

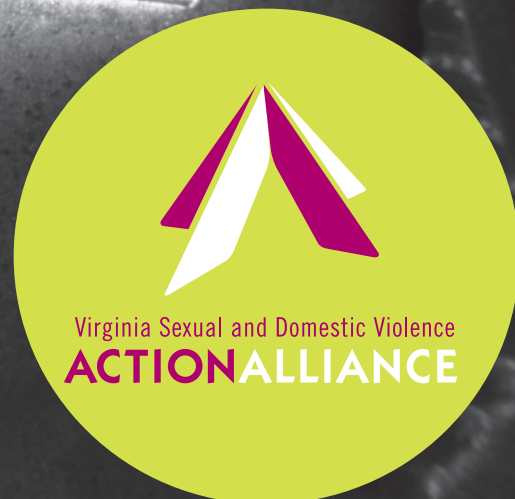
# Revolution

a journal for those working to stop sexual and domestic violence

In this edition:

**Responding to sexual violence in Virginia**

Volume 3: Summer 2008



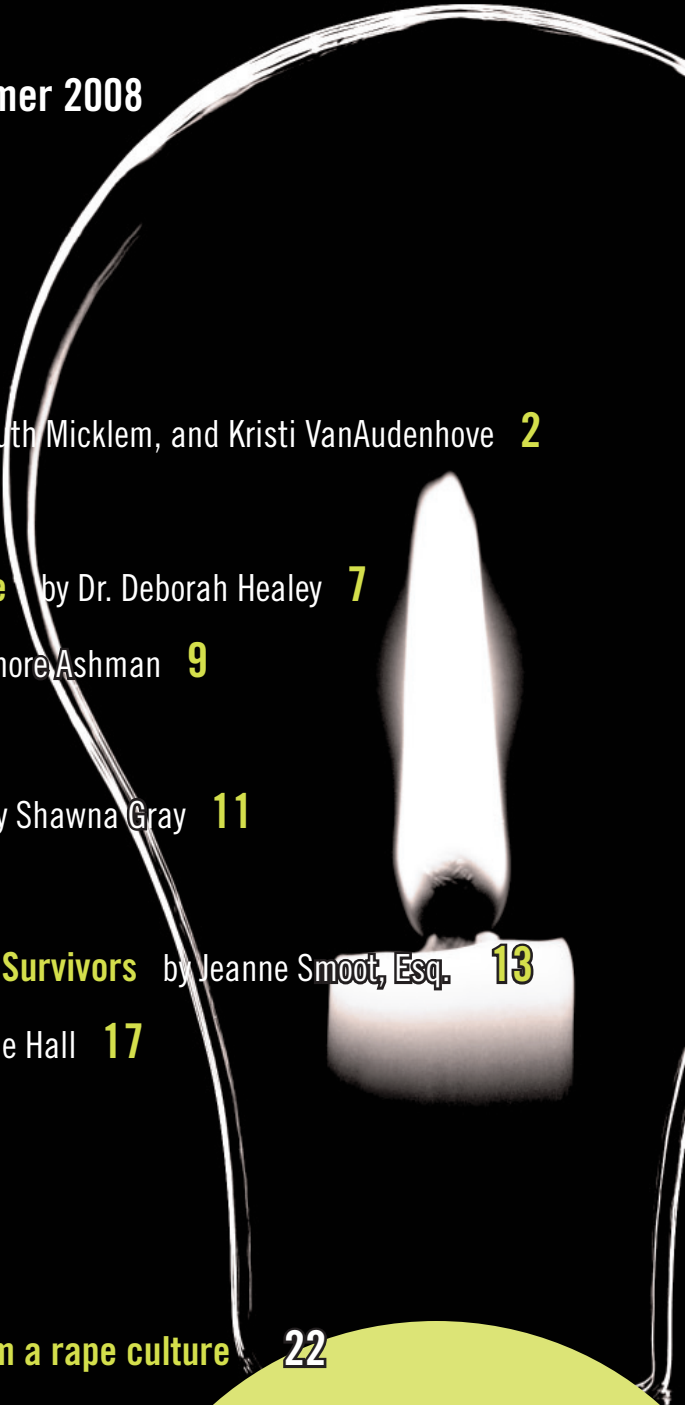
# Revolution

Volume 3 Summer 2008

## In this edition

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“When you invite people to think, you are inviting revolution”

Ivone Gebara,  
Brazilian philosopher  
and theologian ecofeminist

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# Virginia's Response to Sexual Violence

By Jeanine Beiber, Ruth Micklem, & Kristi VanAudenhove, Alliance Co-Directors

In 2004 when the former sexual assault and domestic violence coalitions in Virginia joined forces to form the Virginia Sexual and Domestic Violence Action Alliance, we agreed to be led by the following guiding principle: *Recognizing the historical inequities between resources allocated to address sexual assault and domestic violence, we seek to create a change that includes an Alliance that equitably addresses the elimination of both sexual and domestic violence.* In the discussions leading to the founding of the Action Alliance, we recognized the value of the two decades of policy work that had gone into achieving a higher level of justice for victims of domestic violence. Our hope was that what we had learned in that process would guide us in our pursuit of justice for victims of sexual assault. Driving this desire was an awareness of the experiences of survivors re-victimized in their attempts to get justice, survivors like Sarah Cook whose contribution to this journal speaks to the egregiousness of being made to feel responsible for the perpetrator's actions. We had been intricately involved with the staffs of Virginia's Sexual Assault Crisis Centers as they provided support to survivors for over 30 years (see historic timeline pg. 17). In her article on the *Feminist History of Rape*, Suzanne Brown states that ending rape involves the integration of new policies and procedures that will facilitate both the pursuit of justice and the healing of victims. We felt proud of the work that had been done in supporting victims' healing. We were now ready to use our collective voice toward a more effective pursuit of justice.

We were greatly helped in that pursuit in 2004 when the Virginia General Assembly directed the Virginia Department of Health to study Virginia's response to sexual assault. A key recommendation of this study was the formation of a legislative commission on sexual violence. Two years later a Governor's Commission on Sexual Violence was formed, leading to 2008 legislation clarifying that victims of sexual violence are not to be charged for evidence collection exams or submit to polygraphs as a condition of pursuing criminal investigation. Additionally, there is now a requirement that law enforcement agencies establish written policies and procedures for responding to sexual assault. The development of a standard of care for health care professionals responding to sexual violence was also initiated (see article on page 20 for details). Work is now in progress to support the successful implementation of these policy initiatives. Of great concern, however,

is the continued challenge to the safety of immigrant survivors of sexual and domestic violence posed by state and local initiatives. A brief overview of protections for immigrant survivors under VAWA and other federal laws is provided in this journal, with Tahirih Justice Center contact information provided for a more detailed application of federal laws.

We are pleased to be able to offer here examples of collaborations and multi-disciplinary practices that are so vital to victim-centered and justice-focused approaches. A Sexual Assault Crisis Center Director shares her experiences on the development of a successful Sexual Assault Response Team. A Model SART Protocol is featured—developed by the Department of Criminal Justice Services to assist communities in this work. The value of collaborations between campus/military SARTs and their local Sexual Assault Crisis Centers is highlighted, as well as the differences in the roles represented by Sexual Assault Crisis Centers and Victim Witness programs—and the value of each to the victim.

To keep healing in our focus, we asked Dr. Deborah Healey, a pediatric psychiatrist who has worked for 10 years with children who are victims of sexual abuse, to share with us what she has learned in her work. In *The Long-Term Health Consequences For Survivors Of Childhood Sexual Abuse* she indicates that the damage created by childhood sexual abuse can be minimized with appropriate education, sensitive intervention and timely treatment. She finds the most difficult challenge in addressing the problem to be the social taboo against speaking about childhood sexual abuse. Many adults are survivors, but few have disclosed the abuse. To challenge that silence, the Action Alliance has created a public awareness venue, *The Art of Surviving* - an exhibit of artwork and poetry created by survivors of sexual violence. This project holds the core beliefs that survivors are experts at living through violence and must therefore be at the forefront of public education about surviving it, that creating art is transformative and healing for both artist and viewer, and that personal and community understandings of violence are essential to mobilize efforts to end sexual violence. (See the final journal article for info on submitting artwork or hosting the exhibit).

We offer this journal to affirm the work being done to address sexual violence in Virginia...







# A Feminist History of Rape

By Suzanne Brown

reprinted with permission from "Connections": A Biannual publication of the Washington  
Coalition of Sexual Assault Programs, Spring/Summer 2003



A nation is not conquered until the hearts  
of its women are on the ground.  
Then it is done, no matter how strong  
the weapons or how brave the warriors.

— Cheyenne Nation

**R**ape is an expression of a violent culture that uses gender stereotyping, among other forms of oppression, to sanction and justify the brutalization of women, children and, increasingly, men. While the origins of sexual violence predate any statute or cultural collective, the manner by which social structures choose to intervene or ignore rape speaks volumes about larger norms.

Survivors of sexual violence testify again and again to the unique and devastating nature of rape. Their experiences and eloquence underscore the impact that sexual assault has on their lives.

***It wasn't an act of sex I went through, I felt like I was being murdered.***

***There was nobody to tell because I was afraid no one would believe me. So I kept quiet.***

***And then there is the pain. A breaking and entering when even the senses are torn apart. The act of rape on an eight year old body is the matter of the needle giving because the camel can't. The child gives, because the body can, and the mind of the violator can not.***

The origins of the word rape are found in the ancient Greek – to steal. The etymology of the word alone underscores the cultural assumptions locked within. Since recorded law until very recent history, the rape of women has been constructed as a property crime whose redress was directed to the husband or father of the victim.

