

**Nebraska's Task Force on
Sexual Assault Crimes:
Report and Recommendations
to the Attorney General**



January 2005

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The Task Force expresses its appreciation to the following individuals and organizations for their assistance in providing information, advice, or logistical support:

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Executive Summary

On April 29, 2004, Nebraska Attorney General Jon Bruning created a Task Force to conduct a review of those systems in Nebraska which are responsible for responding to sexual assault crimes, and to recommend changes necessary to increase prevention, enhance services provided to victims, provide for better evidence collection and investigations, and to improve accountability for offenders who commit crimes of sexual violence.

This report, which is made to the Nebraska Attorney General and intended for public dissemination, summarizes the work of the Task Force, its objectives, and its methodology, which included the gathering of statistical data, invitations to guest speakers to address the Task Force, the opportunity for public comment, and responses to surveys sent to hospitals, law enforcement agencies, prosecutors and sexual assault crisis programs across the State.

This report contains the findings and recommendations of the Task Force divided into two categories: (1) recommendations that require revisions to existing statutes; and (2) proposed changes that may not require immediate action on the part of Nebraska's Legislature. Additionally, given the expedited review undertaken by the Task Force, a third category summarizes issues that the Task Force suggests require further study and consideration.

The recommendations of the Task Force cover these primary areas: (1) Medical Examinations and Evidence Collection, (2) the Criminal Justice System, to include Investigations and Prosecutions, (3) Victim Services, and (4) Public Education and Prevention.

The overarching concern of the Task Force is that sexual assault victims receive protection, be treated with compassion, dignity and respect, be provided appropriate medical care and emotional support, that forensic evidence be timely collected and preserved, and that offenders be held accountable for their crimes. In the view of the Task Force, these objectives can best be achieved by means of a coordinated community response, requiring that all responsible persons and agencies work together in a competent and consistent fashion to meet the needs of victims and enhance public safety.

At a glance, what follows is a summary review of the final recommendations made by the Task Force.

Summary of Task Force's Legislative Recommendations

Medical Examination and Evidence Collection

- **Utilize a standardized sexual assault evidence collection kit** approved by the Attorney General to be used for victims and perpetrators statewide.

- **Mandate the collection of forensic evidence by medical professionals with the consent of the sexual assault victim**, without separate authorization by the law enforcement agency responsible for payment under Neb. Rev. Stat. § 13-607, whenever the alleged assault has occurred within 72 hours or when, in the opinion of the treating medical professionals, forensic evidence collection may still produce viable results.

- **Change the mandatory reporting law for health care providers**, set forth in Neb. Rev. Stat. § 28-902, so that providers are not required to immediately report a sexual assault to law enforcement officials, absent the victim's consent, if the victim is 18 years of age or older and is not otherwise a vulnerable or protected individual under State law.

- **Authorize the anonymous or blind reporting of sexual assaults** in cases where victims are reluctant to have their cases reported to law enforcement officials. Mandate the collection of forensic evidence by medical professionals with the consent of the sexual assault victim in such cases, identifying the victim by a numbering system, and require that the responsible law enforcement agency, as determined under Neb. Rev. Stat. § 13-607 and §13-608, maintain the forensic sexual assault evidence for a period of at least 3 years.

Criminal Justice System

- **Revise Nebraska's Evidence Rule 404**, set forth in Neb. Rev. Stat § 27-404, to conform to Federal Evidence Rules 413 and 414 permitting, in a criminal case, evidence of the defendant's commission of another offense or offenses of sexual assault.

- **Expand Nebraska's Statute of Limitations**, set forth in Neb. Rev. Stat. § 29-110, to allow prosecution of sexual offenders whose DNA profile is known, but whose identity may not otherwise be ascertainable until after the current three-year statute of limitations has run. Provide that prosecutors may file appropriate charges within one year from the date the perpetrator's DNA profile has been positively matched to a known individual.

Victim Services

- **Reinstate/increase funding to the Nebraska Crime Victims Compensation Fund** to assist sexual assault victims with immediate and follow-up needs such as medical and mental health expenses.

Summary of Task Force's Non-Legislative Recommendations

Medical Examination and Evidence Collection

- **Establish Sexual Assault Examination Centers in 7 or more locations throughout the State, covering identifiable regions, for the purpose of conducting** sexual assault examinations of adult and adolescent sexual assault victims. Each regional Sexual Assault Examination Center should be equipped with a colposcope having photographic capability, and be staffed by a specialized multi-disciplinary team comprised of medical personnel, law enforcement and advocates. Individual jurisdictions and the State, through the Office of the Attorney General, should initially explore the availability of federal or other resources to create these proposed regional Sexual Assault Examination Centers, or to expand existing centers.

- **Until such Sexual Assault Examination Centers can be established, communities should develop coordinated response teams** consisting of medical personnel, law enforcement, prosecutors and advocates to ensure a consistent and coordinated approach to addressing sexual assault crimes in their respective jurisdictions, and responding to the needs of victims.
- **Sexual assault examinations should be conducted at medical facilities equipped with a colposcope having photographic capability, and be performed by specially trained physicians, physician assistants, or Sexual Assault Nurse Examiners.**
- **All hospitals/clinics performing sexual assault examinations should develop written policies and protocols** addressing sexual assault patients, the examination and evidence collection process, and follow-up care. Such policies should include provisions requiring coordination with law enforcement and advocacy agencies, and should be reviewed and updated on an annual basis. Reference should be made to the National Protocol for Sexual Assault Medical Examinations, U.S. Department of Justice, Office on Violence Against Women, published September 2004, available on line at <http://www.ncjrs.org/pdffiles1/ovw/206554.pdf>.

Criminal Justice System

- **All law enforcement agencies should develop written policies and protocols addressing the proper investigation of sexual assault crimes.** Such policies should include provisions requiring coordination with medical professionals, advocacy agencies, and prosecution authorities. Such policies should be reviewed and updated annually. The American Prosecutors Research Institute (APRI), 99 Canal Center Plaza, Suite 510, Alexandria, VA 22314, has a library of sample law enforcement policies and protocols relating to sexual assault investigations that may be requested and referenced.
- **By policy, law enforcement agencies should discourage the use of polygraph examinations of sexual assault victims as a standard investigative tool.**

- **No law enforcement officer should be assigned to conduct a sexual assault investigation without having received specialized training on the subject of sexual assault investigations.** Smaller law enforcement agencies which lack a specially trained officer are strongly encouraged to enter into a cooperating agreement with another law enforcement agency or agencies having specifically trained officers.

