



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. >>

† Pictured are, from left, MaryLee Underwood, Eileen Recktenwald and Emily Tamas.

PHOTO BY ELIZABETH THOMAS

It's EVERYONE'S ISSUE

The Kentucky Association of Sexual Assault Programs joins with law enforcement to combat sexual assault in the commonwealth

ABBIE DARST | PROGRAM COORDINATOR

>> as a SART on a regular basis, it provides the basis for that emergency response.

We have our statewide SART meetings on a monthly basis now. We meet with DOCJT, Kentucky State Police, Crime Victims Compensation, Kentucky Hospital Association, Board of Nursing and the Attorney General's Office. I'll admit that sometimes I'm like, ugh another meeting — because where do you fit in another meeting — but every time we leave that meeting we're left with a better understanding of the direction we need to go to improve response so that it is improved for the victim and for community safety. It's really two fold. Yes, we want to support victims, but that's how we get to safer communities. That's how we get better cases. That's how we increase the number of successful prosecutions and really address this problem in a very real way.

EILEEN: One of the reasons we would like community-based SARTs, which is what she's talking about, is because the prosecution rate still is really low in Kentucky.

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 punished and it's not OK. Prevention is our main goal — using prosecution as 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. All that starts in the emergency room.

Does KASAP have any statistics on SARTs across the state?

EMILY: We don't have any hard and fast statistics yet. We have a lot of anecdotal

feedback. One of the first trainings DOCJT'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.

EILEEN: 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 there 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 ruled 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 a new idea with this project, calling them SAFE exams. Sexual assault forensic exam is what it stands for, but the whole idea is

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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 as much control in that situation as possible. And, they do have control. There's no law that says they have to subject themselves to that.

However, when a person goes in, 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 community 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.

EILEEN: They need time to process it and make the decision. But there's a 96-hour window to collect evidence, so that's the issue there.

MARYLEE: They can go ahead and have the evidence collected and have it held by the hospital for up to 90 days and have that period of time to decide. They can go home, rest, and get support in moving forward in this process. We don't need to make any bones about that. It is a hard process to go through. To have been traumatized and then to tell and retell and be questioned — those are all necessary steps in the criminal justice process. But, they are really hard on the person who has just experienced the trauma.

But we want to let officers know that we're not trying to interfere with reporting, but to actually give people another opportunity to report a little later on. Also, it gives the opportunity to increase the quality of evidence. Before, in those cases of delayed reporting, there would be no physical evidence. You can still make a case, oftentimes, on statements. But when you have physical evidence, that is a really good thing.

We did a pilot on this in 2009. Before we rolled it out statewide, we did the pilot in four communities, which are the three largest programs in the state — Lexington, Louisville and northern Kentucky — and one small town, Maysville. Those locations do probably half of the state's exams and in a year; they had 20 people who chose the non-reporting option. So, it's not like it undermined the system. Previously, some of those people would have walked out. That's what happens sometimes. When they are told the police have to be called, they turn around and say, 'I don't want to deal with that.' We had 20 people who initially chose that and a quarter of those people subsequently filed delayed reports. **EILEEN:** There are about 1,200 exams done statewide, each year, but those places do the bulk of them. The issue is that this crime is very under reported. Many people never say a word. They'll go to their doctor maybe, but they won't come to the ER. Or, they don't tell anybody at all, and don't get any care. We wanted to encourage more of the people that don't report, to come in and get medical care. That's the point, because anything can happen. Victims can be exposed to AIDS and HIV >>

One of the hallways in the building that houses the Kentucky Association of Sexual Assault Programs is lined with ads geared toward giving young women and men the confidence to speak up and out against sexual assault.