In the Hamarabic code, women were seen as equally liable for acts of rape. Both the victim and perpetrator were subjected to death sentences. The appeals process was directed at husbands, only they could commute a death sentence for their wife.

Early Hebrew law also sentenced victim and rapist to death equally. However, there were concessions to time and place. If the assault occurred within the city limits, the burden was placed on the woman to scream and demonstrate her lack of consent – the logic being that city residents would come and assist. Outside the city limits, where help was less likely to respond, the punishment for the woman was eliminated and the perpetrator was forced to pay a bride price and marry his victim.

During the Middle Ages, Jewish women won the right to become litigants and pursue civil charges against perpetrators. In some limited circumstances, damages were even paid to victims themselves as opposed to husbands or fathers. This was the beginning of the conception of rape as a damage to the person, as opposed to the family estate.

During the reign of Henry II, women could file suit against their rapists, so long as they were not married to them. Women were referred to as the prosecutrix – a term occasionally still in use. Non-virgins were excluded from the ability to file suit. The standard of proof for this type of suit was blood, torn garments, and the vocality of the woman's objection in the aftermath. In this model, women were responsible for the prosecution and punishment of their rapists. It was also during the reign of Henry II that some of the first affirmative defenses were articulated: the woman was a concubine to the rapist, she consented, her accusations rose out of bitterness or jealousy, her family pressured her into making the accusation, or the defendant had an alibi.

It wasn't until Edward II that the cannon of Western Law acknowledged that a non-virgin could be forcibly raped, but only by a non-spouse. Edwards's rule also had several other unique contributions to the legal construction of rape. It was under his reign that the concept of statutory rape was developed along with the differentiation of rape by degrees.

One of the most important changes was, however, the shift of rape as a crime against a person for which they have the responsibility to prosecute to the reality of conceiving it as a crime against the state. For the first time in the West, the larger power structures of the community were charged with the prosecution of rape. While this represented an important step forward, that women still have no significant voice in criminal proceedings is another obstacle to the larger process of

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justice. The implications of the criminal process on the safety, well being and long-term health of victims have been consistently underestimated.

Victims of sexual violence often characterize the investigative process necessary for the prosecution of sex crimes as the final act in a long series of violations. The invasive nature of the physical examinations, the rigor of the interview process, and the duration of time that transpires from allegation to trial wear down the resolve and stamina of even the most tenacious victims. The criminal process represents the ultimate polarization of rape: the public disclosure and examination of an intensely personal violation.

While the representatives of law enforcement and prosecutorial agencies work tirelessly to ease the process of reporting rape, the reality will always remain: some victims, for very personal and important reasons, will never report their rape.

In the United States, the connection between rape, racism, and oppression is profound. In 1866 a brave group of African American women testified before congress about their sexual assaults during the

Memphis Riots. They were, perhaps, the first women in this country to publicly speak out about rape. At that time, rape was a capital offense only when a Black man raped a White woman – the rape of a Black woman was not even considered a crime. It was their voices, and their courage that furthered the analysis and statutory construction of rape laws in this country.

Even with the introduction of Rape Shield laws, designed to mitigate the bias created by exploring past sexual histories, victims are still suffering the moral judgment of juries. “In cases of sexual violence involving evidence of prior consenting sexual relationship, the victim’s past will be scrutinized and judged in court, even with states with Rape Shield Laws. If women who have been used in prostitution, pornography and other areas of the sex industry bring action for redress of grievances, they rarely stand a chance for justice.”

Although great strides have been made to facilitate the prosecution of rapists and increase reporting across this country, laws still exist that make exceptions for

marital rape, define a lesser punishment for predators that commit incest, and make sentencing decisions without consulting victims.

***They finally told me they thought I was lying, They said I'd probably been having sex with my boyfriend and probably was afraid I was pregnant. They also theorized that my boyfriend had set me up for it. They wanted to know if he'd ever asked me to have relations with his friends.***

Extensive statutory definitions exist from state to state: Rape, Sexual Assault, Molestation, Incest, Sexual Abuse, Indecent Liberties, Communication with a Minor for Immoral Purposes and others. And while the history of these legal constructs is an important testament to the social conception of rape, for the victim / survivor of sexual violence, the definition is exceedingly simple: rape is coerced sex. The tools of coercion are varied: brute force, weapons, threats, dependence, poverty, isolation, and fear.

Rape is a part of a larger continuum of violence that finds its roots in the innocuous. Sexual violence can be seen as a continuum. All forms of sexual violence feed and draw strength from one another. Sexual violence can begin with emotional abuse, such as leers, comments and gestures. Sexual violence may also progress to more physical forms of abuse, such as molestation and rape.

Language that degrades and demeans whole groups of people allows for a conception of individuals that renders them less valuable than other individuals. These generalizations and stereotypes can serve as a rationalization for abuse and mistreatment. In the case of sexual assault, preconceptions regarding women of color, gays and lesbians have created biases that are very real barriers to reporting the violence and accessing necessary services.

Sexual violence occurs in environments that are harassing, threatening, and demeaning. Sexual violence is present when workers are sexually harassed. Sexual violence is present when women are raped and beaten for sport in movies. Sexual violence is present when women are demeaned and battered in pornography.

Words, pictures and attitudes create an environment in which sexual violence thrives. The media reflects and reinforces cultural values that make sexual violence acceptable. Media can also reinforce gender roles that encourage men and boys to be aggressive, and women and girls to be submissive. These early constructions of attitude and cultural belief create a foundation by which

“Rape is a part of a larger continuum of violence that finds its roots in the innocuous. Sexual violence can be seen as a continuum. All forms of sexual violence feed and draw strength from one another.”

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sexual violence can flourish.

Ending rape involves the integration of new policies and procedures that will facilitate both the pursuit of justice and the healing of victims. New, promising practices such as blind reporting, Sexual Assault Nurse Examiner programs, Sexual Assault Response Teams, special assault teams, and the development of multi-disciplinary investigation protocols will assist jurisdictions in the prosecution of rapists and will help larger systems become more victim-centered.

The enhancement and refinement of Crime Victims Compensation Programs, and access to civil litigation will improve services to victims and their access to the legal system. Continuing specialized education for law enforcement, prosecutors, defense bar representatives, and medical personnel will improve both outreach and resolution of rape claims.

***My pain I will always feel. But I Will Survive, and I hope you other victims do too. We are stronger than they thought.***

Collaboration between systems is an essential element of not only managing the crime of rape, but eliminating the culture that perpetuates it. The only humane and ethical approach to ending rape focuses on the balance of prevention and intervention. This symbiotic relationship is based on a model of community collaboration.

***As a feminist, I carry the rape of all the women I've talked to over the past ten years personally with me. As a woman, I carry my own rape with me.***



*Suzanne Brown is the former Executive Director of the Washington Coalition of Sexual Assault Programs (WCSAP). We thank WCSAP for graciously giving us permission to reprint this piece from "Connections": A Biannual publication of the Washington Coalition of Sexual Assault Programs. Spring/Summer 2003.*

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# The Long-Term Health Consequences of Childhood Sexual Abuse

By Dr. Deborah Healey



**T**his is written based on both my work as a pediatrician with over 10 years experience as a consultant for child sexual abuse, and my work as a psychiatrist, a career shift I undertook in part to find out what happened later to these children: What (if any) impact might the abuse from childhood have on their health and functioning as adults? This is what I have learned, both the basic facts and some speculation on why this is such a difficult field to be involved in. First the facts:

The American Academy of Pediatrics defines Child Sexual Abuse as *“the engaging of a child in sexual activities that the child cannot comprehend, for which the child is developmentally unprepared and cannot give informed consent, and/or that violate the social and legal taboos of society.”* In Virginia, children under 14 cannot legally consent to sexual intercourse, and any sexual interactions between a child and another person who is at least 3 years older is considered abusive to the child. The sexual interactions may involve a range of behaviors: genital fondling; digital and inanimate object penetration of the vagina or anus; genital intercourse; oral sex; sodomy; obscene or pornographic photography, filming or depiction of children. These events usually occur within families or in a relationship of apparent trust and caring. The legal charge is either a misdemeanor or a felony, depending on the use of physical or psychological force and the extent of penetration of body orifices.

Childhood sexual abuse is common, having occurred to 1 in 4 women and perhaps 1 in 6 men, depending on

the precise definition of abuse; if the definition includes non-contact sexual abuse, then half of all women have experienced childhood sexual abuse. It happens in all demographics regardless of income, level of education, social standing, urban or rural environments. Most cases remain secret, and men are much less likely to report than women.

The potential health problems that may arise are many, though usually not specifically diagnostic of sexual abuse, with the exception of genital trauma and subsequent scarring, which may subsequently interfere with healthy sexual relationships in adulthood and with childbirth. Potential health issues include sexually transmitted diseases (STDs), such as gonorrhea or chlamydia, which can cause problems with fertility, or syphilis with its many long term sequelae including dementia. Herpes simplex infection causes very painful blisters which can recur lifelong and also may infect later pregnancies causing significant damage, or death, to the fetus or newborn. Other sexually acquired viral illnesses such as Hepatitis B, HPV, and HIV cause well known problems later in life including fulminant liver failure, cancer and death. Each of these STDs is easily diagnosed, and immediate treatment may prevent long term problems. The sexual abuse of postpubertal children may result in pregnancy with the slightly increased risk of congenital malformations if the perpetrator is a close family relative. Psychosomatic illnesses may develop such as headaches or irritable bowel syndrome.