- **All prosecution authorities should develop written policies and protocols addressing the proper prosecution of sexual assault crimes.** Such policies should be reviewed and updated annually. The American Prosecutors Research Institute (APRI), 99 Canal Center Plaza, Suite 510, Alexandria, VA 22314, has a library of sample policies and protocols relating to sexual assault prosecutions that may be referenced.

- **Prosecutors should not undertake the responsibility of handling sexual assault prosecutions without receiving specialized training.** County Attorneys are encouraged to enlist the assistance of the Criminal Bureau of the Office of the Attorney General to assist with felony prosecutions.

Victim Services

- **All victim advocates and volunteers responding to sexual assault victims should first be properly trained, and be subject to written policies and protocols addressing their roles.** Such policies should be reviewed and updated annually.

- It is recommended that the State, through the Office of the Attorney General and the Nebraska Legislature, explore ways to provide additional funding for existing Sexual Assault Programs within the State in order to **expand crisis intervention, and follow-up services for sexual assault victims.**

Public Education and Prevention

- **The Nebraska Department of Education and local school districts should review their current policies, practices, and program offerings to ensure that sexual assault prevention programs are made available** to middle and high school students, and to ensure that students have access to victim services, or information about how to access victim services in the community.

- **All universities, colleges, and higher education technical schools should provide sexual assault prevention programs for their students**, preferably during student orientation, and ensure that all students are informed about victim services available on campus, or how victim services in the community may be accessed.

- **A statewide public education campaign that challenges sexual assault myths and raises awareness of services for victims and their families would benefit the State** and its citizens. The State, through the Office of the Attorney General, should initially explore the availability of federal or other resources to fund such a campaign. The Nebraska Legislature should also explore state funding mechanisms, which could include an increase in court fees or fines imposed on sexual offenders.

Introduction

Formation of the Task Force

On April 29, 2004, Attorney General Jon Bruning announced the formation of a Task Force to address sexual assault crimes in Nebraska. The announcement came during the month of April, designated as Sexual Assault Awareness Month.

The Attorney General was inspired to form a Sexual Assault Task Force when he learned of the courage of Heidi Wilke, an Omaha woman who was kidnapped, robbed and sexually assaulted in January 2002. Since Wilke's attack she and her husband, Jeff Wilke, have made it their mission to turn her tragic experience into something positive. Their fund raising efforts made it possible for Omaha Methodist Hospital to establish a unique facility where victims of sexual assault are now treated in a private

setting by specially trained Sexual Assault Nurse Examiners.

“Prior to the rape, Jeff and I rarely noticed news items relating to sexual assault. In hindsight, we believe this may be a result of simply not wanting to subject ourselves to such an ugly and personal crime. After the rape, it is rare that we do not find a daily article in the local or national headlines regarding a sexual assault crime,” said Heidi Wilke. “Statewide, this horrific crime occurs daily. The numbers are unfathomable in our community alone. We do know that one rape is too many. It is our sincere hope that the Attorney General’s Sexual Assault Task Force will be able to develop proposed solutions to end the violence and deal more compassionately with those who are victims of sexual violence,” said Heidi Wilke.

Objectives and Goals of the Task Force

Jeff and Heidi Wilke served as members of the Task Force, together with other dedicated volunteers and professionals from across the State. Task Force members represented a variety of disciplines and experiences, and included medical professionals, law enforcement officials, advocates, survivors, community volunteers, and prosecutors.

Attorney General Bruning charged the Task Force with the mission of helping to identify gaps in the State’s current response to sexual assault victims, and to establish priority recommendations in several broad areas, to include:

1. medical care and forensic evidence collection procedures;
2. the effectiveness of our criminal justice system in dealing with sexual assault crimes, to include law enforcement agencies, prosecutors and the courts;
3. the immediate and long-term needs of sexual assault victims for services provided by advocates and other professionals to cope with the trauma of rape; and
4. the need for public education and prevention programs.

The Task Force was encouraged to explore non-legislative solutions, in addition to proposed legislative changes, to enhance the State’s response to sexual assault victims.

“Several groups are working to address the problem associated with sexual violence, but we lack a coordinated and consistent response statewide,” said Attorney General Bruning. “The purpose of the Sexual Assault Task Force is to identify gaps in our current response to sexual assault victims, and to develop proposed solutions to these problems,” said Bruning. “Now with the combined efforts of professionals and agencies from across the State, we can firmly take a stand to end the sexual violence.”

Work of the Task Force

The Task Force met from May 2004 through December 2004. The meetings were open to the public and were conducted in Lincoln, Omaha, and Grand Island. Guest speakers were invited to address the Task Force, as were survivors of sexual violence.

The Task Force initially created four subcommittees to work on particular issues:

Healthcare

Committee Chair: Brian Elliott

Co-chair: Cindy Selig

Committee Members:

Jackie Thielan

Jeff Wilke

Lance Webster

Marcee Metzger

Sandra Denton

Teresa Thorson

Criminal Justice

Committee Chair: John Ewing

Co-chair: Tiffany Wasserburger

Committee Members:

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Kristen Houser

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Tom Nesbitt
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Charles Headley

Victim Services

Committee Chair: Sarah O'Shea
Co-chair: Sue Andersen

Committee Members:
Lynne Lange
Leticia Bonifas
Tish Pilkenton
Marie Clarke

Public Education

Committee Chair: Jan Deeds
Co-chair: Ruth Chermok

Committee Members:
Joyce Bunger
Cynthia Peacock
Leigh Ann Retelsdorf
Heidi Wilke
Mary Larsen

In order to work on specific legislative recommendations made by the various subcommittees, the Task Force subsequently formed a **Legislation** subcommittee comprised of:

Committee Chair: Ruth Chermok
Co-chair: Leigh Ann Retelsdorf

Committee Members:
Marie Clarke

John Ewing
Tricia Freeman
Kristen Houser
Cindy Selig
Brenda Urbanek
Tiffany Wasserburger

The individual subcommittees conducted surveys of hospitals, law enforcement agencies, prosecutors' offices and other entities to assess the strengths, needs and gaps in the State's response to sexual assault victims.

In forming its final recommendations, the Task Force relied upon survey response data, information gathered from guest speakers, other data available through national and state studies, as well the experiences and expertise of the Task Force members themselves.

