction, some are on the sex offender registry for their lifetimes, others for 10 years, and some not at all. For those sentenced to prison or jail, some are released with parole or probation supervision, while others are released with no supervision. When they are under community supervision, sex offenders are required to abide by certain restrictions and rules, such as the following (Paragraph and bullets drawn from CSOM, 2010):

- ✓ No contact with their victims
- ✓ No or limited contact with minors
- ✓ Participation in sex offender-specific treatment
- ✓ Limited or no Internet access
- ✓ No use of alcohol or drugs
- ✓ Restrictions on where they can live and work
- ✓ Restricted movement within the community and within and across state line
- ✓ Reporting to a probation/parole officer as required



In every state, law enforcement agencies must maintain registries of certain convicted sex offenders (e.g., including data such as offenders' names, addresses, photographs and crime or conviction).

For **public access to the West Virginia sex offender registry**, go to www.wvstatepolice.com/. The State Police administers the registry, as per the stipulations of the *Sex Offender Registration Act (WVC§15-12)*. In addition to updating the registry on a daily basis, the State Police distributes registrant data to the FBI and local entities in the county that the registrant resides, owns or leases property that he/she regularly visits, or is employed or attends a school/training facility.

Abusive Partners

Like sex offenders, there is **no one profile for abusive intimate partners**. They come from all socioeconomic backgrounds, races, religions and walks of life. However, what they have in common is the **use of power and control as the main tactic in their abusive behavior**.

Abusive partners often (from [Maricopa Association of Governments Domestic Violence Council](#); Wilson, 1997):

- ✓ **Equate jealousy with love**—continually question their partners about people spoken to or associating with, become jealous of time their partners spend with others, including family
- ✓ **Use controlling behavior** to inhibit almost every aspect of their partners' lives
- ✓ **Lie** or alter or withhold the truth
- ✓ **Pressure their partners** to become committed to their relationship quickly
- ✓ **Hold unrealistic expectations**—they may expect their partners to meet all of their needs
- ✓ **Isolate** their partners by severing outside ties, support and resources, accuse others of being "troublemakers," block partners' access to use of vehicles, work or telephone service

- ✓ **Blame others for their feelings** and may use their feelings to manipulate their partners—e.g., "You are hurting me by not doing as I want"
- ✓ **Hold children to high expectations** and then punish them for not performing up to their harsh standards
- ✓ Exhibit **cruelty to animals**
- ✓ **Use force in sex**—may restrain their partners against their will during sexual activity, act out fantasies in which their partners are helpless, force sex when their partners are asleep, ill or tired; show little concern for their partners' desire to be touched, and use sulking or anger to manipulate sexual compliance
- ✓ **Verbally abuse their partners**
- ✓ **Hold rigid gender roles**

Although both men and women are abusers, the vast majority are men. Like sex offenders, they may refuse to accept responsibility for their behavior and believe that it is justified. Often they will try to excuse the violence or blame the victim for causing it. The tendency to use abuse as a control tactic can be aggravated by the use of drugs and alcohol, but overcoming a substance abuse problem does not usually end the abusive behavior. There is treatment available to help abusive partners address abusive behavior. (Paragraph from Maricopa Association of Governments Domestic Violence Council.)

Stalkers

Most stalkers are men; however, females can also be stalkers. Like sex offenders and abusive intimate partners, stalkers are a heterogeneous group. One broad way they can be categorized is by their relationship with their victims: current or former intimate partner, acquaintance or stranger (Mohandie, Meloy, Green-McGowan, & Williams, 2006; Logan, 2010).

Many stalkers know their victims, particularly those who stalk women. For 66% of female stalking victims and 41% of male victims identified in *The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report*, a current or former intimate partner was their stalker (Black et al., 2011). About 10% of stalkers are strangers to their victims (Baum et al., 2009).

Partner stalkers are more likely to be threatening and violent towards their victims than stalkers who are acquaintances or strangers. For example, 71% of the partner stalking victims who were threatened were actually assaulted compared to 33% of non-partner stalking victims who were threatened (Thomas et al., 2008; Logan, 2010). Similarly, Tjaden and Thoennes (1998) found that 81% of women who were stalked by current or former intimate partners were also physically assaulted by them; 31% were also sexually assaulted.

Compared to stalkers who were acquaintances or strangers, **partner stalkers were also more likely to be violent towards third parties and damage property, and reoffend after court interventions** (Logan, 2010). **They also appeared to engage in stalking more frequently and intensely than non-partner stalkers.**

B3. RESPONDING TO DISCLOSURES

A first responder's words and actions can have a tremendous impact on a victim of

interpersonal violence. Reacting to a disclosure with judgment and blame may lead a victim to think that the violence was her fault and lead her to suffer in silence. Conversely, responding with support, compassion and accurate information about the violence, traumatic reactions and resources can empower the victim to seek assistance and begin the process of healing.

This section offers basic information on:

- ✓ Coordination with other first responders
- ✓ Health consequences for victims
- ✓ State requirements related to suspicions/disclosures of victimization
- ✓ Crisis intervention
- ✓ Planning for safety
- ✓ Victims with disabilities

Coordinated Response

The **coordination of interventions among those involved in the immediate response to disclosures of interpersonal violence is critical to helping victims and facilitating timely investigations.** As a key college campus responder, law enforcement and security departments should identify other campus offices (as discussed in *C. Getting Started*) and community agencies with whom they might be working with initially on these cases. At a minimum, those community agencies include:

- ✓ Advocates from the local rape crisis center (for sexual violence and stalking)
- ✓ Advocates from the local domestic violence program (for intimate partner violence)
- ✓ Emergency department medical staff (in sexual assault cases, often sexual assault nurse examiners)
- ✓ Local law enforcement representatives (if your campus does not have law enforcement)
- ✓ Prosecutors (may be involved in an advisory capacity in immediate response)

Knowing the other key players can help you connect individuals who disclose interpersonal violence to the services they might require.