Some of the most serious harm caused by childhood



sexual abuse is the effect it has on the developing psyche. The outcome depends on whether it was a single or repeated event; on the age and developmental level of the child when being victimized; and whether or not there was support for the victim at the time of disclosure and afterwards.

The typical behavioral problems of adolescents frequently have their basis in previous child sexual abuse: alcohol- and drug-related problems, delinquency, school failure and dropping out, truancy, runaway, earlier onset of sexual behavior, promiscuous sexual behavior, prostitution, poor use of birth control, teen pregnancy, eating disorders, cutting and other forms of self mutilation, emotional instability, depression and suicide. Of note, it is important to recognize that none of these behaviors is diagnostic for child sexual abuse. Younger children also suffer behavioral problems after being sexually molested, such as new clinging behavior and irritability in very young children, developmental regression, sleep or eating disturbance, and school problems. They may have difficulty with anger or problems with peers, new onset of hyperactivity or easy distractibility, or depression and inactivity. There may be excessive masturbation or other sexualized behaviors inappropriate for the child's age.

A history of childhood sexual abuse can be a significant factor in the development of mental health problems. Certain personality styles or disorders arise from psychological trauma in early childhood that causes deep shame or guilt, a violation of one's sense of self leading to a lack of self confidence, and a pervasive sense of helplessness and hopelessness arising from the inability to control one's environment. All of these may have a fundamental impact on every aspect of one's life. Specific psychiatric problems range from difficulty with impulse control, anger or overt violence to certain forms of bipolar illness, major depression and suicide. Post-traumatic stress disorder is being increasingly recognized, as well as other anxiety disorders including social anxiety, specific phobias and obsessive compulsive traits. In addition to anxiety and depression, emotional problems include somatization, hostility, substance abuse, self destructive tendencies, and recurring suicidal ideation. There may be a basic mistrust of others and perceived helplessness. Survivors are more likely to have problems with intimate relationships, revictimization, sexual dysfunction such as frigidity or sexual addiction, and with parenting. There is a known connection between being a survivor of child sexual abuse and becoming a predator or actual perpetrator. One of the most painful situations is when a parent learns of the molestation of their own child by the same family member who

previously molested her or him as a child. The basic rage provoked is intense, as well as the obvious guilt.

So, I have learned that the effects of childhood sexual abuse may be lifelong and very damaging. This damage can be prevented or at least minimized with appropriate education, sensitive intervention and timely treatment. Whole families can be affected by the actual disclosure and, no matter the age at disclosure, the survivor's life changes from then on, not necessarily for the better. The ensuing investigation may be perceived as painful and intrusive, a prolongation of the abuse itself. The family may split between allegiance to the alleged perpetrator or to the victim. But if the perpetrator is not curtailed, further abuse will almost certainly occur, leaving multiple victims. Child sexual abusers rarely limit their behavior to one child and the total number may be in the twenties or higher. Primary prevention of sexual abuse has to be our main goal, followed by careful, informed case identification and treatment.

“Primary prevention of sexual abuse has to be our main goal, followed by careful, informed case identification and treatment.”

I find the most difficult challenge in addressing these problems to be the continuing social taboo about the subject of childhood sexual abuse. The taboo dictates that survivors cannot talk and others cannot hear. Many adults are survivors but few have disclosed the abuse. The behavior itself is inherently repulsive, hard to understand, hard to put into words and harder still to talk about. For some listeners it is impossible to believe that sexual abuse of children occurs; they prefer to understand the

victim, of any age, to be lying or trying to get attention. Others would rather say that the victim had agreed to it or even initiated it, or that this is how certain types of individuals behave, calling on racial, ethnic, or other social stereotypes.

It is hard to hear the stories and their details, to witness the victim's pain reliving the events, to stay focused on the victim and not be distracted by our own feelings, memories or fears. It is essential for us to keep an open mind, be respectful and help victims leave their helplessness behind and move towards becoming survivors. We must not impose our own values or histories on the case at hand. What is required of us is to support the victims, advocate for their needs, and educate the public about this very difficult topic.



*Deborah E. Healey, M.D. practices in Charlottesville, and serves as a member of the Board of Directors for the Sexual Assault Resource Agency, Charlottesville.*

# Sexual Assault Response Teams: A Model Protocol for Virginia

By Eleanore Ashman

- It eliminates or reduces the need for the victims to repeatedly tell their stories.
- Coordination and cooperation among professionals enhances victim cooperation and the criminal justice response, ultimately increasing offender accountability.

A SART recognizes that the victim of sexual assault and the criminal justice system have two distinct sets of needs. Sometimes there are inherent conflicts between these two sets of needs. Through professional collaboration by Sexual Assault Crisis Centers, health care providers, and law enforcement agencies, both sets of needs can be accommodated and divisiveness avoided.


In 2004, the Virginia General Assembly passed legislation requiring “that the Department of Criminal Justice Services (DCJS) shall promote the use of local and regional sexual assault response team policy and protocol, established pursuant to subdivision 46 of § 9.1-102 of the Code of Virginia, as an integral part of an effective coordinated community response to sexual assault” (Virginia Acts of Assembly, Chapter 980). The Code directs DCJS to “establish training standards and publish a model policy and protocols for local and regional sexual assault response teams” (§ 9.1-102). In accordance with the legislative mandate, the DCJS Victims Services Section developed a draft Sexual Assault Response Team (SART) protocol based upon review of existing state and national protocols and best practices and consultations with allied professionals at both the local and state level.

The model protocol describes the roles and responsibilities of each SART member and outlines how the members can best collaborate. The protocol addresses such critical issues as access to and reimbursement for Physical Evidence Recovery Kits (PERKs) on victims and suspects, when it is appropriate to polygraph, and what constitutes a false allegation versus an unfounded report. Guidance on these often controversial issues is crucial to promoting an effective coordinated community response to sexual violence in Virginia.

While many localities in Virginia have established child sexual assault response teams and developed the necessary protocols for those teams, very few localities have active adult sexual assault response teams and an even smaller number of these teams have written protocols. In 2006, DCJS distributed a survey to Virginia’s 37 Sexual Assault Crisis Centers regarding adult sexual assault response teams, yielding a response rate of 27%. Only one of the ten respondents, Harrisonburg and Rockingham County Citizens Against Sexual Assault (now called The Collins Center), indicated that their jurisdiction has a written adult SART protocol. Three agencies indicated that they are in the process of developing a protocol based on the draft of the DCJS SART model protocol and will finalize their protocol once DCJS has published their protocol.

Recently, two significant events have occurred which dramatically impact sexual assault response in Virginia and, in turn, the release of DCJS’s model SART protocol.

1. The 2005 federal Violence Against Women Act (Title I, Section 101), amends Section 2010 of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796 gg-4) prohibiting states from requiring sexual assault victims to participate in the criminal justice system or cooperate with law enforcement authorities in order to be provided with a Physical Evidence Recovery Kit (forensic exam) examination. The law further prohibits states from denying reimbursement for the cost of the examination on the basis of victims’ unwillingness to participate in the



**A** Sexual Assault Response Team (SART) is a multi-disciplinary, interagency, sexual assault intervention model. It uses a team approach to implement a comprehensive, sensitive, coordinated system of intervention and care for sexual assault victims. The primary partners in a successful SART are:

1. forensic/sexual assault nurse examiner(s),
2. area local law enforcement officer(s), and
3. local sexual assault crisis center victim advocate(s).

SART is a very specific intervention model, offering immediate response to sexual assault reports. SART is actually a subset of the larger coordinated community response team, or local sexual assault task force, which includes any allied professional who might be involved with the case at any time. SART serves two essential purposes:

1. It organizes the process of intervention.
2. It organizes the community response to sexual assault.

The mission of a SART is to provide a sensitive and competent multi-disciplinary response, to support efforts to restore well-being to the victim, and to bring the responsible person(s) to justice. A multidisciplinary response is critical to that mission, because:



criminal justice system or to cooperate with law enforcement authorities. Thus, effective January 5, 2009, Virginia's laws, policies and practices must ensure that no law enforcement officer, prosecutor or other government office deny a victim a PERK examination or reimbursement for these reasons. States that do not comply with these provisions will be ineligible for federal funding under the Violence Against Women Act. Virginia currently receives millions of dollars in VAWA funding on both the state and local level.

2. In 2007 Governor Kaine established a Commission on Sexual Violence to develop recommendations to strengthen Virginia's response to sexual violence. The Commission invited a wide variety of professionals and citizens to participate in an examination of the victim services, criminal justice response and prevention programs available in communities across Virginia. Out of that examination, 27 recommendations were presented to the Governor. These recommendations resulted in significant legislative proposals for policy changes, including legislation to respond to VAWA certification regarding Forensic Exams.

As a result of the federal legislation and pending changes to Virginia laws, DCJS conducted two multi-disciplinary focus groups in May and August 2007 to determine how to best advise allied professionals to comply with this new federal mandate. In addition to these focus groups, DCJS staff has also been consulting with national experts, such as the Maryland Coalition Against Sexual Assault and the Chapel Hill Police Department, on such issues as storage of PERKs and blind (anonymous) reporting, respectively. Recently, Virginia was selected as 1 of 3 states to receive extensive technical assistance on implementing new policies locally and statewide that promote best practices and are in compliance with the new federal legislation.