The Task Force focused primarily on the under served needs of adult and teen victims of sexual violence, recognizing that Nebraska has implemented recent initiatives to address sexual assault crimes committed against children. Notably, several Child Advocacy Centers have been established across the State to facilitate forensic medical examinations and law enforcement interviews in child abuse and sexual assault cases. Additionally, the statute of limitations for sexual assault crimes involving child victims was recently eliminated through LB 943, enacted during the 2004 legislative session.

Finally, although the punishment, treatment, and management of sexual offenders are integral to the State's overall effectiveness in dealing with crimes of sexual violence, the Task Force concentrated its efforts instead on the needs of the survivors of sexual violence, and the State's response to these victims.

Sexual Assault Data

The Prevalence of Rape

National statistics indicate that 1 in 4 women and 1 in 33 men will be sexually assaulted at least once in their lifetime. ¹ It is estimated that 1 in 3 females and 1 in 6 males will be sexually abused before they reach their eighteenth birthdays. ²

Only 16% of all sexual assaults are ever reported to the police.³

The Impact of Rape

Only 5% of sexual assault victims suffered from a major injury such as severe lacerations, internal injuries, or unconsciousness as a result of the assault.⁴

Often, victims of sexual assault experience humiliation, shame, and self blame. In one study, approximately 70% of victims worried about their family knowing that they had been sexually assaulted, others learning of the assault, and that people would blame them for the assault; 50% feared their name being made public by the news media; 34% were concerned about pregnancy; 19% worried about contracting a sexually transmitted disease other than HIV/AIDS; and 10% feared contracting HIV/AIDS.⁵

Nearly 1/3 of all sexual assault victims develop Post Traumatic Stress Disorder in their lifetime.⁶ Victims of sexual violence also experience higher rates of depression, anxiety disorders, mental illness, and eating disorders.⁷ Rape victims are 5.3 times more likely to use prescription drugs non-medically, 3.4 times more likely to have used marijuana, and 6.4 times more likely to have used hard drugs or cocaine.⁸ Sexual Assault victims are 4.1 times more likely to contemplate suicide than non-victims and are 13 times more likely to have attempted suicide.⁹

Sex Offenders

Eighty-four percent of all sexual assaults are committed by an acquaintance of the victim.¹⁰ Eighty-four percent of sexual assault victims report that no weapon was used by the offender, beyond his superior strength and size.¹¹

In one study of adult sex offenders, over half reported beginning their sexual offending prior to the age of 18.¹² These offenders had over 300 victims and committed over 500 crimes on average.¹³

Multiple sex offending behaviors were reported by the majority of the offenders.¹⁴ Crossover, or the targeting of different types, ages, and relationships of victims, was present for the most of the offenders.¹⁵ In another study, offenders disclosed crossover in their sexual offending behaviors with 71 percent offending against adults and children

and 35.7 percent against both males and female.¹⁶

Ninety-eight percent of sex offenders are never caught, tried, or imprisoned.¹⁷

Nebraska's Numbers

Sexual offense statistics compiled by the Nebraska Crime Commission showed that in 2003, approximately 489 forcible rapes were reported by law enforcement agencies and only 145 arrests were made statewide. 1104 arrests were also made for all other sex-related crimes in 2003 throughout the State.

In 2003, only 194 persons were committed to serve prison sentences with the Nebraska Department of Correctional Services for sex-related offenses.

However, It is estimated that approximately 13 percent of adult women in Nebraska have been or will be the victim of a forcible rape at some point in their lifetime. This translates to over 1 in 8 women, or over 84,000 women in Nebraska.¹⁸

In contrast to arrest and incarceration data, Nebraska's network of sexual and domestic violence crisis programs received 7,008 sexual assault related crisis line calls in fiscal year 2003.¹⁹ During that same time period, sexual and domestic violence crisis programs across the State provided services to 1,100 sexual assault victims, family members, and friends.²⁰

From July 2002 through June 2003, statistics maintained by the Nebraska Domestic Violence Sexual Assault Coalition also showed that: 396 incidents of adult sexual assault were reported to crisis programs throughout the State. 143 (or 36%) of these victims indicated they had reported the assault to a law enforcement agency.

100 (or 25%) of these victims reported they had sought medical attention. Of these, only 70 (or 17.6%) reported that a sexual assault exam was partially or fully completed.

The relationship of the offender to the victim was identified in 203 of the cases:

Acquaintance or Friend: 92 (45.3%)
Relative: 14 (6.8%)
Coworker, Roommate, or Therapist/ Clergy: 16 (5.9%)
Current or Former Boyfriend/ Girlfriend, Date, or Spouse: 41 (20.25)
Stranger: 19 (9.4%)

Eighty-six percent of the incidents involved some sort of penetration of the victim's body.

38.7 percent of the victims reported no visible injuries.

Less than 10 percent of the victims reported the perpetrator used a weapon (knife, gun, or object) against them. Half reported that the perpetrator's fists, hands or body were used to force compliance.

The most common locations where the sexual assaults occurred were identified as the:

Victim's home (28.9%)
Offender's home (17.2%)
Other home or building (13.2%).²¹

What the Data Show

Sexual assault is a widespread epidemic nationally. Sexual assault is prevalent in Nebraska. Rape Crisis Centers in Nebraska received 7,008 sexual assault related crisis calls and provided services to 1,100 victims, family members, and friends in 2003. These numbers do not reflect the extent of sexual assault in Nebraska because not all victims seek services due to stigma and shame.

It is a myth that sexual assault victims are primarily assaulted by strangers. In fact, most assaults are committed by someone known to the victim such as a friend, intimate partner, relative, classmate, or co-worker.

Victims of sexual assault experience shame, humiliation, and self-blame. Many victims choose not to disclose or report the assault out of fear of friends or family members finding out about the assault, fear of being blamed for the assault, and fear of

not being believed. Our State and our communities need to create a supportive environment that will enable sexual assault victims to disclose their assaults so that these crimes may be successfully investigated and prosecuted, and so that victims can obtain needed services.

The impact of sexual assault is far reaching. Victims of sexual assault may develop Post Traumatic Stress Disorder, are more likely to experience depression, anxiety, and eating disorders, and may abuse alcohol or controlled substances in an effort to cope with the trauma of the assault. Ensuring that services addressing these issues are available to victims of sexual assault should be a priority.

