Helping shed light on the truth about sex crimes and getting victims the care and justice they deserve is the driving force behind the Kentucky Association for Sexual Assault Programs. Executive Director Eileen Recktenwald, Staff Attorney MaryLee Underwood and Program Coordinator Emily Tamas have dedicated their lives to the cause of sex-crime victims. Given that one out of every nine adult women, or more than 175,000 adult women in Kentucky, has been the victim of forcible rape sometime in her lifetime, KASAP plays a vital role in victim services throughout Kentucky. Charged with providing for the 13 rape-crisis centers in the commonwealth, KASAP not only serves victims across the state, but also offers poignant advice and training for Kentucky’s law enforcement officers. >>
KASAP has a working relationship with the Department of Criminal Justice Training. How did this partnership come about, and what are the main objectives in part-partnership training?

MARYLEE: The thing that KASAP has been doing that DOCJT has been most involved with is the training aspect of what we do. We provide training for first responders on a statewide level and typically focus on law enforcement officers, nurses and other healthcare providers, attorneys — any variety of people who may be responding to sexual assault cases.

EILEEN: We’ve had this relationship for about five years. We’ve been doing sexual-assault nurse examiner, or SANE, trainings since 1998. The first responders that meet a victim in an emergency are a SANE nurse, hopefully, or a doctor that is trained law enforcement officer or investigator and a rape center advocate. This responding team is called a SART — sexual assault response team. The rape centers train their advocates; they have 40 hours of training. We were training the nurses. That left law enforcement officers to be trained. We always wanted them to be involved in the training because they have very specific roles. We wanted all three people to know what their roles were so they could respond in a seamless way to the victim and not be discussing at the scene what each entity was supposed to do. But, we were never able to get law enforcement folks into the training. We weren’t doing it right, until we really started our collaboration with DOCJT, and it has been a beautiful partnership since then. We’ve improved the training 100 percent.

The whole point of this is that the experience, that is so useful for the victim, as good as it can be. And it’s never going to be a good experience, but if the people who respond do so appropriately, compassionately and professionally, it takes the trauma away from the victim as much as it possibly can.

MARYLEE: And it benefits the law enforcement officer’s task in a lot of ways, also. When you reduce trauma to the victim, you increase the chances that the victim will be able to be involved throughout the case. Many law enforcement officers have had the experience of beginning a case and then have the victim back out. Often, those that is because the whole experience is very traumatic for the victim. But the trauma experienced by the victim directly impacts the investigation and what structural issues need to be addressed.

What is your top priority for your law enforcement officers’ primary job is to provide treatment to victims, it does add to the success of their job if we work together to limit the trauma the victim experiences.

Are the law enforcement officers trained with the nurses and advocates?

MARYLEE: It’s a combination. Most of the week they are together and are very deliberately put into small groups with a nurse, an advocate and a law enforcement officer so that they can learn that team role. There are a couple of portions of the week where we split the groups out. Advocates and law enforcement have a specific training while nurses are getting a more clinical technical piece. Advocates and officers do get a shorter version of the exam training so they understand the SANE’s role in the exam and the fact that it’s very professional and forensic.

MARYLEE: And how to interpret the results.

EILEEN: Yes, thank you. So, they split out for that and then they have some more specific training before they go back in the exam room. Advocates do come back together for the rest of the week.

EMILY: One of our goals for the past 20 years has been to have a trained three-person SART. But at this point, we’re going to be trimming money and we have some more specific training. Law enforcement officers trained than we are SANEs, which we’ve never thought would happen. We are not able to have 24-hour coverage of SANEs across the state. We have a lot of SANEs trained, but that doesn’t mean they are always available in the emergency room. So, if you have a trained law enforcement officer there, a medical examiner or an advocate, it’s a better situation for the victim. The more law enforcement officers we can get trained, the better.

What are some of the benefits local officers can receive from working with KASAP and SARTs?