In 2008 the General Assembly passed legislation to provide that sexual assault victims will not be required to participate in the criminal justice system or cooperate with law enforcement to be provided a PERK exam, reimbursement for the exam, or both. The legislation also allows direct payment to health care providers for performing Physical Evidence Recovery Kits.

The new federal and state legislation, as well as recommendations of the focus group and the national experts will be used to revise the current draft of the SART protocol before it is published.



*Eleanore Ashman is the Violence Against Women Policy Analyst with the Virginia Department of Criminal Justice Services.*

## Two Types of Victim Advocacy: Sexual Assault Crisis Centers and Victim Witness Programs

By Kristine Hall

At the roots of the sexual and domestic violence movements is social change-working to address the societal factors that perpetuate the violence. Given these roots, it is not surprising that advocacy has been and is fundamental to the work of sexual assault crisis centers and domestic violence programs.

Advocacy, in brief, is acting on behalf of oneself, another person, or a group of individuals to address an identified need, concern, or issue. An advocate's responsibility includes, but is not limited to, listening and providing support, exploring options, offering information on community resources, and aiding with practical issues and concerns. There are many different types of advocates and their services may vary depending on their role, responsibilities and area of expertise.

In Virginia, we often hear individuals use the terms victim advocate, victim witness, and sexual assault advocate interchangeably. While it is true that victim witness and sexual assault advocates can both be described as victim advocates and that their services MAY overlap at times, it is not accurate to say that they are alike or provide the same service.

Summarized below are a few ways in which Sexual Assault Crisis Center (SACC) Advocates are different from victim witness advocates.

Sexual Assault Advocates, usually working in Sexual Assault Crisis Centers or Domestic Violence Programs, provide a variety of crisis, support, counseling, and advocacy services to victims of sexual violence. These services are available to any person who has been sexually assaulted, regardless of whether or not a report has been made to law enforcement or how much time has elapsed since the incident. Services are also available to family, friends, and others who may have been impacted by the violence. Unlike victim witness advocates, an SACC advocate's sole purpose is to provide support to the victim. Given that SACC advocates are not juggling their responsibility to the victim with their responsibility to others, SACC advocates are often able to offer more confidentiality to the people they serve.

In addition to direct services to people who have been sexually violated, SACC advocates also provide community education, outreach, and prevention programming. These activities are designed to engage the community in responding to sexual violence, holding perpetrators accountable, and ultimately reducing the incidence of sexual violence in their communities.

Victim/witness assistance programs provide advocacy services to all types of crime victims and witnesses of crimes, not just sexual assault victims. Because they are located within the criminal justice system and their positions are housed in governmental agencies, victim/witness assistance programs do not work with sexual assault victims who are not participating in the criminal justice system. The information they gather from the victim belongs to the office for which they work and therefore is not confidential. However, victim/witness advocates, similar to SACC advocates, often play a critical role in supporting victims through the criminal justice system and are key players in the multi-disciplinary community response to sexual assault.

*Kristine Hall is the Sexual Violence Advocacy Manager at the Action Alliance.*

*Source: Draft: Sexual Assault Response Team Protocol. Department of Criminal Justice Services. 2007*



# Getting a Sexual Assault Response Team (SART)

## Off the Ground

By Shawna Gray

**F**

or victim advocates, one of the most frustrating realizations is that everyone seems to be operating on a different page. By everyone, I mean law enforcement, military, medical personnel, victim/witness, social services, and any other allied professional who might be involved in providing services for or otherwise have contact with someone who has been sexually violated. The service area for our Sexual Assault Crisis Center is quite large with multiple jurisdictions, and we found every agency had their own way of doing things and victims were not receiving consistent care or referral for services. The benefit of a SART (Sexual Assault Response Team) is that by uniting all these different agencies, who really have the same goal, protocols can be designed and adopted that will provide consistent care for victims.

The first meeting of a Sexual Assault Response Team should include: Sexual Assault Crisis Center representatives, law enforcement, military, Department of Social Services, Victim/Witness, Commonwealth's Attorneys, forensic nurse examiners, EMTs/paramedics and local Domestic Violence Program representatives (if your service area includes a military base or



college, be sure to invite representatives from each as well). Be prepared to explain the reason behind a SART—which is to provide victim centered and consistent care through every agency with which a victim/survivor of sexual assault may come in contact.

Agencies should discuss the goal of the team:

- Should it set standard protocols to which all agencies will adhere?
- Should it provide cross-training for professionals?
- Should it work to revise existing/outdated policies?

After defining the goal of the team, the next step is to develop a mission and a vision statement. The mission simply states what the SART will do. The vision is a long term view of how things should be working. You can view an example of mission and vision statements at our website at [www.visitthecenter.org](http://www.visitthecenter.org).

Once these initial steps have been accomplished, the team can then move on to setting standards of care. These are the guidelines each agency will follow when working with a client who is a sexual assault survivor. Be prepared for some resistance; I found that change is hard for some people to accept, especially when "we've been doing it this way for years." It's important for the team to focus on the idea that it's not about who's right or wrong...it's about the victim/survivor and what that person needs from us as professionals. All participating agencies should agree and sign the guidelines, much like a co-operative agreement. Your team will also want to develop a method of measuring the quality/effectiveness of services. This could simply be a questionnaire given to the client to complete as services are provided. This should help the team identify areas that still need analysis and work toward improvement.

Our SART team meets quarterly, with each agency taking a turn hosting. Input for the agenda comes from team members. Usually there is discussion about the latest statewide protocols, current cases/issues/concerns.

For more information about starting and maintaining a SART, contact the Action Alliance, the Virginia Department of Criminal Justice Services (DCJS), or visit the Pennsylvania Coalition Against Rape website at [www.pcar.org](http://www.pcar.org).

*Shawna Gray is the Executive Director for the Center for Sexual Assault Survivors, Inc.*

## Military vs. College SARTs

By Kim Birdwell, Assistant Director  
and Sexual Assault Response Team Coordinator  
Response Sexual Assault Support Services of the YWCA

Military and college sexual assault response teams are more alike than many might believe. Both military and college systems represent smaller, closed communities within the larger community. Both have investigative, forensic, and advocate representatives, however these individuals are specific to their populations. For instance, within a college SART, a university safety officer may represent the investigative component; with a military SART, a Naval Criminal Investigative Services agent may represent the investigative component.

Both college and military communities also offer non-criminal judicial options designed to promote accountability for the perpetrator. This provides options to victims regarding their case, but can also represent a pitfall if the victim is perceived as not abiding by the system's policies. For instance, if a 20 year old is victimized on campus while intoxicated, she or he will have the option of pursuing judicial punishment and criminal charges against her/his assailant, but may also face sanctions for violating campus alcohol policy. The same holds true in military systems: if an under-age active duty member is victimized while under the influence of alcohol, he or she may face sanctions even though he/she was a victim of a crime. This requires additional SART collaboration in order to balance the goal of enforcing system policies with the goal of providing victim-centered and accessible services.

Victim advocates working in "closed" systems (such as military bases or college campuses) face additional challenges in terms of protecting victim safety and confidentiality. Many military and university communities may have large populations, yet news of a reported sexual assault may spread quickly throughout the community. Though the military employs such reporting options as restricted reporting, the possibility of someone else knowing about the sexual assault is more likely than the general population, simply due to the nature of the system. The same could be said of colleges and universities, therefore a strong collaborative relationship with a local Sexual Assault Crisis Center is imperative.

When military communities and college/university campuses collaborate with local Sexual Assault Crisis Centers, they are able to offer additional options to victims who seek confidential services and advocacy. Though military communities and college/university campuses may seem worlds apart in terms of structure and system culture, both hold many of the same challenges and opportunities for victim advocacy.



## How Local Enforcement of Federal Immigration Laws Threatens the Safety of Immigrant Survivors

by Jeanne L. Smoot, Esq.

**F**ederal law has recognized the particular vulnerabilities of immigrant victims to abuse and exploitation for well over a decade, and has created special forms of immigration relief for survivors of domestic violence, sexual assault, human trafficking, and other crimes to help them escape violence. In the 1994 “Violence Against Women Act” (“VAWA”), Congress included provisions protecting certain immigrant victims of family violence from deportation. In “VAWA 2000,” Congress expanded VAWA’s protections to reach additional immigrant victims of violent crimes who agree to cooperate in criminal investigations or prosecutions. In “VAWA 2005,” Congress extended protections still further to remove some of the remaining obstacles that keep immigrant crime victims silent, trapped and in danger.<sup>1</sup>

All of these painstakingly elaborated federal protections are intended to encourage immigrant survivors who do not have legal status, or who depend on the perpetrator of the crimes against them for their legal status, to escape violence, seek help, report crimes, and cooperate with the police without fearing that they will be automatically deported.