Most perpetrators continue to live in our communities undetected, enabling them to continue their sexual offending behavior. Until a safe climate is created in which victims feel safe to disclose sexual violence, and until perpetrators are held accountable for their actions by criminal justice professionals and the judiciary, sexual violence will continue to thrive.

The entire community is affected by sexual violence. Nebraska and its citizens have a responsibility to ensure that victims are believed and supported, that perpetrators are held accountable, and that all community members, young and old, male and female are educated about sexual assault.

Goals to eliminate sexual assault should include preventing sexual assault. Sexual assault prevention efforts should be targeted towards males and females, potential victims and potential perpetrators. By engaging youth in sexual assault prevention measures, we may prevent sexual assault at the youth level, where it often begins.

Collaboration among medical professionals, law enforcement agencies, prosecutors, advocates, other community agencies, and community members, is necessary to eliminate sexual violence and meet the needs of sexual assault survivors. We all have a responsibility and a stake in eliminating sexual violence.

Findings, Recommendations, and Issues for Future Consideration

Medical Examination and Evidence Collection

Findings:

A coordinated, multi-disciplinary approach to conducting the sexual assault medical examination is necessary to provide victims with access to comprehensive care. This approach may help to minimize the trauma victims experience, and encourage their use of community resources. A coordinated approach can also enhance public safety by facilitating investigations and prosecution, thereby increasing the likelihood that offenders will be held accountable for their crimes. Raising public awareness about the existence and benefits of a coordinated response to sexual assault may lead more victims to disclose assaultive incidents and seek help.

Eighty-five percent of emergency departments who responded to the Health subcommittee's survey stated that they do not use Sexual Assault Nurse Examiners because of the lack of financial resources to train staff and maintain competency. Training costs roughly \$3,000 per nurse. Ongoing competency training is an additional cost. However, sixty-four percent of emergency departments stated that the use of specially trained sexual assault examiners would facilitate the sexual examination process.

The colposcope, a medical instrument designed to detect and photograph sexual assault injuries, is instrumental in conducting a thorough and effective sexual assault examination. However, the cost of one colposcope, with photographic and computer archiving capabilities, exceeds \$30,000.

Ninety-one percent of emergency departments which responded to the Health subcommittee's survey stated that they perform less than 20 sexual assault examinations annually.

Eighty-eight percent of emergency department responders follow a hospital policy and/or protocol when dealing with sexual assault patients and conducting forensic medical examinations.

The establishment of Sexual Assault Examination Centers in different regions of our State, each equipped with a colposcope and a multi-disciplinary team of professionals, would greatly increase the effectiveness of sexual assault examinations, investigations, and prosecutions statewide. Similar Child Advocacy Centers throughout the State have been successful in dealing with sexual assault crimes involving children. However, most of these existing centers were established to primarily deal with child, not adult, sexual assault victims.

One exception is the Family Advocacy Network (FAN) in Kearney, Nebraska. In addition to extending services to child sexual assault victims, FAN offers sexual assault examinations and services to adult victims, providing a safe, home-like, confidential and supportive setting. The Task Force concluded that FAN offers an exceptional model for the establishment of other Sexual Assault Examination Centers in other areas of the State. FAN is a stand-alone facility, yet is housed on site adjacent to hospital emergency department facilities. FAN offers linkage to victim witness and sexual assault advocates, law enforcement interview rooms, medical examinations utilizing a colposcope, a victim-driven prosecution philosophy, and follow-up medical services. There is also never a charge to victims.

Law enforcement agencies and hospitals throughout the State utilize different sexual assault forensic evidence collection kits. A uniform sexual assault evidence collection kit for both victims and perpetrators would provide for greater consistency statewide for evidence collection and analysis, and decrease potential errors in evidence collection, techniques, and maintaining a proper chain of evidence. Ordering standardized sexual assault kits in bulk quantities on a statewide basis would likely reduce the State's overall costs.

Under reporting of sexual assaults is a significant problem in Nebraska and nationally. Many victims do not want to report to law enforcement because they fear they will not be believed, that their name will be publicized, or because of other concerns. Victims should not be faced with a choice of avoiding immediate medical care because they do not want to report the assault to law enforcement officials or are hesitant to do so.

Payment for sexual assault evidence collection, as provided by Neb. Rev. Stat.

§ 13-607 and § 13-608, should not be made contingent upon a victim's willingness to immediately report the assault to law enforcement. Some sexual assault victims are unable to make a decision about whether they want to report to law enforcement officials in the immediate aftermath and trauma of the assault. Recognizing that evidence is lost as time progresses, victims should be encouraged to have the forensic evidence collected by health professionals right away, and then have time to decide about reporting the crime to law enforcement officials.

A system providing for the anonymous or blind reporting of sexual assaults where victims are reluctant to report to law enforcement authorities would allow for evidence collection with the victim's consent, permit law enforcement agencies to gather needed statistical information about the prevalence of this crime, and allow for possible future prosecution. Victims would be able to obtain needed medical care while maintaining confidentiality. The concept of anonymous or blind reporting of sexual assaults is being attempted in Lincoln, Nebraska. Other jurisdictions, to include the State of New Hampshire, have established a similar approach.

Legislative Recommendations:

- **A standardized sexual assault kit** approved by the Attorney General should be used statewide for both victims and perpetrators.
- **The collection of forensic evidence by medical professionals should be undertaken if the sexual assault victim consents**, without separate authorization by the law enforcement agency responsible for payment under Neb. Rev. Stat. § 13-607, whenever the alleged assault has occurred within 72 hours or when, in the opinion of the treating medical professionals, forensic evidence collection may still produce viable results. Legislative action would be required in order to implement this recommendation.
- **Revise the mandatory reporting law for health care providers**, set forth in Neb. Rev. Stat. § 28-902, so that providers are not required to immediately report a sexual assault to law enforcement officials absent the victim's consent, when the victim is 18 years of age or older and is not considered a vulnerable or protected individual under State law.

- **A system of anonymous or blind reporting of sexual assaults should be authorized** in cases where victims refuse or are reluctant to have their cases reported to law enforcement officials. Forensic evidence should be collected with the consent of the sexual assault victim in such cases, identifying the victim by a numbering system. The responsible law enforcement agency, as determined under Neb. Rev. Stat. § 13-607 and § 13-608, should be required to maintain the completed sexual assault kits in such cases for a period of at least 3 years. Legislative action would be required in order to implement this recommendation.