EMILY: We just want to do the very best job we can for victims. We asked how we could do that. To make sure that when we get to court, we have all the evidence we need and to make it least traumatizing on the victim. We have been heart- ened that law enforcement officers want that. Too. A lot of times advocates think they are the only ones standing there with the victim. We’ve found out it’s not true. We’ve been trained ourselves.

MARYLEE: I’ve learned a tremendous amount every day to increase community safety, and the challenges they face in their role.

EMILY: The advocates come to training with a sense of “What can we do” because we’re the experts in this area and everyone else needs to learn what we know, to do what we do. But, by the end of the week you can see the advocates have this new respect for law enforcement and the work they do and understanding is coming from a different perspective.

I was in training a couple of years ago and an officer said, ‘My piece is the most important,’ and a nurse turned around and said, ‘Well, so is my piece,’ and it resulted in this amazing discussion and understanding that everybody’s piece is incredibly crucial. No, they’re not the same, but they do come together to really work together. That changed the training considerably because now we try really hard to get to that discussion. You can see folks get it. The nurses, the advocates who have been doing this long time, this new relationship with law enforcement is rather impressive.
It's probably not high in any state. The prosecutors are not yet in the loop. There is a space for them in the SART, but that space is not filled. We want to get them involved. The whole purpose of this was not only response for the victims and to keep their trauma at a lower point, but also we want successful prosecutions. Because we want to make sure that people understand that if you do this in Kentucky, you will be successful. And it's not OK. Prevention is our main goal — using prosecution as a prevention, and keeping people who are doing this off the streets. Unless prosecution happens, that goal cannot be realized. So, prosecution has to happen, and you must have good forensic evidence to make sure that happens. You must have an engaged victim to make sure that happens. That all starts in the emergency room.

Does KASAP have any statistics on SARTs across the state? **ELEANOR:** We don't have any hard and fast statistics yet. We have a lot of anecdotal feedback. One of the first trainings DOCTJ's Eddie Farrey and I did was in eastern Kentucky and because of several circumstances, neither of us left feeling like it was our best work. But we recently got some feedback. One of the advocates had taken a call and the officer who met the advocate and victim at the hospital had gone through that first training, and the officer just went on and on about how it changed his viewpoint and his work. The advocate said this officer was just the most amazing officer ever and it was this incredible, blissful feedback. Eddie and I were both incredibly satisfied by that. **ELEANOR:** We don’t have an evaluation program around the SARTs. In a survey we did a couple of years ago we tried to figure out how many organized SARTs are actually in Kentucky. We think there are about eight, but they are rather loosely defined. They all look a little bit different. A lot depends on the hospital and how much commitment they have to keeping a SART in place.

March was sexual assault awareness month, and we gave out Sexual Assault Awareness Month awards. We gave one to the first SANE nurse in Kentucky who is in the Pikeville hospital and has been all this time. That SART was the first one in Kentucky. That hospital has been committed to that idea for 17 years. It takes the commitment of the hospital to make sure that there is someone on call to provide that service. The Kentucky Hospital Association is part of our statewide SART and every hospital in Kentucky is a member of that. They have been extremely helpful in getting the whole idea out that this is one of the best ways they know to respond to an assault.

Under HB 500, it was recently rated that sexual assault forensic medical examinations, or SAFE, must be provided to survivors even if the crime is not reported to law enforcement. How has this change affected Kentucky assault survivors? The law enforcement community? **MARYLEE:** This is a big project we've been working on for the past year or so. We used to call them rape kits. Who wants a rape kit, right? So, we introduced new ideas with this project, calling them SAFE exams. Sexual assault forensic exam is what it stands for, but the whole idea is that the experience should be safe for the victim. Many times it doesn’t feel safe for the victim. Someone's just experienced trauma, their body has been traumatized. Some one has touched them, penetrated them, done many things they didn’t want to have happen. They lost control of their body and now they’re coming to seek help. But, what are we going to ask them to do but climb up on a table and lay there with their legs spread for three hours or so. So, we know by the nature of it that it is not really a pleasant experience, but we want to make it feel as safe as possible, so the person feels like they have some control in that situation as possible. And, they do have control. There’s no law that says if they have to subject themselves to that.