However, at the same time as Congress has been reaffirming and expanding its commitment to protect immigrant survivors, states and localities around the country have been considering a rash of proposals to step up local immigration enforcement activities that threaten to undermine VAWA’s protections, and to cause the attention of local authorities to revert from a victim’s safety to her status. Proposals introduced in Virginia in recent years have included efforts to deputize local police with federal immigration enforcement functions; to mandate that government employees further restrict benefits and services based on legal status; and to compel charities funded by government grants to “card” service-seekers at their doors. The net result of these proposals is the same: they threaten to cause a severe “chilling effect” to descend on immigrant victims who will fear that turning to the authorities for help may lead to their deportation, rather than to their deliverance from violence. Immigrant victims and their children will be forced back into the shadows, and into possibly life-threatening danger. Such proposals tend either to overlook or ignore the complex interplay of factors that make local immigration enforcement of any kind such a



dangerous proposition for immigrant crime victims.

According to the 2005 American Community Survey, an estimated 10% of Virginians are foreign-born – a figure that increases to between 30% and 50+% in some areas of Northern Virginia<sup>2</sup>. Organizations that serve sexual and domestic violence survivors in areas with a high percentage of foreign-born residents are likely well aware of many of the factors that trap immigrant clients in abusive situations – from practical factors (language barriers, isolation/no support network, lack of awareness of rights and resources); to socio-cultural factors (systemic denial or excuse of sexual and domestic violence, fear that divorce will disgrace family/community, fear of police); to economic factors (dependence on abuser, no work authorization).

What is less well understood by service providers, let alone by state and local policymakers or their constituents, are the many immigration-related legal factors that pose additional steep barriers to help-seeking by immigrant victims. If an immigrant woman is being abused by a U.S. citizen or legal permanent resident spouse on whom her own legal status depends, for example, these immigration-related forms of abuse can include:

- Not filing the required paperwork to give his wife or her children legal immigration status;
- Threatening to withdraw, or in fact withdrawing, immigration paperwork that he filed for his wife or her children;
- Not giving his wife access to documents that she would need to apply for legal immigration status;
- Threatening to call immigration authorities to report that she or her children do not have legal immigration status;
- Telling her that if she calls the police for help he will get her deported;
- Forcing or duping her into committing immigration fraud (e.g., by compelling her to apply for the wrong type of visa to come to the U.S. as his spouse; so he can later hold the fact that she has “broken the law” over her head to keep her from reporting his abuse);
- Hiding from her the fact that she has received a “notice to appear” before an Immigration Judge, so that she misses her opportunity to challenge an order of deportation in court, and/or
- Threatening to raise, or in fact raising, her lack of legal immigration status to gain advantage in custody disputes.<sup>3</sup>

These tactics are unfortunately pervasive among abusers of immigrant women. By withholding or compromising his wife’s legal status, an abuser may not only exert control over her in that moment, but also render her “illegal” so that he can hold that vulnerability over her head at a later moment as well. According to the survey that motivated Congress to pass VAWA’s immigration protections, in fact, nearly 75% of abused immigrant women reported that their spouse had never filed immigration papers on their behalf – and those abusers who eventually filed petitions for their immigrant spouses waited almost four years to file.<sup>4</sup>

All these vulnerabilities translate into alarming statistics. Aggregated study results indicate that immigrant victims may suffer more severe abuse, more often, than their U.S. counterparts. They also suggest that abuse rates in marriages between U.S. citizens and immigrant women – where the power differentials above can be most exploited – may be as much as three times higher than in the general U.S. population.<sup>5</sup> A New York City study presents perhaps the most disturbing findings: it concluded that foreign-born women were “over-represented” among victims of intimate partner homicide from 1995-2002

“...proposals [to step-up immigration enforcement] tend either to overlook or ignore the complex interplay of factors that make local immigration enforcement of any kind such a dangerous proposition for immigrant crime victims.”

(51% of victims in a period in which only about 36% of the population was foreign-born).<sup>6</sup>

A fear of the possible immigration consequences that might be triggered for the victim from contact with the authorities, even simply to report abuse, was undoubtedly a key factor contributing to the troubling statistics above. Citing prior research involving immigrant Latinas, a report prepared for the National Institute of Justice in 2006 noted that “Immigrant women with more stable immigration status (naturalized citizens or lawful permanent residents) were more likely than immigrant victims with temporary legal immigration status (e.g., student, work, or spouse dependent visas) or [those] lacking legal immigration status to seek help from the social service and justice systems for domestic violence.”<sup>7</sup> In fact, less than 20% of the battered immigrant women in that study without legal status were willing to contact the police (vs. 43% with stable immigration status).<sup>8</sup>

An immigrant woman may also be reluctant to report abuse out of fear of the immigration consequences for the abuser, since unless he is a U.S. citizen, he is vulnerable to deportation for a violent crime. This last concern is a significant deterrent to help-seeking. During a legislative briefing convened in October 2007 by the Northern VA Chapter of the VA Sexual and Domestic Violence Action Alliance (Action Alliance), State Delegate Vivian Watts, formerly head of Fairfax County’s Court-Appointed Special Advocates (CASA) for children program, recalled that CASA observed a sharp drop in immigrant cases right after federal immigration law was amended to make family violence a deportable offense. We also know by analogy that the consequences to the abuser affect a victim’s willingness to come forward. A Harvard researcher recently found that in states in which arrests of the abuser in domestic violence incidents are mandatory, interpersonal violence homicides are actually up by 50%.<sup>9</sup> This perhaps counter-intuitive result makes sense when you consider that many battered women want the abuse to stop, but not to feel responsible – or to suffer the retaliation – for getting the abuser arrested or splitting the family apart. If local police are deputized to enforce not only criminal laws but also immigration laws, and thus to mete out to immigrant abusers twice the punishment, immigrant victims may likewise be half as likely to come forward as before, determining instead to suffer in silence. This is especially true where one 911 call could lead, essentially, to an immigrant abuser’s banishment from the U.S. and a permanent separation of the family.<sup>10</sup>

When state or local authorities wade into the morass of increased immigration enforcement, it raises many other victim-centered concerns as well. Immigration law is incredibly complex, and the provisions intended to protect immigrant

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victims require an especially sophisticated understanding. The “short course” that deputized local officers may receive from U.S. Immigration and Customs Enforcement (ICE) is no substitute for the full training and continual on-the-job reinforcement that federal agents receive. Even then, ICE’s mandate simply does not include victim-advocacy. To the contrary: acting on a call from a husband who had pled guilty to beating his wife, ICE agents detained a Tahirih client and put her in the process of deportation, despite the fact that they said they knew she had submitted a VAWA application and had received prima facie approval. It is clearly more difficult for a battered woman to access counsel and gather evidence to support her application for relief from deportation under VAWA if she is forced to apply defensively once deportation proceedings have already been initiated, than if she is able to apply affirmatively, taking the time and accessing the resources needed to properly prepare her case for submission. And in many instances, battered women put into deportation proceedings are completely unaware of their rights under VAWA, and thus will not even know to raise the abuse they suffered to defend against their deportation. The net result is that victims who are swept up by aggressive local immigration enforcement agendas are more likely to be detained and deported before being able to prove that they are eligible for legal status.

In close partnership with the Action Alliance and member programs, the Tahirih Justice Center has been actively engaged in educating policymakers around Virginia about how stepped-up local immigration enforcement harms immigrant survivors. At the invitation of the Virginia Crime Commission’s Illegal Immigration Task Force, Tahirih gave a presentation last September to Task Force members, and both the Action Alliance and Tahirih addressed the Task Force in October concerning recommendations they were considering making to the General Assembly on local immigration enforcement.<sup>11</sup> Both before the Task Force and in subsequent advocacy before the General Assembly in its 2008 legislative session, Tahirih, the Action Alliance and other allies such as the Virginia Alliance for Sensible Community Policing Efforts (VA-SCOPE) urged legislators to enact express reassurances to immigrant victims and witnesses that they could safely seek help, report crimes and cooperate with the authorities without fearing they would be deported. Our recommendation emerged as Senate Bill 441 (SB 441), which prohibited police inquiry into the immigration status of victims and witnesses of crimes. SB 441 was introduced by State Senator Janet Howell and garnered broad bipartisan support over the session, including endorsements by the counties of Fairfax, Alexandria, and Arlington and prominent law enforcement such as Fairfax County Police Chief Col. Dave Rohrer. The bill passed the Virginia Senate unanimously, but then fell short of passage in the House by just six votes.<sup>12</sup> While this is a deeply disappointing result, especially when the stakes are so high, our coalition of allies remains committed to pursuing all available avenues to ensure that immigrant crime victims in Virginia feel safe contacting the police for help.

Whether or not any more aggressive enforcement mandates are undertaken, as the statistics above attest, immigrant survivors of domestic violence and sexual assault without legal status are already reluctant to come forward. The challenge already before us, then, is how to increase those crime-reporting and help-seeking statistics, rather than see the abuse rates – or worse yet, fatality rates – involving immigrant victims climb any further. A confusing patchwork of local immigration enforcement approaches

is rapidly emerging around Virginia and throughout the United States. The message broadcast to immigrant victims by these diverse developments is far from clear as to what response they can expect from law enforcement in any particular jurisdiction. But an unequivocal, statewide reassurance in law to immigrant victims that they need not fear contact with the authorities would be a wonderfully clear – and incredibly powerful – communication that their safety is valued more than their status in this Commonwealth.