A sexual assault response team (SART) may exist in your community to promote a coordinated response in sexual assault cases. See www.fris.org for more information on local rape crisis centers and SARTs.

Health Consequences for Victims

Interpersonal violence has many potential health consequences for victims. Some victims sustain physical injuries during the violence. As discussed below, emotional trauma from interpersonal violence victimization can lead to physical, emotional and cognitive repercussions. Victims of rape may also fear their victimization will lead to pregnancy and sexually transmitted infections, including HIV. Some develop gynecological and sexual problems as a result of their victimization. The health consequences of interpersonal violence victimization can profoundly impact individuals' capacity to lead productive and healthy lives.

TRAUMATIC REACTIONS

Understandably, experiencing interpersonal violence causes emotional trauma for many victims.

Examples of factors that may influence whether a person's emotional reactions to the violence are traumatic include: severity and frequency of the event; personal history (e.g., if there was a prior victimization); individual coping skills, values and beliefs; and the level of support from family, friends and/or professionals (Santa Barbara Graduate Institute et al.). Traumatic reactions may include one or more of the following **symptoms** (Santa Barbara Graduate Institute et al.):

- ✓ **Physical:** e.g., changes in eating patterns, sleep disturbances, sexual dysfunction, low energy and chronic, unexplained pain
- ✓ **Emotional:** e.g., depression; spontaneous crying; feelings of despair and hopelessness; anxiety and panic attacks; fearfulness; compulsive and obsessive behaviors; feelings of being out of control, irritable, angry and resentful; emotional numbness; and withdrawal from normal routines and relationships
- ✓ **Cognitive:** e.g., memory lapses (especially about the sexual violence), difficulty in making decisions, decreased ability to concentrate, hyperactivity and impulsivity

Additional symptoms—e.g., intrusive re-experiencing of the trauma, emotional numbing and avoidance, and hyper-vigilance and overreactions—are **key indicators of post-traumatic stress disorder (PTSD)**.

Nearly **1/3 of rape victims develop PTSD** during their lifetimes (Kilpatrick, Edmunds, & Seymour, 1992). **PTSD symptoms specific to survivors of sexual violence are also known as rape trauma syndrome (RTS)**. **Phases of RTS** include (Burgess & Holmstrom, 1974):

- ✓ **Acute:** Occurs immediately after the assault and usually lasts a few days to several weeks. Common reactions include being openly emotional, being controlled/without emotion and experiencing shock, disbelief and/or disorientation.
- ✓ **Outward adjustment:** Individual resumes what appears to be her "normal" life, but inside is suffering from considerable turmoil. Primary coping techniques include: minimization (pretends that "everything is fine" or that "it could have been worse"); dramatization (cannot stop talking about the assault); suppression (refuses to discuss or acts as if it did not happen); explanation (analyzes what happened); and flight (tries to escape the pain by moving or changing jobs, appearance or relationships, etc.).
- ✓ **Resolution:** The assault is no longer the central focus of the individual's life. She may recognize that while she will never forget the assault, the pain and negative impact usually lessen over time.

Unfortunately, **this stress response is often not a one-time experience but can be reactivated when a victim has intrusive symptoms related to the violence** (a nightmare or flashback of the actual incident) **or other traumatic events**.

A substantial portion of women who experience domestic violence exhibit PTSD symptoms—31 to 84% according to a review of research. Multiple victimization experiences also increase the likelihood of PTSD. (Paragraph from Jones, Hughes & Unterstaller, 2001.)

If not addressed, emotional trauma can result in lasting negative effects for victims, such as substance abuse, compulsive behavioral patterns, self-destructive and impulsive behaviors, inability to make healthy professional or lifestyle choices, dissociative symptoms, feeling permanently damaged, a loss of previously sustained beliefs, and feelings of ineffectiveness, shame, despair and hopelessness. It can also contribute to sexual problems, the inability to maintain close relationships or choose appropriate friends and partners, social withdrawal, and feelings of being constantly threatened and hostile towards others (Paragraph from Santa Barbara Graduate Institute et al.).



Be prepared to help victims understand their reactions to violence, including how it can cause traumatic reactions and the potential impact of the trauma. **Victims also may need assistance identifying resources for support in dealing with emotional trauma.** Rape crisis centers and domestic violence programs have specially trained staff to assist victims in recovering from this trauma. (See *C. Getting Started: Resources for Victims.*)

State Requirements Related to Disclosures of Victimization

In West Virginia, an individual can decide whether or not to report interpersonal violence to law enforcement, unless the situation meets the criteria for mandatory reporting. If a mandatory report is required and a victim discloses the violence to someone who is not a sworn law enforcement officer, encourage the victim to initiate the report and offer assistance in reporting. Fulfill all mandatory reporting responsibilities.

In West Virginia, victims in non-mandatory reporting situations can have a forensic medical exam conducted without reporting the incident to law enforcement. The kits are stored at Marshall University Forensic Science Center and, with no statute of limitations in the state on sexual assault, may be retrieved at a later date to initiate an investigation upon a victim's request.