PHOTO BY ELIZABETH THOMAS



>> 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 calls and be greeted with someone who doesn't want to talk to them or see them, when they could be doing other community safety things. I think that's always been 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 is the assumption that people will come in and report immediately and present in a certain way. There is a really high expectation of that around sex-crimes victims in particular. I have this slide that I like to use in my training that is from a law enforcement training manual from the 1990s and it says the true sex-crime victim will be disheveled, probably have torn clothing and be crying. So, I present this slide and usually

ask officers, 'Is this what you see?' and many of them will say, 'No.' But, we know that it was included in their training up through the 90s at least, so on some level that is, I think, pretty deeply ingrained.

But, what many of us know and what many law enforcement officers will tell you if we stop and break it down, is that they understand that sex offenders use instrumental violence. Only in about eight to 10 percent of cases are any weapons used such as guns or knives. Instead they use intoxication, or they target people who are less able to defend themselves or less likely to be believed. Or, they don't use a gun or knife, they use body weight to hold someone down. That type of instrumental violence is not going to leave a lot of cuts and bruises. So, if your measure of a real victim, if you will, is whether that person is bloody and battered, then you're not going to see to many "real victims" because that is not the type of violence that is used in these crimes. I think many of these officers understand that on one level, but have grown up in this culture that expects people to look a certain way.

And then there's the whole dynamic of how people present. There's an expectation that someone will be crying and sobbing, and many times they are. But, oftentimes, they're not. The majority of sex-crimes 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 out — 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 that 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: The truthfulness is always such a careful, touchy 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 recanting of assaults, they feel they've been burned by a case. So, they carry that with them despite

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how ever many successful cases they work. They come into the case with an 'I'm not getting burned again' attitude. There's so many parts of an assault investigation where either the victim recants or the victim leaves out part of the story — so maybe they're not telling the whole truth, but they are telling the 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 advocates understand the difference between the false report, the recanted report, the unfounded report or the unsubstantiated report. But that's a barrier for officers and a very real and human one. They've given their heart and soul to an investigation and the victim turns around and for whatever reason says, 'Never mind, no, I take it all back.' They just want to get on about healing from their trauma. That's understandable, but then the officer's reaction is understandable, too. They carry that with them.

EILEEN: What we would recommend for law enforcement is to get trained. If they intend to investigate a sex crime, they need to have training. It's extremely important. They 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. The 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 tossed 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 85 percent of our law enforcement. That's a huge barrier. Some think that men, who have been painted as the enemy, can't work these cases. Of course they can work these cases and they can do so incredibly sensitively, professionally and amazingly. When I worked direct care, I worked with officers who were male and were just incredible responders. I think that they think they can't because somehow it's a woman's issue and men shouldn't be involved. But, of course, it's everyone's issue and men need to be involved. They are our allies, and we need the men.

EILEEN: Actually, that's one of the crux of our prevention program, because we do need men. As far as we know, about 98 percent of perpetrators of sexual assault are men, but of the whole bunch of men that we have in Kentucky, 5 percent or less are perpetrators. So, where's the other 95 percent? We need them to be bystanders to the men who are actually perpetrating and say, 'Dude, not OK.'

EMILY: We need that 95 percent to be allies. **MARYLEE:** And most of them are, I think. Sometimes people think that advocates think men are the enemy. I love men, I'm married to one. We don't think men are the enemy. What we need is to make sure men know that and encourage them to be active bystanders, not passive and let this fly by the wayside, but take a stand. Because only when men take a stand will we really see a difference. The 5 percent of men who are perpetrators, they could care less what a bunch of girls have to say. The 95 percent that are good guys, their ears are open and they are the ones who can really make a difference.

EMILY: We know that it is their cause, too. At a recent training there was an officer that I happened to have gone to high school with, so I know about his life. I know that he has daughters, and I know his wife. So, I know that the cause is not only important to him because it can happen to men, but because he has a family, he also has a young son. These officers have people they care about, and so it is everyone's issue. It's not just some raving lunatic feminist advocate's issue. The men certainly can be incredibly helpful. J

There are 13 rape crisis centers across the commonwealth that offer free services to sexual assault victims throughout the state.