Non-Legislative Recommendations:

- **Sexual Assault Examination Centers should be established in 7 or more locations throughout the State, covering an identified region**, for the purpose of conducting sexual assault examinations of adult and adolescent victims. Each regional Sexual Assault Examination Center should be equipped with a colposcope having photographic and computer archiving capabilities, and be staffed with a specialized team consisting of medical personnel, law enforcement officials and advocates. Individual jurisdictions and the State, through the Office of the Attorney General, should initially explore the availability of federal or other resources to create new regional Sexual Assault Examination Centers, or to expand existing centers, before approaching the Nebraska Legislature for funding.
- **Until such Sexual Assault Examination Centers can be established, communities should develop coordinated response teams** consisting of medical professionals, law enforcement agencies, prosecutors and advocates to ensure a consistent and coordinated approach to addressing sexual assault crimes in their respective jurisdictions and responding to the needs of victims.
- **Sexual assault examinations should be conducted at medical facilities equipped with a colposcope having photographic and computer archiving capabilities, and be performed by specially trained physicians, physicians assistants or Sexual Assault Nurse Examiners.**
- **All hospitals/clinics performing sexual assault examinations should develop written policies and protocols** addressing sexual assault patients, the

medical examination and evidence collection process, and follow-up care. Such policies should include provisions requiring coordination with law enforcement and advocacy agencies, and should be reviewed and updated on an annual basis. Reference should be made to the National Protocol for Sexual Assault Medical Examinations, U.S. Department of Justice, Office on Violence Against Women, published September 2004, available on line at <http://www.ncjrs.org/pdffiles1/ovw/206554.pdf>.

Issues for Further Study:

Proposed legislation should be considered requiring HIV and Hepatitis testing of persons arrested for sexual assault crimes, and requiring the sharing of test results with sexual assault complainants.

In the event that federal or private funding sources cannot be secured for the establishment of regional Sexual Assault Examination Centers, legislation may be required to fund the establishment and maintenance of such centers. Additional funds would also be needed to ensure proper training of the multi-disciplinary sexual assault teams needed to work at these centers.

The Criminal Justice System:

Sexual Assault Investigations

Findings:

Uniformed officers are often the first responders to sexual assaults. Sexual assault crimes are often difficult, time-consuming cases to properly investigate. DNA and other scientific evidence may be critical to achieving a successful prosecution. The defense of “consent” is standard in acquaintance sexual assault cases. Law enforcement officers need specialized training that is not available in basic academy classes in order to effectively investigate sexual crimes. Investigation and evidence collection techniques are constantly changing and officers need to be made aware of these advances.

Written policies for law enforcement agencies covering the steps of an investigation, evidence collection, and coordination with other agencies and

professionals would likely increase the effectiveness of sexual assault investigations.

Reportedly, some law enforcement officers and agencies in this State rely on the use of polygraph examinations as a basic, standard investigative tool to interview or interrogate sexual assault victims. Studies show, however, that the incidence of false reports in cases of sexual assault is no greater than for other crimes.²² Further, sexual assaults are among the least reported of all crimes, in part, because many victims fear that they will not be believed. Consequently, the routine use of polygraph examinations exacerbates this existing reporting problem, and its use as a standard investigative tool when interviewing victims should be discouraged.

Non-Legislative Recommendations:

- **All law enforcement agencies should develop written policies and protocols addressing the proper investigation of sexual assault crimes.** Such policies should include provisions requiring coordination with medical professionals, advocacy agencies, and prosecution authorities. Agencies should review and update their policies annually. The American Prosecutors Research Institute (APRI), 99 Canal Center Plaza, Suite 510, Alexandria, VA 22314, has a library of sample law enforcement policies and protocols relating to sexual assault investigations that may be referenced.
- **By policy, law enforcement agencies should discourage the use of polygraph examinations of victims as a standard investigation tool.**
- **No law enforcement officer should be assigned to conduct a sexual assault investigation without first having received specialized training on the subject of sexual assault investigations.** Smaller law enforcement agencies which lack a specially trained officer are strongly encouraged to enter into cooperating agreements with another law enforcement agency or agencies having specifically trained officers.

The Criminal Justice System:

Sexual Assault Prosecutions

Findings:

The ability of prosecutors to adduce evidence at trial of a defendant's past history of sexual violence is often crucial to the accurate determination of adult sexual assault cases, because such cases often turn on a dispute as to whether the complainant consented. The Federal Rules of Evidence, as well as several other State jurisdictions, therefore, provide that such evidence can be admitted in sexual assault trials. In contrast, Nebraska's evidence rules have been interpreted restrictively by Nebraska state courts and prosecutors are often precluded from offering relevant evidence of a defendant's past history of sexual assaults.

Nebraska's existing Statute of Limitations for sexual assault crimes involving adult victims is three years. In some cases, the DNA profile of a sexual assailant is known but the offender's identity is not otherwise ascertainable. The existence and expansion of DNA databases nationwide will increase this possible scenario over time. In Douglas County, and possibly other jurisdictions in this State, prosecutors have resorted to filing "John Doe" complaints and arrest warrants in order to ensure that the Statute of Limitations will not run after the expiration of three years under such circumstances. Nebraska's Statute of Limitations, set forth in Neb. Rev. Stat. § 29-110, should therefore be revised to ensure that such offenders can be prosecuted beyond the current three-year period.

Written policies for prosecution authorities covering the prosecution of sexual assault crimes, and needed coordination with other agencies and professionals, would likely increase the consistency and effectiveness of sexual assault prosecutions statewide.

Sexual assault prosecutions are among the most challenging, complex, and time-consuming cases to successfully prosecute. Prosecutors should not undertake felony sexual assault prosecutions without receiving specialized training. Prosecutors within the Office of the Attorney General are available to handle or assist with felony prosecutions statewide at no cost to individual counties, and should be used by County Attorneys as a resource.

Legislative Recommendations:

- **Revise Nebraska's Evidence Rule 404**, as set forth in Neb. Rev. Stat. § 27-404, to conform to Federal Evidence Rules 413 and 414 permitting, in a criminal case, evidence of the defendant's commission of another offense or offenses of sexual assault.