College law enforcement or security departments have additional mandatory reporting requirements due to federal mandates and institutional policies. Individuals who come to college law enforcement or security departments to disclose interpersonal violence should be informed, prior to their communications to the extent possible, of the department's duties to make an official report in specific circumstances, whether it be a state, federal or college-specific requirement. See *C6. Getting Started: Reporting on College Campuses.*

MANDATORY REPORTING

In West Virginia, state law (WVC§9-6-9) identifies individuals who must report suspected abuse or neglect of adults who are incapacitated or of emergency situations where adults who are incapacitated are at imminent risk of serious harm. Reporters include:

- ✓ Medical, dental and mental health professionals
- ✓ Christian Science practitioners
- ✓ Religious healers
- ✓ Social service workers
- ✓ Law enforcement officers

- ✓ Humane officers (Each county sheriff designates officers to investigate complaints of inhumane treatment of animals. In their work, humane officers may witness or suspect the abuse of incapacitated adults or children.)
- ✓ State or regional ombudsmen (an advocate for residents of nursing homes, board and care homes, and assisted living facilities)
- ✓ Employees of nursing homes or other residential facilities.



An **adult who is considered “incapacitated,”** according to state law, is **someone who cannot independently conduct daily life sustaining activities due to a physical, mental or other infirmity.** Note the incapacity can be temporary (e.g., if someone is under the influence of alcohol or has an injury that will heal, such as a broken leg).

Reporting procedures for suspected mistreatment of an incapacitated adult:

- ✓ Abuse, neglect or an emergency situation involving an adult who is incapacitated should be reported to the local Department of Health and Human Resources (DHHR), Adult Protective Services (APS), *or* the 24-hour hotline provided for this purpose (800-352-6513).
- ✓ If it is suspected that a crime has occurred (e.g. a sex offense), report to the local law enforcement agency.
- ✓ The oral report to DHHR should be followed with a written report within 48 hours, using DHHR’s forms or forms your organization has developed for this purpose.

Mandatory reporters of suspected mistreatment of a minor in West Virginia include:

- ✓ Religious healers and members of the clergy
- ✓ Christian Science practitioners
- ✓ Social service workers
- ✓ School teachers and other school personnel
- ✓ Child care or foster care workers
- ✓ Humane officers (see above)
- ✓ Emergency medical services personnel
- ✓ Peace officers or law enforcement officials
- ✓ Circuit court and family court judges
- ✓ Employees of the Division of Juvenile Services and magistrates
- ✓ Youth camp administrators or counselors, employees, coaches or volunteers of an entity that provides organized activities for children
- ✓ Commercial film or photographic print processors

Reporting procedures for suspected mistreatment of a minor:

- ✓ Reports should be made immediately to DHHR, Child Protective Services (CPS) *or* 800-352-6513 (same as above number).
- ✓ In any case it is believed that the child suffered serious physical abuse or sexual abuse or sexual assault, the reporter shall *also* immediately report, or cause a report to be made, to the State Police and any law enforcement agency having jurisdiction to investigate the complaint.
- ✓ If the mandatory reporter is a staff member or a volunteer of a public or private institution,

school, entity that provides organized activities for children, facility or agency, the reporter should immediately notify the person in charge of that institution school, entity, facility or agency, or a designated agent thereof, who may supplement the report or cause an additional report to be made.

- ✓ The oral report to DHHR should be followed with a written report within 48 hours if so requested.



In addition to the above mandatory reporters, **any person over the age of 18 who receives a disclosure from a credible witness or observes child sexual abuse or sexual assault** is required to immediately report or cause a report to be made to DHHR, the State Police, or the law enforcement agency having jurisdiction to investigate the report.

INFORMED CONSENT AND GUARDIANSHIP/CONSERVATORSHIP

It is critical to respect the right of victims of interpersonal violence to make their own decisions (unless a situation meets the criteria for mandatory reporting). **Help ensure that victims' decisions are well-informed by offering them information about their options** (about reporting and who are mandatory reporters, getting medical care, having a sexual assault forensic medical examination, seeking shelter or a protective order, seeking support and counseling, Crime Victims Compensation Fund, etc.) and the potential impact of their decisions. For example, if a student tells a college law enforcement or security officer about being sexually assaulted, even if she does not wish to make an official report, she should understand who officers are required to tell (e.g., a school administrator, the campus Title IX coordinator, local law enforcement if the circumstances involves a minor or incapacitated adult, etc.).

A West Virginia resident over the age of 18 is presumed to be competent to make her own decisions unless a court determines otherwise. If a person is declared to be legally incompetent, the circuit court may determine she is a “protected person” and appoint a guardian/conservator to make decisions on her behalf. A **guardian** is responsible for the personal affairs of a protected person. A **conservator** is responsible for managing the estate and financial affairs of a protected person. The terms and conditions of a court appointment indicate the scope of the guardianship or conservatorship.

If abuse or neglect of a protected person by a guardian/conservator is suspected, report suspicions to DHHR at 800-352-6513. If it is suspected that a crime has been committed against a protected person or that they are in imminent danger, law enforcement is contacted. If it is suspected that a guardian/conservator is not acting in the protected person’s best interest, contact the circuit court that appointed the guardian/conservator or a private attorney for information on options. In cases in which DHHR is the appointed guardian, contact a DHHR supervisor.

CONFIDENTIALITY

Maintaining confidentiality is a key to developing trust with victims.