*Jeanne Smoot is the Director of Public Policy at the Tahirih Justice Center, a non-profit agency in Falls Church, Virginia, that provides free immigration law services to refugee and immigrant women and girls fleeing violence. Tahirih also offers clients family law assistance and a range of social services referrals.*

*Please visit [www.tahirih.org](http://www.tahirih.org) to learn more.*

<sup>1</sup>See provisions related to immigrant survivors at Subtitle G of the Violence Against Women Act of 1994 (Pub. L. 103-322, Title IV of the Violent Crime Control and Law Enforcement Act of 1994); at Division A, Sec 107(b)-(g) and Division B, Title V of the Victims of Trafficking and Violence Protection Act of 2000 (Pub. L. 106-386); and at Title VIII of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162).

<sup>2</sup>U.S. Census Bureau, 2005 American Community Survey Selected Social Characteristics: Virginia, <http://www.census.gov/acs/www/Area%20Sheets/Area%20Sheet%20VA.doc>; see also “Fact Sheets” generated by inputting Virginia zip codes 22041-22044 at [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>3</sup>See Nawal Ammar, Giselle Hass, & Leslye Orloff (hereinafter “Ammar, Hass, & Orloff”), Battered Immigrants and U.S. Citizen Spouses at p. 4, <http://www.legalmomentum.org/site/DocServer/dvusc.pdf?docID=314> (Legal Momentum, April 24, 2006)(citing Nawal Ammar, Evaluation of the HHS funded grant entitled: ‘Preventing Family Violence in Underserved and Diverse Communities’. Submitted to the Administration for Children and Families, U.S. Department of Health and Human Services, Grant # 90EV0253 (2005). See also Edna Erez & Nawal Ammar, Violence Against Immigrant Women and Systemic Responses: An Exploratory Study at p. 92 (2003), <http://www.ncjrs.gov/pdffiles1/nij/grants/202561.pdf>.

<sup>4</sup>Ann Dutton, Leslye E. Orloff & Giselle Aguilar Hass, Characteristics of Help-Seeking Behaviors, Resources and Service Needs of Battered Immigrant Latinas: Legal and Policy Implications, 7 Geo. J. Poverty L. & Pol’y 245, 259 (2000).

<sup>5</sup>Ammar, Hass, & Orloff, at pp. 2 & 5.

<sup>6</sup>New York City Department of Health and Mental Hygiene Report Femicide in New York City: 1995-2002 at p.5, [http://www.nyc.gov/html/doh/downloads/pdf/ip/femicide1995-2002\\_report.pdf](http://www.nyc.gov/html/doh/downloads/pdf/ip/femicide1995-2002_report.pdf) (2004). The percentage of foreign-born in New York City was 36% in 2000 and 37% in 2006. See “Fact Sheets” for New York City accessible at [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>7</sup>Nawal Ammar, Mary Ann Dutton, Leslye Orloff, & Darci Terrel, Use and Outcomes of Protection Orders by Battered Immigrant Women (National Institute of Justice Report) at p.8, <http://www.ncjrs.gov/pdffiles1/nij/grants/218255.pdf> (2006).

<sup>8</sup>Leslye Orloff, Mary Ann Dutton, Giselle Aguilar Hass and Nawal Ammar, Battered Immigrant Women’s Willingness to Call for Help and Police Response, 13 UCLA Women’s L.J. 43, 60 (2003)(43.1% of battered women with stable immigration status were likely to contact the police, compared to 20.8% of those with temporary status and 18.8% of those without legal status).

<sup>9</sup>See Radha Iyengar, “The Protection Battered Spouses Don’t Need,” N.Y.Times (Aug. 7, 2007), at <http://www.nytimes.com/2007/08/07/opinion/07iyengar.html>.

<sup>10</sup>See 8 U.S.C. § 1101(a)(43) (2006). A criminal conviction for certain kinds of offenses may constitute an “aggravated felony” under immigration law, meaning that the offender will be mandatorily detained, deported, and denied all discretionary relief from deportation. In addition, a criminal conviction for domestic violence, stalking, child abuse, or certain violations of a protection order constitutes a separate, specific ground of deportability under immigration law. See 8 U.S.C. § 1227(a)(2)(E) (2006).



## Federal Protections for Immigrant Crime Victims

Sources: Violence Against Women Act (1994, re-authorized in 2000 and 2005)  
Trafficking Victims Protection Act (2000, re-authorized in 2003 and 2005,  
currently up for re-authorization)

### Violence Against Women Act (VAWA):

For victims of domestic violence

- VAWA allows foreign nationals to escape abusive relationships with US citizens or Legal Permanent Residents (LPR) on whom their own legal status depends without fear of automatic deportation. VAWA enables spouses, children, or parents who were victims of abuse at the hands of a US citizen or LPR spouse, parent, or child to petition for legal status independent of the abuser.

### U Visa:

For victims of serious crimes (Including domestic violence)

- The “U visa” or “U nonimmigrant status” permits certain non-citizen crime victims who have suffered substantial mental or physical abuse as a result of one of the crimes listed by statute to remain in the United States as long as they cooperate with the police in the investigation and prosecution of the crime. To be eligible, the applicant must be a crime victim or the victim’s immediate relative, such as their spouse or child. The applicant does not have to be married to the perpetrator, and the perpetrator can be someone other than a US citizen or LPR.

### T Visa:

For victims of human trafficking (also known as “modern-day slavery”):

- The T visa is available to an immigrant victim who is in the U.S. as a result of “a severe form of trafficking” (sex or labor trafficking), and permits that victim to remain in the United States, provided that she shows she would suffer extreme hardship if she were deported and so long as she cooperates with law enforcement.

*Each of the forms of relief above has more particular proof requirements and other terms and conditions. For example, both T and U visas are subject to maximum annual limits, and require law enforcement certification of the victim’s cooperation.*

*This article and summary provide only a brief overview of protections for immigrant survivors of domestic violence, sexual assault and human trafficking under VAWA and other federal laws. To request a 2-page handout with a more detailed overview, please contact [justice@tahirih.org](mailto:justice@tahirih.org).*

Footnotes continued from previous page

<sup>11</sup>Tahirih’s presentation and the recommendations considered by the Task Force are available by relevant hearing date (September 25 and October 16, 2007, respectively), at [http://vscc.virginia.gov/TF\\_Files.html](http://vscc.virginia.gov/TF_Files.html)). Recommendation #18, if adopted, would have advised the passage of legislation protecting the immigration status of victims and witnesses from inquiry by police. .

<sup>12</sup>S.B. 441, 2008 Gen. Assemb., Reg. Sess. (Va. 2008). (Passed Virginia Senate 39-0 Feb. 5, 2008; failed Virginia House of Delegates 46-52, Mar. 5, 2008.)



# Sexual Violence Policy in Virginia a brief history

Compiled by Kristine Hall,  
Sexual Violence Advocacy Manager,  
Action Alliance

## 1974

- Virginia's first Sexual Assault Crisis Center (SACC) opens in Norfolk.

1975

- Citizen Committee on Sexual Assault Reform (COSAR) forms to lobby for reform of Virginia's sexual assault statutes.

1976

- General Assembly establishes Task Force to Study Criminal Sexual Assault.

1979

- Hospital Protocol for Treatment of Sexual Assault Victims developed by Criminal Sexual Assault Task Force as part of the 1980 sexual assault law reform effort.

## 1980

- Changes to Criminal Sexual Assault Statutes: Physical resistance requirement removed; Limitations added on introducing prior sexual conduct (Rape Shield Law); Added: Sexual Battery, Aggravated Sexual Battery, and Object Sexual Penetration statutes.
- 12 Sexual Assault Crisis Centers in Virginia.
- Sexual Assault Crisis Centers form statewide coalition– Virginians Aligned Against Sexual Assault (VAASA).

1981

- Law Enforcement Assistance Act not reauthorized by Congress and 3 Sexual Assault Crisis Centers close and others suffer significant reduction in staffing.
- Preventative Health and Health Services (PHHS) funds first distributed to states.

1982

- 3 new Sexual Assault Crisis Centers established. By 1983 15 SACCs are serving Virginia.

1984

- Victim of Crime Act (VOCA) funds authorized by Congress.

## 1986

- Marital Sexual Assault and Marital Rape Statutes enacted with exemptions: 10 day reporting period, counseling provisions, and others.
- Sexual Assault statutes made gender neutral, allowing recognition of male victims.
- Victim of Crime Act (VOCA) funds first distributed to states.

1988

- 19 Sexual Assault Crisis Centers serving Virginia.
- "To penetrate, or to be penetrated by, an animal" added to inanimate object penetration statute.

1989

- VAASA adopts Standards for Sexual Assault Crisis Centers.

1990

- \$200,000 in state funding for Sexual Assault Crisis Centers obtained.
- VAASA successfully opposes reduction in Preventative Health and Health Services funding by Virginia.
- Virginia Crime Commission revises Hospital Protocol for the Treatment of Sexual Assault Victims.



## 1992

- 22 Sexual Assault Crisis Centers serving Virginia.
- Mandatory HIV testing for sex offenders upon finding of probable cause; test results held immune from prosecution.
- Victims of sexual harassment in the workplace permitted to seek redress through civil action in lieu of workers' compensation claim.
- Stalking statute enacted.

## 1993

- Virginia's sexual assault statutes are amended to add animate object penetration.
- \$200,000 increase in state funding—Total \$500,000.
- No child deemed incompetent to testify solely because of age.
- Incest statute adds grandparents and extends age of child to 13 and less than 18.
- Exceptions under which a spouse can testify against a spouse expanded to include "crimes against nature" and incest.
- Carnal knowledge definition expanded to include oral and anal sodomy as well as animate and inanimate object penetration; penalty also increased and broadened charges that can be brought against a person who is not the child's parent.