However, when a person goes in, he has evidence collected and participates in this process, they are really doing something for their community. They are giving us, as the community, the opportunity to prosecute this person so they don’t keep doing this to other people. We’re really trying to focus on the idea that this would be a safe exam, and we would use that as an opportunity to promote safety. But, there was a reason we did this project now, and that’s the change in federal law. States are now required to ensure that victims can have a forensic exam, without being required to report to law enforcement officers. This has been a huge change. The policy idea behind that and the purpose is not to reduce reporting, but actually to increase it. It’s a little counter intuitive. The idea is that the victim should have the right to decide whether or not to report and get the evidence collected regardless of what that decision is, in case they decide to report later. Historically, it was all or nothing. If you came in and you did not want to report to police, then there was no evidence collected. Or, in most places, they automatically called the police and the victim didn’t get a choice and it could become sort of an adversarial situation. That’s what we want to avoid.
through rape, become pregnant through rape, and/or contract some nasty STIs.

EMILY: I think it makes it more efficient for law enforcement who would otherwise potentially be called on these cases and be greeted with someone who doesn’t want to talk to them or see them, when they couldn’t just be clueless about these things and their safety. I think that always is a miserable thing for law enforcement officers when they get called, and the victim doesn’t want to talk to them.

What do you see as one of the biggest hindrances law enforcement officers face in relating to sexual-assault victims?

MARYLEE: One of the challenges in the assumption that people will come in and report immediately and present in a certain way. There is a really high expectation relating to sexual-assault victims?

EMILY: Th is is a really high expectation of how people present. There is an expectation that someone will be crying and sobbing, and maybe so in some of our law cases they are. Of sometimes, they’re not. The majority of sexual-crime victims are women, and women use humor as a coping mechanism, so it’s not really uncommon to see a victim trying to put her best face forward in that situation and maybe even letting a laugh off — nervous laughter.

Since victims don’t necessarily present in the way that people expect them to, there can be a lot of questions about whether that person is being truthful and gets in the way some. I think officers understand that, but they have the difficult job of trying to figure out what the truth is.

EMILY: Th e truthfulness is always such a careful, toughy subject in the training.

But, officers come in, oftentimes, and are somewhat skeptical because they’ve worked a case and given it their all and, because of the high level of recounts of assaulted, they feel they’ve been burned by a case. So, they carry that with them despite how many successful cases they work. They come into the case with an ‘I’m not getting burned again’ attitude. Th ere’s so many parts of our law enforcement where either the victim recants or the victim leaves out part of the story — so maybe they’re not telling the whole truth as it is for them at that moment. They’re not necessarily lying, even if what they’re saying isn’t the truth. And that creates a real barrier for the officer whose job is just to get at the truth.

Once we talk about that in training, you can see the advantage.

MARYLEE: We need to get trained. If they intend to do a sex-crime investigation, they need to get trained. If they intend to investigate a sex crime, they need to have training. It’s extremely important. Th ey wouldn’t even think about investigating a computer crime if they didn’t have training on Internet investigation. Why would they even think they could do a sex-crime investigation without training. It makes no sense to me. Training is the most eye-opening experience they can have. It’s eye opening to us every time we do it. Th e light bulbs go off over their head. Especially if they have already done some sex-crime investigation and then they come to training, they are like, “Oh my God!” And several have said, “I wish I had known what I know now, then.”

EMILY: We have had a lot of female officers who come to the training say that just because they are female, those cases get to them automatically. It’s a barrier because most of the officers in the state are not a female. If it’s only going to be tossed to the females, then we are taking out about 80 to 82 percent of our law enforcement where either the victim recants or the victim leaves out part of the story — so maybe they’re not telling the whole truth as it is for them at that moment. They’re not necessarily lying, even if what they’re saying isn’t the truth. And that creates a real barrier for the officer whose job is just to get at the truth.

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