- ✓ Victims are expected to share very personal information about their experiences of being

violated in order to receive medical, emotional and legal support. They may be traumatized and embarrassed by having to recount what happened.

- ✓ Victims may have grave concerns related to disclosing their victimization, reporting to law enforcement and seeking services that stem from what they perceive the consequences to be of others finding out about the assault.
- ✓ Given such difficulties and concerns, it is critical for victims to be able to trust that the communications they have with college law enforcement and security departments will be kept in confidence as appropriate and allowable by law and campus policies.
- ✓ Information should not be released about victims without their informed, written consent, except in cases requiring reporting. Understand your state, federal and school requirements and convey these requirements to individuals before they disclose, to the extent possible.

Special conditions regarding release of information and informed consent exist for minors and some “incapacitated” adults (WVC§9-6-9) with cognitive disabilities.

- ✓ Minors are typically unable to legally provide informed consent. Therefore, when the victim is a minor, the written release of information should be signed by the minor where possible and her/his non-abusive parent or guardian. Emancipated minors and minors who are married, however, can make most of their own decisions and do not need a signature of their parent or guardian (WVC§49-7-27).
- ✓ With adults who are incapacitated, the issue is whether they are competent to give consent. If an adult is not capable of providing consent to release information, the written release should be signed by the adult where possible and the non-abusive guardian, if one exists.

Note that release of information forms should be time-limited and specific.

Customizing Your Initial Response

Whoever initially responds to a victim must be supportive and quickly direct or connect the victim to the help she/he needs. Note that each person’s circumstances and needs can vary.

A person’s experiences of and reactions to interpersonal violence may be affected by multiple factors, such as (adapted from Office on Violence Against Women, 2004):

- ✓ Age and developmental level
- ✓ Gender and/or gender identity
- ✓ Sexual orientation
- ✓ Existence of a disability
- ✓ Language and communication needs
- ✓ Ethnic and cultural beliefs and practices
- ✓ Economic status
- ✓ Immigration and refugee status
- ✓ History of prior victimization
- ✓ Past experiences with responding systems (medical, criminal justice, victim advocacy, etc.)
- ✓ Whether the victim was involved in activities prior to the violence that traditionally generate victim blaming (wearing a short skirt to a party, drinking alcohol at the party, flirting with the offender, etc.)
- ✓ Whether the violence involved alcohol and/or drugs
- ✓ Whether the victim engaged in illegal activities at the time of the violence/had outstanding criminal charges

- ✓ Prior relationship with the offender, if any
- ✓ Whether physical injuries were sustained and the severity of the injuries
- ✓ Capacity to cope with trauma and the level of support available

Because there are so many variables that can affect a victim's experience of and reaction to interpersonal violence, it is critical to **ask each victim: "Is there anything I should know that will enable me to better assist you?"** Let the person guide you in how to support her/him.

Crisis Intervention

Varying incidences can trigger crisis reactions for a victim of interpersonal violence—traumatic reactions to the violence itself, disclosing the violence, the reactions of others to the disclosure (e.g., minimizing it or not believing it happened), memories of the violence (e.g., hearing a song that was on the radio at the time of a sexual assault), events connected to the violence (e.g., the release of an offender from jail or prison) and unresolved trauma related to the violence (e.g., attending social events in which an offender is present).

Crisis intervention attempts to stabilize a person's reactions to an immediate problem.

Crisis intervention is sometimes referred to as "emotional first aid" designed to "stop the emotional bleeding." Crisis management rather than resolution is the goal.

Ideally, if a person in crisis discloses interpersonal violence to a college law enforcement or security officer, the officer should immediately enlist the assistance from someone trained in crisis intervention (e.g., an advocate from a rape crisis center/domestic violence program, a counselor or other person designated by the college). However, until that trained person arrives, the **officer's initial response to a victim in crisis** might encompass:

- ✓ Helping to calm the victim to facilitate rational, informed decisions;
- ✓ Ensuring the victim's immediate safety/planning for short-term safety;
- ✓ Addressing medical concerns and encouraging the victim to seek needed care;
- ✓ Discussing reporting options and encouraging evidence collection, if appropriate;
- ✓ Addressing specific concerns and helping to prioritize urgency;
- ✓ Telling the victim what the law enforcement/security department can/cannot do (including reporting requirements);
- ✓ Providing contact information for the local rape crisis center or domestic violence program, explaining services and connecting the victim, with her permission, with an advocate; and
- ✓ Providing additional information and referrals as needed.

Some victims are reluctant to seek medical care due to lack of funds. West Virginia has a **Crime Victims Compensation Fund** to reimburse victims for medical and other expenses related to crime victimization if the crime is reported to law enforcement within 72 hours. Advocates at local rape crisis centers and domestic violence programs are trained to assist victims in accessing this fund.

Medical Care

It is important to encourage victims to seek medical care as soon as possible after physical or sexual violence. Taking care of their health at this time is an important step in their healing process. They can be examined for injuries (some of which they may not be aware of, such as internal injuries). Victims of sexual assault may need antibiotics to prevent bacterial sexually transmitted infections (STIs). Female sexual assault victims can receive medication to protect against pregnancy. Through a forensic medical exam a victim's health care needs can be assessed and evidence collected for potential use in a case investigation or prosecution (Office on Violence Against Women, 2004). Sexual assault forensic medical examinations encompass non-acute medical care related to the assault and forensic evidence collection. (See below.)