- **Expand Nebraska's Statute of Limitations**, as set forth in Neb. Rev. Stat. § 29-110, to allow prosecution of sexual offenders whose DNA profile is known, but whose identity may not otherwise be ascertainable until after the current three-year statute of limitations has run. Provide that prosecutors may file appropriate charges within one year from the date the perpetrator's DNA profile has been positively matched to a known individual.

Non-Legislative Recommendations:

- **All prosecution authorities should develop written policies and protocols addressing the proper prosecution of sexual assault crimes**, and needed coordination with other agencies and professionals. Such policies should be reviewed and updated annually. The American Prosecutors Research Institute (APRI), 99 Canal Center Plaza, Suite 510, Alexandria, VA 22314, has a library of sample policies and protocols relating to sexual assault prosecutions that may be reviewed and referenced.

- **Prosecutors should not undertake the responsibility of handling sexual assault felony prosecutions without receiving specialized training.** County Attorneys are encouraged to enlist the assistance of prosecutors within the Criminal Bureau of the Office of the Attorney General to assist with felony prosecutions.

Victim Services

Findings:

Sexual assault creates adverse, long lasting emotional and psychological effects for victims, families, friends and the entire community. According to a 1996 National

Institute of Justice report, rape was estimated to be the costliest of all crimes with annual victim costs at \$127 billion.²³ Several of Nebraska's Sexual Assault Advocacy Programs which responded to the survey conducted by the Victim Services subcommittee cited that many victims do not receive follow-up health care because of the cost. These programs have very limited funds to provide financial assistance to victims.

In 2001, the Nebraska Legislature reduced the Crime Victims Compensation Fund's annual appropriation from \$210,000 to \$20,000. Since the federal government reimburses 60 percent of what the State pays out in compensation each year to victims, the reduction in State funds also resulted in a reduction of needed federal funds. Additionally, the Nebraska Victim Identification and Notification Everyday (VINE) system has been funded through the Victims of Crime Act (VOCA), a federal funding source, and the VOCA regulations are being revised to no longer allow this expense. Legislation has already been proposed, and is supported by the Nebraska Coalition for Victims of Crime, which would provide funding for the Crime Victims Compensation Fund and VINE programs from fines and penalties, not through a general appropriation. If there is additional funding from the State, federal reimbursement monies will also increase.

Current funding for sexual assault services is not adequate. In many areas of the State, victims have to travel long distances to access assistance and survivors are often unaware of resources and options. Increased funding for sexual assault programs would allow for expanded crisis intervention, follow-up and long term services to victims. Increased funding would allow for the development of standardized training for advocates and volunteers that is consistent across the State. Standardize training for program staff, volunteers and allied professionals would ensure that sexual assault survivors are identified and provided needed and competent services.

Legislative Recommendations:

- **Reinstate/increase funding to the Nebraska Crime Victims Compensation Fund**, to assist victims with immediate and follow-up needs such as medical and mental health expenses. Legislation already proposed and supported by the Nebraska Coalition for Victims of Crime would provide funding for the Crime

Victims Compensation Fund and VINE programs from fines and penalties, not through a general appropriation.

Non-Legislative Recommendations:

- **All victim advocates and volunteers responding to sexual assault victims should be properly trained, and be subject to written policies and protocols** addressing their roles. Such policies should be reviewed and updated annually.

Issues for Further Study:

It is recommended that the State Legislature explore methods to provide increased funding for existing Sexual Assault Advocacy Programs within the State to **expand crisis intervention, and follow-up services for sexual assault victims.**

Education and Prevention

Findings:

The State, its leaders and citizens, need to work toward preventing sexual assault, targeting both potential victims and perpetrators at the youth level, where it often begins.

Additionally, the lack of a comprehensive, statewide public education plan leaves survivors of sexual assault unaware of resources and their rights. Even professionals dealing with sexual assault on a daily basis may not be aware of the educational and public information programs available. It was agreed that more information should be made available to the public on the subject of sexual assault. There was general agreement that "acquaintance rape" or "date rape" merits a target promotion and public educational campaign.

Current information exists through the Nebraska Domestic Violence/Sexual Assault Coalition (NDVSAC): The Step up, Speak out! campaign is aimed toward teens and younger adults, ages 16 to 22 year old. It focuses on persuading entertainment consumers to recognize that what is being suggested to their viewers about sexual assault through movies and music is inappropriate. Healthcare providers offer continuing education. For example, Creighton University in Omaha and BryanLGH in

Lincoln have offered training on the subject of sexual violence. The Omaha YWCA and other NDVSAC programs across the State offer kindergarten through adult programs and training. Most programs are offered in schools.

Public schools are a key source of information for children and their families. Public school students are offered human growth and development classes several times throughout their school careers. In all instances, parents are able to opt their children out from the classes. It is not clear the extent to which sexual violence is included, and to what degree it is discussed, in these human growth and development classes.

Nebraska colleges and universities report having programs within their schools dealing with sexual assault. Most have offices or clinics available to students, advocacy services and counseling. It is not clear what prevention programs are made available to incoming students on a timely basis, such as at freshmen or student orientation.

Non-Legislative Recommendations:

- **The Nebraska Department of Education and local school districts should review their current policies, practices, and program offerings to ensure that sexual assault prevention programs are made available** to middle and high school students, and to ensure that students have access to victim services, or information about how to access victim services in the community.

- **All universities, colleges, and higher education technical schools should provide timely sexual assault prevention programs for students**, preferably during student orientation, and ensure that students are informed about victim services on campus, or receive information about accessing these services in the community.

- **A statewide public education campaign** that challenges sexual assault myths and raises awareness of services for victims and their families would benefit the State and its citizens. Women throughout the State, and the public generally, need to realize that acquaintance rape occurs frequently but is often not reported because the victim tends to blame herself, and the incident falls outside of the popular belief that sexual assaults are committed by strangers. The State, through the Office of the Attorney General, should initially explore the availability of federal or other funds to finance the recommended educational campaign. The Nebraska Legislature should also explore State funding mechanisms, which could include an increase in court fees or fines imposed on sexual offenders, to finance such a campaign.

A public campaign could consist of the following elements:

Advertising and marketing agencies and/or associations would be approached about developing a public service campaign dedicated to sexual assault, specifically the area of preventing date rape. Within the campaign package would be public service announcement; camera-ready advertising that could be used in trade journals, school materials, newspapers, church bulletins, etc.