## 1994

- Virginia's stalking statute is amended, requiring (i) repetitive conduct (ii) directed at another person (iii) intended to place other person in reasonable fear of death, criminal sexual assault, or bodily injury to that other person or to that other person's spouse or child.
- Virginia's sex offender registry is enacted.
- 10 day reporting requirement removed from Virginia's marital sexual assault and marital rape statutes.
- \$100,000 increase in state funding—Total \$600,000.

## 1997

- Virginia Sexual Assault Hotline added to existing Family Violence Hotline to create a toll-free statewide hotline.
- 25 Sexual Assault Crisis Centers serving Virginia.

## 1999

- \$150,000 increase in state funding for Sexual Assault Crisis Centers.
- 8 new Sexual Assault Crisis Centers established, increasing number of Virginia SACCs to 33.
- "Serious physical injury" replaced with "bodily injury" in rape, object penetration, and forcible sodomy statutes.
- Marital sexual assault amended so language mirrors "force, threat or intimidation" language of the rape statute.

## 2000

- Marital exemptions removed from the rape statute.
- Code of Virginia amended to include offense of Infected Sexual Battery—making it a Class 6 Felony to engage in sexual acts with the intent to transmit HIV, syphilis, or hepatitis B.

## 2004

- Sexual abuse of persons who are mentally incapacitated increased to felony.
- Factor of "force" for victims under the age of 13 removed from the definition of sexual abuse, making definition consistent with other sexual assault statutes (consent is not a factor when the victim is under 13).
- Department of Health authorized to conduct a study of Virginia's Response to and Prevention of Sexual Violence.
- \$220,000 in sexual assault funding restored for 2005 and 2006 budgets.
- Virginia Department of Criminal Justice Services required to establish training standards and a model policy for law enforcement personnel in handling sexual assault and stalking cases and to establish training standards and model policy and protocols for local and regional sexual assault response teams.
- Domestic Violence Victim Fund established.
- Victim Impact Testimony permitted in cases in which a defendant pleads guilty to a felony. Prior to this legislation, statements were only permitted when defendant was found guilty of a felony through trial by jury or by the court, but not necessarily when they plead guilty.

## 2005

- Marital exemptions removed from the forcible sodomy and object sexual penetration statutes.
- Sexual abuse of persons who are physically helpless increased to felony.
- Marital Sexual Assault statute repealed.

## 2006

- Federal Violence Against Women Act (VAWA) reauthorized, and includes new federal funding program for Sexual Assault Crisis Centers; President Bush's budget reduces allocation from \$50M to \$5M.
- Domestic Violence Victim Fund changes to the Domestic and Sexual Violence Victim Fund.
- Virginia passes legislation to protect the confidentiality and privacy of persons receiving services.
- A person charged with aggravated sexual battery is presumed ineligible for bail.
- Virginia Department of Criminal Justice Services directed to develop minimum training standards for campus law enforcement.

## 2007

- Legislation enacted to make it Class 1 Misdemeanor to sexually abuse a child under the age of 15. Prior to legislation, elements of force, threat, or intimidation had to be present.
- Legislation passed to eliminate any possibility of confusion that victim impact testimony can be presented at sentencing.
- Also allows defendant's criminal history to be presented to the jury.
- Legislation passed to help protect the privacy of victims. Provides that no appellate decision shall contain the first or last name of a sexual assault crime victim upon the request of the victim.
- Rape Shield Law expanded to include cases of taking indecent liberties with children.
- Victim Rights protection expanded to require employer to allow an employee who is a victim of a crime to leave work to be present at all criminal proceedings relating to a crime against the employee.

# The Long Road

A survivor of sexual violence recounts her experiences in seeking justice and examines cultural assumptions about who is to blame for rape.

By Sarah Cook

**M**y point is not new: when a sexual assault case goes to trial, the victim will be blamed for creating circumstances that led to the assault or worse, for directly causing the perpetrator's behavior. We have seen this phenomenon countless times in high profile cases involving celebrities and it certainly exists in cases without such notoriety. How do we change the status quo?

What we learn from media reports or criminal proceedings usually goes like this: Desiree Washington should not have gone to Mike Tyson's hotel room, Patricia Bowman should not have walked on the beach with William Kennedy Smith late at night, the woman in Kobe Bryant's hotel room should not have changed her mind about having sex.

Where does the list of "should not"s stop?

If you were privy to the criminal proceedings of the Commonwealth's case against Derrick Jones in Charlottesville, Virginia in 1993, you would have learned that I should not have been in my home with an unlocked door, nor should I have said hello earlier in the evening to a man claiming to be my neighbor, nor should I have tried by any means necessary to prevent being raped. All of these circumstances and actions were construed to place blame on me for another person breaking into and entering my home with intent to commit rape, maliciously wounding me with a tire iron, and attempting to rape me.

According to the defense attorney's line of questioning, my unlocked door, which I had attempted to secure with what turned out to be a malfunctioning lock, was somehow an invitation to the man who lied to me earlier to enter my apartment. My statements to calm the assailant were somehow understood to be an invitation for sex even though I made them after sustaining major head trauma and blood loss from blunt force. Worse, the assailant's mother testified that my simple and honest, "Hello," initiated the assault. And this was only the preliminary hearing!

Despite the defense attorney's strategy, I consider myself fortunate. Most likely, my experience in the criminal justice system was probably among the most favorable (I refrain from using the word positive...). The presiding judge intervened and stopped the defense attorney's line of questioning, stating that he had heard sufficient evidence to certify the charges. He made his displeasure at the questioning clear. Derrick Jones pleaded guilty and was sentenced to 20 years. I was spared from testifying further and undergoing cross-examination.

"...when a sexual assault case goes to trial, the victim [is often] blamed for creating circumstances that led to the assault or worse, for directly causing the perpetrator's behavior...

How do we change the status quo?"

The damage, however, was done. Today, 14 years later and healed in many aspects, I still feel strong anger when I recall the criminal proceedings. The memories of those proceedings influence my life in a consequential manner. I never leave a door unlocked... I mean never. My mother, visiting one weekend, asked with incredulity whether I locked the door each time I went in and out of my home, no matter how long the intervening time. I snapped back, "No one will ever ask me again whether my doors were locked."

Apparently, the list of "should not"s does not stop, even at common courtesy, even at being in one's own home, and even at doing whatever it takes to prevent a rape or murder. We shouldn't then, be surprised (and indeed, most of us are not) to hear the litany of "should not"s emerge in rape cases involving almost any circumstance. It really isn't about what Desiree Washington, Patricia Bowman, or countless others including myself, did or did not do. It is about society's inability to place responsibility for sexual assault on those who perpetrate it.

How do we change the status quo? It's a battle, I admit. I can only offer my experience. Use it to illustrate that if a woman can be blamed for being courteous, simply existing in her home, and trying to save her own skin, she can probably be blamed for anything. Maybe it will change one mind. That's a start.





# Virginia's Governor Calls for Action

By Kristine Hall, Action Alliance Sexual Violence Advocacy Manager

**D**ue largely to the work of the Governor's Commission on Sexual Violence, the past year has produced substantial advancements in promoting a more effective response to, and prevention of, sexual violence in Virginia.

It is important to note that while this is a momentous time in Virginia, it is the culmination of years of local, regional, and statewide efforts—many of which started in 2004 or earlier—when the General Assembly directed the Virginia Department of Health to study Virginia's response to sexual assault. The formation of a legislative Commission on sexual violence was a key recommendation of this statewide study.

It took several years of statewide collaboration, perseverance and patience to realize the goal of a legislative Commission. In October 2006, at the request of the Action Alliance and its allies, Governor Kaine formed a Commission on Sexual Violence.

*In his announcement, Governor Kaine stated, "The physical and emotional trauma suffered by victims of sexual violence, often compounded by silence and stigma surrounding the crime, calls for special attention in our response and prevention efforts. The Commonwealth has made considerable progress in the management of sexually violent predators. We now need to focus the same level of energy and attention on the treatment of victims and prevention of future acts."*

The Commission held its initial meeting in November to review past studies and recommendations, hear from a variety of experts, and to listen to public input. The Commission members identified six priority areas of concern:

- Inconsistent responses across law enforcement and health care systems;
- Inadequate access to quality continuum of care;
- Insufficient public awareness;
- Inadequate reporting;
- Cultural acceptance of violence; and
- Inadequately trained personnel in key professions, such as criminal justice, health care, and mental health.

Four regional sessions were held in January 2007 to gather statewide input on gaps in services and best practices across the state. These discussions were attended by 230 people, many of them representatives from Virginia's Sexual Assault Crisis Centers. The experiences and stories from the front lines provided invaluable insight into the barriers to, and best practices for, effective services and prevention programming. A summary report of these stakeholders meetings revealed similar concerns as those emphasized during the first Commission meeting.