Preservation of Evidence in Sexual Assault Cases

If the respondent is a sworn law enforcement officer and victims disclose having been sexually assaulted, steps should be taken immediately to preserve forensic evidence. If the respondent is a security officer, evidence preservation is key if the victims are considering reporting the crime to law enforcement or considering having a forensic medical exam (see the earlier section *State Requirements Related to Disclosures of Victimization*). Once victims are safe and have their acute medical needs addressed, it is important to preserve potential evidence that may help in the investigation and prosecution.

To preserve potential forensic evidence, victims are generally advised:

- ✓ Do not shower, bathe or clean any body parts.
- ✓ Do not douche, brush teeth or comb/brush hair.
- ✓ Do not go to the bathroom.
- ✓ Do not eat or drink anything.
- ✓ Do not change clothes.
- ✓ If clothing must be changed prior to going to the hospital, remove carefully, place each item in a separate paper bag and take to the hospital.
- ✓ Bring extra clothing to the hospital to replace any items that law enforcement may take to test for evidence.
- ✓ Do not touch, straighten or clean anything at the crime scene area.



Even if victims are uncertain about reporting the crime, they can still be encouraged to preserve evidence and get medical care. The [WV Code §61-8B-16\(5c\)](#) states that a victim of sexual assault is NOT required to participate in the criminal justice system or cooperate with law enforcement in order to have a forensic medical exam.

Licensed medical facilities in West Virginia can provide medical care and collect evidence without reporting the assault to law enforcement, if the victim wishes (except in mandatory reporting cases). The evidence will be collected and stored for at least 18 months. With no statute of limitations on felony sexual assaults, the victim can later decide to report the crime to law enforcement and the evidence can then be retrieved. If the victim does not want a forensic medical exam to collect the evidence, medical care is still important to treat physical injuries and address possible exposure to sexually transmitted infections and pregnancy.

- ✓ The **West Virginia State Police Forensic Lab** indicates that **96 hours post-assault** is the outside limit for conducting a forensic medical examination using the state Sex Crime Collection Kit, **unless circumstances exist where evidence may be present**. If there is any question about the appropriateness of forensic medical care in a particular case, err on the side of caution and encourage the victim to go to the hospital.
 - ✓ **Because so many sexual assaults are committed by offenders who are known to the victim, the collection of biological identifying evidence may not always be the most vital component of the forensic medical exam**. Forensic examiners can collect an assault history and document any pain, soreness or injury whether or not they collect physical evidence. This information and documentation can corroborate force and/or the assault history provided by the victim and is therefore critically important to the investigation and prosecution of the case.
 - ✓ **If drug or alcohol-facilitated sexual assault is suspected** based on the statement of the victim's activity or the victim's physical symptoms, **act quickly to expedite the seizure of blood and urine analysis**. If necessary, urine specimens can be collected without a medical professional (according to law enforcement department policy).
-

Safety Planning

If safety concerns exist, it is important to give victims the opportunity to create a plan to enhance their safety. Each victim's safety concerns are unique. Short-term safety planning may be a component of responding to a victim in crisis; longer-term planning is usually done when a victim has more time and is not in crisis.



Safety Planning with Victims in Crisis

(1) Ask victims if they have pending safety concerns for themselves, their family, pets or service animals. (2) Then ask them if you can help in developing a plan of action to address their immediate safety needs. (3) The plan should identify:

- ✓ **Specific steps** victims can take to address immediate safety concerns;
- ✓ **Supportive persons** who can help provide safety;
- ✓ Any **essential items** that victims need if they flee their current locations;
- ✓ Specific safety strategies that may be difficult to achieve (e.g., fleeing a situation if the victim has a physical disability) and **accommodations** to reduce/eliminate barriers; and
- ✓ **Referrals to community resources** to meet their urgent needs.

(4) Encourage victims of sexual violence to seek the assistance of the local rape crisis center to develop a longer-term plan for safety and other assistance as appropriate. Victims of domestic violence can seek help from the local domestic violence program. For victims of stalking and dating violence that is connected with sexual violence, the rape crisis center can assist. If the violence is perpetrated by a current or former intimate partner, the domestic violence program can help. Also see *C8. Getting Started: Resources for Victims*.

Protective Orders

A victim of sexual assault, domestic violence and stalking in West Virginia can request a

protective order through magistrate court—a Personal Safety Order (PSO) for victims in non-domestic relationships or a Domestic Violence Protective Order (DVPO).

- ✓ Filing fees may be waived.
- ✓ These are civil remedies; there is no obligation to file a criminal report in order to obtain a protective order.
- ✓ The petition may be filed by any person for themselves, or by a parent, guardian or custodian on behalf of a minor child or incapacitated adult. In the petition, it will need to explain exactly what the perpetrator has done to make the victim afraid.
- ✓ Upon filing the petition, if a magistrate finds reasonable cause to believe the offender committed the offense in question, then a temporary order can be issued.
- ✓ Under a PSO, the magistrate can order the offender to “stay away” from the victim’s home, work and school; refrain from contact; not interfere with the victim and, if the victim is a minor, any siblings or minors in the home. Under a DVPO, additional remedies can include temporary custody, possession of the residence and/or financial support.

Victims with Disabilities

Given that almost 20% of West Virginia’s population has a disability (U.S. Census, American Community Survey, 2010), **it is likely you will interact with people with disabilities in the course of your work, including those who have experienced interpersonal violence.**

Victims may have a cognitive, sensory or mobility disability or mental illness, or any combination of disabilities. Like other victims of interpersonal violence, victims with disabilities may feel powerless, vulnerable and afraid. However, many factors can complicate their ability to disclose the violence to others, reach out for help and/or access services.