Collaborative efforts with social organizations providing outreach to K through 12 students, such as Girl Scouts and Boy Scouts, 4H, and faith-based groups should be explored to provide prevention education programs.

A media guide should be developed that includes resources and basic information and frequently asked questions. The State of California has developed an excellent media guide and it can easily be replicated for the Nebraska press.

A promotion campaign could be directed toward women-supported businesses. The campaign could include a poster with a tear-off resource guide that hangs in the restrooms or dressing rooms of schools and colleges, churches, dance studios, gyms, beauty salons, doctors' offices, women's clothing stores, Laundromats, health clubs, childcare centers, etc. The resource guide would list phone numbers of sexual assault resources throughout the State.

Prominent and influential lobbying groups and trade associations could be utilized to provide sexual assault information to their members.

Issues for Further Study:

Future legislation may be required to ensure that prevention sexual assault programs are provided in schools. Educational authorities, in collaboration with entities such as the Nebraska Domestic Violence Sexual Assault Coalition, should develop and implement a curriculum that is culturally, developmentally, and socially appropriate for use in schools and other youth organizations throughout the State.

Conclusion

The Task Force expresses its appreciation to Attorney General Jon Bruning for his efforts at bringing needed attention and focus to the serious issue of sexual violence in our State.

Sexual assault is a prevalent crime in our society that has devastating and long-term consequences for individuals, regardless of race, age, gender or social standing. Cooperative community efforts work best to address the needs of sexual assault victims. A coordinated, multi-disciplinary approach also enhances public safety by facilitating more effective investigations and prosecutions, thereby bringing more offenders to justice.

As is evident, issues surrounding sexual assault crimes are often difficult and complex. The Task Force therefore recommends ongoing and continuing study of these issues, as well as continuing action on the part of the State, its leaders, and its citizens to address the serious reality of sexual violence.

Footnotes

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²Russel, Diana E.H. "The Incidence and Prevalence of Intrafamilial and Extrafamilial Sexual Abuse of Female Children," in *Handbook on Sexual Abuse of Children*, edited by Lenore E.A. Walker. Springer Publishing Co., 1988.

³National Victim Center & Crime Victims Research and Treatment Center. "Rape in America: A report to the nation." National Victim Center, 1992.

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⁵National Victim Center & Crime Victims Research and Treatment Center. "Rape in America: A report to the nation." National Victim Center, 1992.

⁶Ibid.

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¹⁰National Victim Center & Crime Victims Research and Treatment Center. "Rape in America: A report to the nation." National Victim Center, 1992.

¹¹Greenfeld, L.A. "Sex Offenses and Offenders; An Analysis of Data on Rape and Sexual Assault." Bureau of Justice Statistics, 1997.

¹²Abel, G. G., Becker, J. V., Mittelman, M. S., Cunningham-Rathner, J., Rouleau, J. L., and Murphy, W. D. "Selfreported sex crimes of non-incarcerated paraphiliacs." *Journal of Interpersonal Violence* 2(6): 3-25, 1987.

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¹⁷State Judiciary Committee, May 1993. "The Response to Rape: Detours on the Road to Equal Justice." Senator Joseph R. Biden, Jr.

¹⁸Kilpatrick, D.G. & Ruggiero, K.J. (2003). *Rape in Nebraska: A Report to the State*. Charleston, SC: National Violence Against Women Prevention Research Center, Medical University of South Carolina.

¹⁹Nebraska Domestic Violence Sexual Assault Coalition, Annual Statistics, 2003.

²⁰Ibid.

²¹Ibid.

²²Karla Fischer, "Defining the Boundaries of Admissible Expert Psychological Testimony on Rape Trauma Syndrome,": 1989 U. Ill. L. Rev. 691, 691-92 (experts believed that only 2-4% of victims falsely assert that rape occurred).

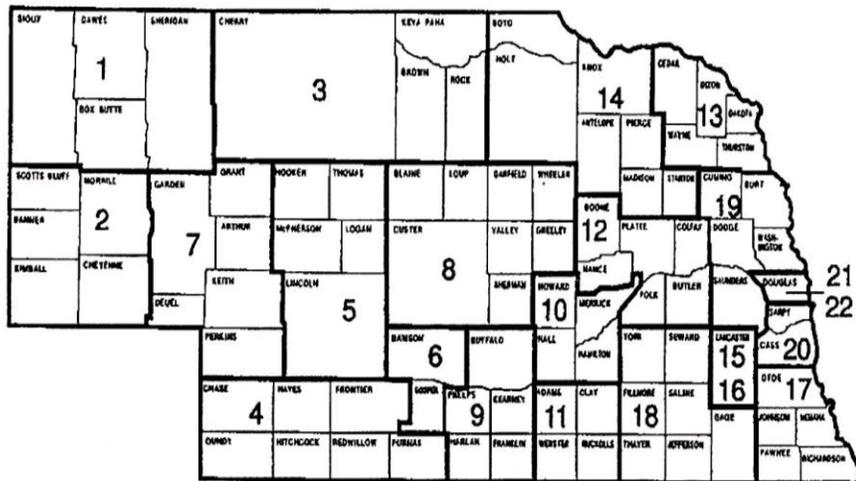
²³U.S. Department of Justice, *Victim Costs and Consequences: A New Look*, 1996.

List of Appendices

- A. Nebraska's Network of Domestic Violence/Sexual Assault Programs

- B. U.S. Department of Justice, Bureau of Justice Statistics, Selected Findings, "Rape and Sexual Assault: Reporting to Police and Medical Attention, 1992-2000"