Three subcommittees were established by the Commission to examine issues and develop a plan of action for Virginia—

Criminal Justice, Prevention and Treatment and Intervention. These subcommittees met a minimum of three times and identified 27 priority recommendations to submit to the full Commission. The Action Alliance, actively serving on each of the sub-committees, submitted a report to Governor Kaine and Commission members to outline its priorities for 2008. Upon final review the Commission submitted all 27 recommendations, which included those prioritized by the Action Alliance, for the Governor's consideration. These recommendations were the catalyst for increased funding for Sexual and Domestic Violence Agencies, a new statewide initiative to develop a standard of care for healthcare professionals responding to sexual violence, and for significant policy changes adopted by the General Assembly in 2008. These policy changes included legislation to:

- Provide direct reimbursement to health care providers for Physical Evidence Recovery Kits and clarifies that victims of sexual assault will not be required to participate in the criminal justice system or cooperate with law enforcement to be provided an exam, reimbursement for the exam, or both.
- Provide that victims of sex offenses cannot be asked or required to take a polygraph as a condition of investigating the alleged offense and that a victim's refusal to take a polygraph shall not prevent the investigation or prosecution of the alleged offense.
- Require that the Department of State Police, campus and local law enforcement agencies establish written policies and procedures regarding response to incidents involving sexual assault. The Department of Criminal Justice Services is also required to provide technical assistance in developing the policies and to do a report to the General Assembly by December 2009.
- Repeal Virginia Code Section 18.2-66 to remove subsequent marriage of the victim and perpetrator as a defense to carnal knowledge of a 14-year-old female.
- Amend the definition of victim under the Criminal Injuries Compensation Fund (i.e. "Victim's Compensation") to allow people who have been stalked to be eligible to collect from the fund.

There will be considerable emphases in 2008 and 2009 on strengthening Virginia's response to sexual violence by ensuring the consistent and successful implementation of these new policies and initiatives across the state.

Just as past labors were critical to bringing us to this place in our journey, our successes and challenges this past year and our upcoming efforts are important steps in our ongoing journey to create a Virginia free of sexual violence.



# One last thought...

## The transformative power of art

By Kate McCord

“Art can...take our unexpressed thoughts and desires and fling them with clarity and coherence on the wall, a screen, a sheet of paper, or against the long silence of history”

--Adrienne Rich, 1929--

American feminist, poet, teacher, and writer



**S**ince our ancestors first made handprints on cave walls, creative expression has been used to document, explore, and convey our personal and cultural experiences. Whether through painting, music, dance, poetry, or theater, artistic expression has both taken the form of and shaped political discourse and resistance movements throughout time, effectively changing the course of world history in the process. Art can incite revolution, build peace, express rage, spark debate, soothe grief, and strengthen compassion.

Simply put, art is powerful beyond words.

Art holds transformative powers for both artist and viewer. To paraphrase the artist Paul Klee, “art makes the invisible, visible” not only for the artist, but for those who view the art. The process of creating art can bring both solace and liberation to those who engage in its creation and those who engage with art as observers.

Healing through art is one of the oldest and most fundamental cultural practices in every region of the world. In the case of violence, creative expression often gives voice where before a deafening personal and cultural silence existed. Engaging in creative expression creates profound changes in our lives and can activate healing at the deepest levels.

Expressive arts are both language and process. The process of creating art is often a centering, meditative experience, and a healing force in itself. Creating art allows the artist to communicate to the world what is happening internally. Artist Frida Kahlo once expressed the sentiment of many artists when she said that, for her, making art was more of a necessity than a choice: “The only thing I know is that I paint because I need to.”

Art is a language in and of itself...a language that is conveyed through images, color, and movement—a language

that speaks from the artist’s subconscious directly to the viewer’s. Creative expression taps into the side of our brains that makes sense of experiences of violence for which sometimes, as one contributor to *The Art of Surviving* said, “there are no words.” It is a way to speak out when words fail.

*The Art of Surviving*, an exhibit of artwork and poetry created by survivors of sexual violence, holds at its core these beliefs: 1) creating art is transformative and healing for both artist and viewer; 2) survivors are experts at living through violence and therefore must be at the forefront of all public education about surviving violence; 3) artistic expression can clearly communicate complex experiences of what it means to “survive” and “heal”; 4) personal and community understandings of violence are essential to mobilize efforts to end sexual violence.

For those of us working with sexual violence survivors individually and/or those of us working to end sexual violence in a larger context, I ask you this: how can you use art in your life and work to heal, to build, to empower?

The artist Georges Braque explained it this way, “Art is a wound turned into light.” I thank my friend Marta Sanchez (artist, activist, and poet) for her thoughts on the transformative power of art and for inspiring my work on *The Art of Surviving*. She once paraphrased the Dalai Lama when she wrote to me, “creativity is the opposite of violence. It uses energy to establish something new, instead of using energy to destroy. Each act of creation is, therefore, an act of peace”.



Kate McCord is the Public Awareness Manager at the Action Alliance, and is co-project director (with Rachel Mann of MettaKnowledge for Peace) for the *Art of Surviving*. To learn more about the *Art of Surviving*, including how to submit artwork and poetry for the exhibit, visit [www.artofsurviving.org](http://www.artofsurviving.org) or contact Kate at (804) 377-0335.



# The Art of Surviving

## Using creative expression to transform a rape culture

Many survivors of sexual violence have felt silenced in their victimization, whether from shame, from not being believed, or from being threatened or coerced into not revealing the perpetrators of the violence. The Art of Surviving exhibit challenges that silence by asking survivors of sexual violence to tell their stories of victimization and healing through their own artwork and poetry.

### “Rapture” by Gerry Mitchell

Age when I was sexually assaulted: 7

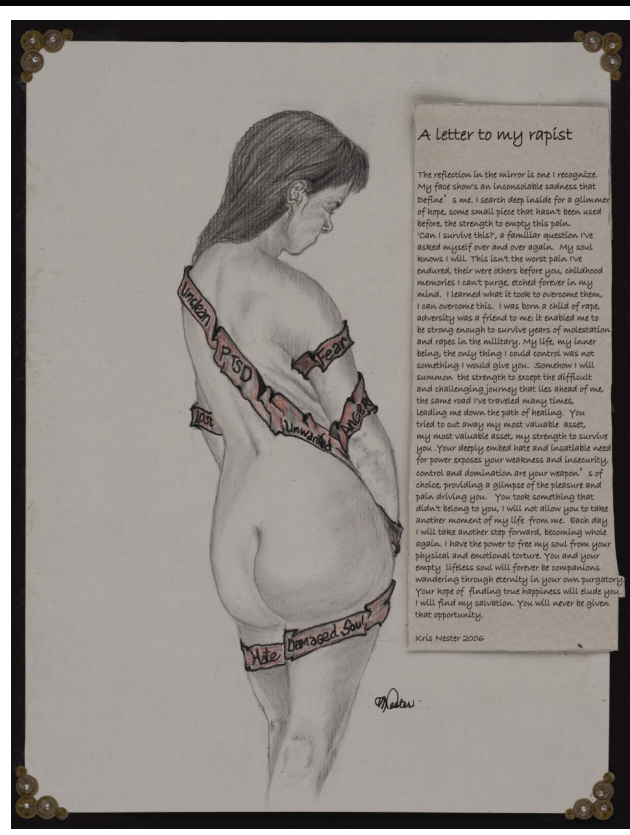
Age when I created this piece: 53

*As an incest survivor, I have managed to forgive and continue with my life anyway. I am very happy and finally at peace with the world. All of my life experiences have helped mold me into a very optimistic being. My paintings reflect the joy of being alive and still in awe of what life can bring.*



**“I found I could say things with color and shapes that I couldn’t say any other way... things I had no words for.”**

—Georgia O’Keeffe, American artist, 1887-1986



### “Breaking Free” by Kris Nester

Ages when I was sexually assaulted: 2,7,8,10,11,12,19,20,21,22,24

Age when I created this piece: 47

*My desire to compose this work of art was very challenging, cathartic, and was fueled by my own desire to further heal myself. My sexual abuse started at an early age and then I was repeatedly sexually assaulted in the military. I couldn’t understand why this kept happening to me, but I started to understand why someone could commit suicide; it was the only thing I had control over. Thankfully I found the strength to move in a healthier direction by expressing myself through writing and drawing. I find there is a commonality of emotions that all victims of sexual assault experience whether it immediately follows the attack or over time surfaces as Post-traumatic Stress Disorder.*

*I feel compelled to lend my voice and art with anyone who feels alone and misunderstood. It has become vital to shed light on the lasting effects this has on every victim. As victims we must seek new ways to enable and empower each other to take back our lives and ourselves.*

*I hope my work speaks to someone and embraces them in some small way. I also hope that my drawing has an impact and understanding for someone involved in a relationship with someone who had suffered abuse. The road to recovery is a long and lonely one to self discovery, but it is a well-traveled one, worth exploring on the journey back to yourself.*

# The Art of Surviving

 (continued from previous page)

## “Good Day / Bad Day” by Anonymous

Ages when I was sexually assaulted: 6-8

Age when I created this piece: 25

*These two drawings show the experience of living with the trauma of childhood sexual abuse. Some days are good—with productivity emerging from dark voices and terrifying flashbacks. Some days are bad—with intense pain, feelings of defeat and violent nightmares. Drawing creates a concrete expression of the inner world and some short-term relief.*



*The greatest satisfaction now is being in a helping profession and giving to others. Our goal as a society needs to be increasing empathy and respect for all, and most importantly, listening to children and believing them.*

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The Art of Surviving exhibit was created to raise public awareness about the nature and effects of sexual violence, the spiritual aspects of violence and healing, and what we can do to end sexual violence. To find out how to submit artwork and poetry, or to host the exhibit, visit [www.artofsurviving.org](http://www.artofsurviving.org) or contact Kate McCord at 804.377.0335 or [info@vsdvalliance.org](mailto:info@vsdvalliance.org).

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