Commonly cited risk factors for sexual victimization for persons with a disability are listed below—most also apply to other types of interpersonal violence (Ticoll, 1994; Day One et al., 2004):

- ✓ Negative public attitudes towards persons with disabilities may lead offenders to view them as easy targets
- ✓ Gender—females with disabilities have a higher risk of victimization than males with disabilities
- ✓ Type of disability—risk may be higher for persons with certain physical and cognitive disabilities, developmental disabilities and severe mental illnesses
- ✓ Reliance on others for care, assistance and management of personal affairs
- ✓ Communication barriers
- ✓ Social isolation
- ✓ Lack of resources/knowledge of resources
- ✓ Lack of accessible transportation
- ✓ Poverty
- ✓ Lack of knowledge about sexuality and healthy intimate relationships

Potential barriers for persons with disabilities to seeking help include:

- ✓ Lack of accessibility to services (e.g., due to reliance on a caregiver to access resources)
- ✓ Situational factors (e.g., lack of a needed service in the community)
- ✓ Fear of perceived consequences (e.g., retaliation or loss of independence)
- ✓ Socialization and education (e.g., they may have been taught to be compliant)
- ✓ Physical/programmatic inaccessibility of services themselves

When interacting with a person with a disability (Adaptive Environments, Inc., 1992; Ward and Associates, 1994):

- ✓ Keep in mind that **a disability may influence the person’s ability to communicate**
- ✓ Remember that **a person with a disability is entitled to the dignity, consideration, respect and rights** you expect for yourself
- ✓ Use **terminology that places the person before the disability** (e.g., “a person with epilepsy” rather than “an epileptic”)
- ✓ Take the time **to listen and understand the situation**
- ✓ **Be honest** if you do not understand the message a person is trying to communicate and **ask for suggestions** to improve the interaction
- ✓ If someone with a disability is accompanied by another individual, address the person with the disability directly—**don’t speak through the other person**
- ✓ When interacting with a person who uses a wheelchair, **sit at her/his level and do not touch the wheelchair** (if you inadvertently bump into the wheelchair, excuse yourself)
- ✓ If you offer assistance and the person declines, **do not insist**
- ✓ Help the person to **make her/his own choices**, to the extent possible



If a victim discloses having a disability, **it is helpful to identify concerns related to if and how the disability may affect the person’s reactions to the assault/abusive incident, safety or ability to access services, and what accommodations would be useful.** An accommodation is a modification to goods, services and structures that allows for inclusion and participation by a person with a disability.

B4. REPORTING AND INVESTIGATION

Victims may experience a wide variety of responses such as fear, anger, shame or confusion. Some may be unable to clearly recall all details of an incident during the initial interview. Injuries are not always immediately apparent, particularly in the case of sexual assault. **It is of the utmost importance that college law enforcement and security officers involved in these cases show acceptance and support for victims, regardless of their emotional response.**



In our culture, when interpersonal violence occurs, too often people examine the behaviors and actions of the victim, almost ignoring the offender. The victim is often vilified, making it appear that the crime was her/his fault. In your response to sexual assault, domestic violence, dating violence, and stalking, **shift the focus of the investigation from the victim’s behavior to how the offender targeted the victim based on vulnerability, accessibility, and/or perceived lack of credibility.**

MAKING THE REPORT

Reporting interpersonal violence to law enforcement is a very personal decision for victims. If a victim chooses to report, having a victim advocate or friend with them can help make the process easier. If interpersonal violence is reported (e.g., called into 911), law enforcement will send an officer to the victim. The victim may be at the hospital, the scene of the crime, her/his residence, a friend’s residence, etc.

If the responder is a campus security officer, the victim may be unaware that her report may not automatically initiate a response from the criminal justice system. It is imperative that responding officers clearly convey to the victim what additional steps need (and do not need) to be taken if the victim desires an investigation to take place outside of the realm of the campus.

RESPONDING LAW ENFORCEMENT

The first contact for many adult victims of sexual assault, domestic violence and stalking will be with a law enforcement officer. The primary responsibilities of this officer are to ensure the immediate safety and security of the victim, secure the crime scene, obtain basic information about the incident in order to identify/apprehend the perpetrator (if applicable), and transport the victim to a designated facility for medical treatment if needed and/or collection of forensic evidence (as appropriate to the case). As explained earlier, sexual assault victims typically are offered a forensic medical examination for medical care and forensic evidence collection.

An investigative officer will be assigned to the case as soon as possible after the initial complaint is received. In many rural counties in West Virginia, the responding officer will also be the investigating officer who will be responsible for case investigation and follow-up.



Encourage victims to access a victim advocate as soon as possible. Having the support of an advocate can not only help victims with their healing, but also may increase their willingness to participate in the criminal justice process. Rape crisis center advocates are typically available to accompany sexual assault victims during the forensic medical examination as well as any investigative interviews and court processes.

GATHERING INFORMATION FOR THE REPORT

The next step for law enforcement is to gather information for the report, which starts the investigation. If the victim has a sexual assault forensic medical examination, the officer or investigator should conduct an in-depth interview with the victim following the exam, if possible.

The investigator will need to ask the victim many questions which are important for the investigation of the case. All the facts must be known in order to make a complete report. The investigator will want as much information as the victim can provide about the person who committed the crime. It might be necessary for the victim to provide a step-by-step description of what happened. Be aware that the questions may be very difficult for the victim to answer.

What if the victim has difficulty remembering the details? At first, it may be difficult for the victim to remember some details, but perhaps later what happened may be clearer. If this happens, and it often does, it's important for victims to tell the investigator. It is not unusual for a victim to be confused about details and the order of events—a traumatic event makes it difficult to remember things clearly. If events are remembered later, the victim should be encouraged to report them promptly to the investigator.

What if the victim does not know the perpetrator? In such instances, the victim may be asked to look at pictures of suspects who fit the description given to the law enforcement officer. The investigator may ask the victim to help make a composite drawing of the perpetrator.

What if the victim has concerns about safety? Help her/him plan for short-term safety. As mentioned earlier in this section under *Safety Planning*, a victim of sexual assault, domestic violence and stalking in West Virginia can request a civil protective order through magistrate court. For sexual assault victims, protection from their perpetrators may or may not be a key issue. It depends on the circumstances of the case and victim reactions. For domestic violence and stalking victims, fear of their perpetrators is very often a main concern.

ONGOING INVESTIGATION

The investigator may need to talk to the victim several times during the investigation. The victim's account of the violence may need to be repeated several times. The victim may be called at different times to clarify information as the investigator develops new leads. It is important that the victim knows to notify the investigator assigned to the case of any changes in phone numbers, place of residence or work, or trips out of town. When the investigator's report is complete, it will be given to the prosecutor in the county in which the offense occurred.



Social media is a potential source of digital evidence that must not be overlooked.

Evidence of a crime might be found in writing, videos and photos in texts, tweets, posts, via mobile phones, posts, blogs, e-mails, etc. For example, a perpetrator may have photos of a sexual assault on his cell phone, which he then might send out to his network of friends. People at a party that a victim and the offender attended prior to a sexual assault might start texting about what happened in the days following the incident. A perpetrator or others might electronically harass the victim or her friends following the assault. (See [Social Media and the Changing Role of Investigators](#), *Forensic Magazine*, 12/2012.)

Investigating Stalking. It is helpful in stalking cases if the victim keeps a detailed journal of what the stalker says and does (see below). Stalking is often not the only crime for which a stalker can be arrested. The stalker is also breaking the law if he or she hurts the victim, threatens to hurt the victim, sexually assaults the victim, destroys that person's belongings, breaks into the victim's home, trespasses on the victim's property or harasses the victim on the telephone, on the computer or through the mail. West Virginia's stalking code includes repeatedly following (stalking) and repeated harassment. Detailed legislative rules to assist law enforcement officers in investigating stalking (including a detailed section on investigating cybercrimes and securing evidence) can be found at www.fris.org.



Encourage victims to document the stalker's behaviors. Using a [stalking incident/behavior log](#), such as the one illustrated below, encourages victims to be specific and thorough in documentation. This information can be kept in a notebook or binder created specifically for this purpose and help document a pattern of behavior that is necessary to substantiate stalking or harassment charges.

Date of Incident	Time of Incident	Description of Incident (Attach any photos/evidence, e.g., e-mail/phone messages, texts, video-recordings, gifts)	Location of Incident	Witness Names (Attach address & phone #)	Law Enforcement Called (Date, time, report #)	Officer Name (Badge #)

B5. PROMOTING PREVENTION

While you/your department may or may not be involved directly in interpersonal violence prevention efforts on campus, you probably have opportunities to encourage prevention.

Prevention efforts can tie directly in with a college law enforcement or security department’s mission to keep the campus as safe as possible.

This section very briefly discusses a general approach to prevention, including promoting healthy relationships and healthy sexuality and supporting bystander intervention strategies.

Conducting awareness and prevention programs on this topic often involves discussing the issues of sex, intimate relationships, and even can involve conversations about specific body parts. Not everyone is comfortable in facilitating these conversations. In preparing to present interpersonal violence training and prevention programs, several key issues need to be considered: knowledge of the subject, comfort in talking about sex and sexuality, ability to handle a disclosure of victimization from the audience during the presentation, knowledge of basic training and prevention techniques, and awareness of specific cultural needs of the audience.

Sometimes it is most effective to collaborate in prevention efforts. In reality it usually “takes a village” for a campus community to embrace intolerance for interpersonal violence. Law enforcement can play a key role in prevention. Collaborate with others to disseminate and promote prevention messages, reach a target audience and engage them in prevention work, and create an infrastructure that supports healthy sexuality and respectful relationships. Collaborative efforts can help you and others accomplish much more than can be done alone. There may already be structures in place on your campus to help support collaboration, such as an violence prevention taskforce. If so, use it to extend and enhance your efforts. At a minimum, reach out to the local community rape crisis center to discuss partnering opportunities. The center will have access to many of the resources listed in *Section D* of this toolkit.

General Approach to Prevention

(Adapted CDC, 2004)

Interpersonal violence prevention efforts exist on a continuum:

- ✓ **Primary prevention** takes place *before* interpersonal violence occurs in order to prevent initial perpetration or victimization.
- ✓ **Secondary prevention** encompasses *immediate responses after* interpersonal violence occurs to address the short-term impact of violence.

- ✓ **Tertiary prevention** includes *the long-term responses after* interpersonal violence occurs to address the lasting consequences of the violence and offender/abuser treatment interventions.

Together these prevention efforts are geared to bring about change in individuals, relationships, communities and society through strategies that promote healthy relationships and healthy sexuality and counteract the perpetration of interpersonal violence.

A Primary Prevention Parable

“There is an often quoted parable that tells of a man and woman fishing downstream. Suddenly a person comes down the river struggling for life. The fisherfolk pull her out. Then another comes downstream and again must be rescued. This happens all afternoon and the fisherfolk are getting very tired from constantly pulling people from the river.

When they go upstream, they find that people are drawn to the edge to look at the river, but there is no safe way to do this. Many of them fall. The fisherfolk go to the community leaders and report the number of people who have fallen into the river. They also report that this is due to the lack of a protective barrier on the cliff. Community leaders build a wall behind which people may safely view the water. Some still fall, but there are many fewer victims to rescue” (CDC, 2004; PREVENT, 2005a).

The community above employed a primary prevention strategy to stop the problem from happening in the first place, instead of expending all resources and energy on rescuing people who have fallen into the river (PREVENT, 2005a). In addition to the barrier, the community might also place a warning sign near the cliff and publicize related safety tips.

So what does this mean to college law enforcement and security departments? Like the fisherfolk in the parable, they are most often involved in secondary prevention—helping victims when they need immediate protection, if they wish to report, etc. However, like the community leaders in the parable, they also can promote activities that can help to stop interpersonal violence from occurring in the first place. For example, many campus law enforcement and security departments participate in campus orientation presentations on enhancing campus safety. They promote student participation in a range of programs that build relationship skills or in bystander prevention activities (see below).

HEALTHY RELATIONSHIPS AND HEALTHY SEXUALITY

Sex offenders, abusive intimate or dating partners or stalkers may take advantage of the victim’s lack of knowledge or distorted perspective of healthy relationships and/or sexuality. For example, a sex offender might try to manipulate someone to do something sexual she does not want to do. The offender might say after she refuses his initial sexual advances: “Come on, I know you want it as much as I do, but you feel like you have to say no first, so I won’t think you are a slut.” Or an individual may stay in an abusive dating relationship because she believes the abuser when he repeatedly tells her that “no one else would want you” or “you won’t be able to function on your own.” Or a stalker might try to convince his ex-girlfriend that his love for her justifies his following her, harassing her, etc.

It is important that students understand what healthy relationships entail, see themselves as worthy of such relationships, and be capable of being in such a relationship (e.g., they do not have to abuse or be abused). **The positive attributes of healthy relationships can create a buffer against some violence and abuse.** Individuals in a healthy relationship would likely:

- ✓ View each other as deserving of respect
- ✓ Recognize and value each other's contributions to the relationship
- ✓ Respect differences of opinion
- ✓ Be honest about their feelings and actions
- ✓ Enjoy each other's company

Enhanced safety can be viewed as a by-product of a healthy relationship. (Paragraph adapted from Perry, 2006.)

Students also need to nurture a positive and respectful approach to sexuality and sexual relationships. A sexually healthy person knows (McLaughlin, Topper & Lindett, 2009):

- ✓ Her/his body parts and that sexual feelings are healthy and normal
- ✓ The choices she/he has about what to do with her/his sexual feelings
- ✓ About sexual pleasure
- ✓ The different sexual acts and how she/he feels about them
- ✓ How to be sexually responsible
- ✓ Which behaviors could cause a pregnancy and sexually transmitted diseases and how to reduce the risk of both
- ✓ What consent is; how to get it; how to ask for it; and how to give it
- ✓ How to make decisions about sex and sexuality
- ✓ How to communicate about sexuality and relationships
- ✓ That she/he is sexual and deserves information about sexuality
- ✓ That she/he has the right to ask questions about sexuality
- ✓ Her/his sexual rights

Developing a healthy approach to sexuality is challenging when societal beliefs about gender roles, relationships and sexuality that support gender-based violence (as discussed in *B2. Background: Gender-based Violence*). However, colleges have the opportunity to dispel such myths and promote sexual health for women and men and intolerance for gender-based violence. One way to do that is by supporting bystander intervention efforts as discussed below.

BYSTANDER INTERVENTION

(Adapted from Tabachnick, 2009)

A bystander intervention approach explores how the behaviors of others—such as friends, families, teachers, classmates and witnesses that surround any act or pattern of abuse—**offer opportunities to prevent violence before it occurs.** This approach has been employed to combat a variety of social problems including drinking and driving, racism, domestic violence and sexual violence.

When considering how to stop interpersonal violence, we usually think of intervening in the actual sexual or physical assault. Yet, rarely is the assault the only opportunity to intervene. Instead, there are often many comments, harassing behaviors and other forms of abuse that lead up to a sexually or physically violent act. Thus, there really is a continuum of behaviors that could evoke different interventions. At one end of the continuum are healthy, age-appropriate, respectful and safe behaviors. At the other end are violent behaviors. Between the ends are other behaviors (e.g., those that begin to feel inappropriate, coercive or harassing). **Each situation presents an opportunity for bystanders to intervene by reinforcing positive behaviors before a behavior moves further towards sexual or physical violence.**

Just one voice speaking up can change the social norm in a situation. One child on the playground speaking up for another who is being bullied can give courage to others to rally on the victim's behalf. A fraternity brother can express his strong opposition to the plans of a few to add drugs to drinks at a party. Peer pressure to conform guides the behavior of many. **Bystanders, by intervening, can help redirect the peer pressure toward respectful social norms.**



There is a wealth of literature, tools, programs and campaigns on bystander intervention in sexual and domestic violence. Many focus on encouraging schools to teach students, staff and parents to be proactive bystanders to prevent violence. Go to www.nsvrc.org or www.preventconnect.org for a listing of related resources.

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