Nebraska's Network of Domestic Violence/Sexual Assault Programs



- | | |
|--|--------------|
| 1. Family Rescue Services, Chadron | 308-432-3061 |
| 2. DOVES, Gering | 308-436-4357 |
| 3. North Central Quad County Domestic Violence Services, Valentine | 402-376-5345 |
| 4. Domestic Abuse/Sexual Assault Services, McCook | 308-345-5534 |
| 5. Rape/Domestic Abuse Program, North Platte | 308-534-3495 |
| 6. Parent Child Center, Lexington | 800-215-3040 |
| 7. Sandhills Crisis Intervention Program, Ogallala | 308-284-6055 |
| 8. CEDARS Family Violence Services, Broken Bow | 308-872-5988 |
| 9. S.A.F.E. Center, Kearney | 308-237-2599 |
| 10. Crisis Center, Inc, Grand Island | 308-381-0555 |
| 11. Spouse Abuse/Sexual Assault Crisis Center, Hastings | 402-463-4677 |
| 12. Center for Survivors, Columbus | 800-658-4482 |
| 13. Haven House, Wayne | 800-440-4633 |
| 14. Bright Horizons, Norfolk | 402-379-3798 |
| 15. Rape/Spouse Abuse Crisis Center, Lincoln | 402-475-7273 |
| 16. Friendship Home, Lincoln | 402-437-9302 |
| 17. Project Response, Auburn | 800-456-5764 |
| 18. Blue Valley Crisis Intervention, Fairbury | 800-876-6238 |
| 19. Crisis Center for Domestic Abuse & Sexual Assault, Inc., Fremont | 402-727-7777 |
| 20. Heartland Domestic Abuse Program, Bellevue | 800-523-3666 |
| 21. YWCA-Women Against Violence, Omaha | 402-345-7273 |
| 22. Catholic Charities-The Shelter, Omaha | 402-558-5700 |

APPENDIX A



Bureau of Justice Statistics Selected Findings

August 2002, NCJ 194530

Rape and Sexual Assault: Reporting to Police and Medical Attention, 1992-2000

By Callie Marie Rennison, Ph.D.
BJS Statistician

Persons age 12 or older experienced an average annual 140,990 completed rapes, 109,230 attempted rapes, and 152,680 completed and attempted sexual assaults between 1992 and 2000, according to the National Crime Victimization Survey (NCVS) (table 1). Most rapes and sexual assaults were committed against females: Female victims accounted for 94% of all completed rapes, 91% of all attempted rapes, and 89% of all completed and attempted sexual assaults, 1992-2000.

Because of the small number of sample cases of rape and sexual assault against males, analysis in the remainder of this report relates to female victims only. Data are aggregated across 9 years to produce average annual estimates.

Table 1. Rapes and sexual assaults, by victim gender, 1992-2000

Gender of victim	Average annual, 1992-2000	
	Number	Percent
Completed rape		
Total	140,990	100%
Male	9,040	6
Female	131,950	94
Attempted rape		
Total	109,230	100%
Male	10,270	9
Female	98,970	91
Sexual assault		
Total	152,680	100%
Male	17,130	11
Female	135,550	89

Note: Detail may not add to total because of rounding.

Highlights

Among injured female victims of rape or sexual assault, half of those indicating that the crime was reported to the police received medical treatment, compared to a fifth of those indicating the crimes were unreported

Attempted and completed rapes and sexual assaults, average annual, 1992-2000
366,460

Injured 193,930		Not injured 172,530	
Reported to police 73,950	Not reported to police 119,340	Reported to police 42,400	Not reported to police 128,800
Treated 39,120 (53%)	Treated 21,500 (18%)		
Not treated 34,830 (47%)	Not treated 97,840 (82%)		

Note: Detail may not add to totals because of rounding and omission of Don't know responses.

- All rapes, 39% of attempted rapes, and 17% of sexual assaults against females resulted in injured victims, 1992-2000.
- Most injured rape, attempted rape, and sexual assault victims did not receive treatment for their injuries.
- Most rapes and sexual assaults against females were not reported to the police. Thirty-six percent of rapes, 34% of attempted rapes, and 26% of sexual assaults were reported to police, 1992-2000.
- When a rape or sexual assault was reported to the police, the victim was the most likely to report it.
- 59% of the victims of completed rape whose victimizations were reported to the police were treated for their injuries, compared to 17% of rape victims with unreported victimizations.
- 45% of injured female victims of a reported attempted rape compared to 22% of injured victims of an unreported attempted rape received medical treatment, 1992-2000.
- Of all injured sexual assault victims, 37% of victims in which the violence was reported and 18% of victims in which the violence was unreported received medical treatment, 1992-2000.

APPENDIX B

Injuries

All victims of completed rape are considered to have been injured, by NCVS definition. Thirty-eight percent of female rape victims sustained an injury in addition to the rape. Thirty-nine percent of attempted rape victims and 17% of sexual assault victims were injured during their victimization, 1992-2000 (table 2). Nonfatal injuries from any crime range from bruises and chipped teeth (minor) to broken bones and gunshot wounds (serious). (See *Injuries from Violent Crime, 1992-98, NCJ 168633.*)

Among completed rape victims, 33% had additional minor injuries, and 5% suffered additional serious injuries. Two-thirds of attempted rape victims suffered minor injuries. Three percent of injured victims were seriously injured during an attempted rape. Fifty-four percent of injured sexual assault victims reported receiving minor injuries, and 5% were seriously injured.

Reporting to police

Most rapes and sexual assaults were not reported to the police (table 3). Sixty-three percent of completed rapes, 65% of attempted rapes, and 74% of completed and attempted sexual assaults against females were not reported to the police. (See box, page 3, for the most common reasons for not reporting.) When the police were notified about a rape or sexual assault, the victim most often made the report.

Treatment of injuries

Most injured rape and sexual assault victims were not treated for their injuries (table 4). Treatment for injuries range from receiving care at the scene or in the victim's home to being admitted to a hospital. Thirty-two percent of completed rape victims, 32% of injured attempted rape victims, and 27% of injured sexual assault victims were treated.

Forty-eight percent of female rape victims who received treatment for their

injuries were treated at, but not admitted to, a hospital. An additional 24% of treated rape victims were cared for at home or at the scene, and 20% were treated at a doctor's office or clinic.

Injured victims of attempted rape were equally likely to be treated at the scene/home or at a hospital. Of injured female attempted rape victims, 44% were treated, but not admitted to the hospital, and 39% were treated at the scene or at home.

Injured victims of completed and attempted sexual assault received

treatment at the scene or at home (20%), at a doctor's office or clinic (31%), or at the hospital (24%) at statistically similar percentages.

Reporting violence to the police and treatment of injuries sustained

Between 1992 and 2000, an annual average of 131,950 completed rapes were committed against females age 12 or older in the United States. By definition all 131,950 victimizations resulted in an injured victim. Though all victims were injured, 36% (or 47,960) of these victimizations

Table 2. Injuries sustained by female rape and sexual assault victims, 1992-2000

Injury from victimization	Average annual, 1992-2000					
	Completed rape		Attempted rape		Sexual assault	
	Number	Percent	Number	Percent	Number	Percent
Total victimizations	131,950	100%	98,970	100%	135,550	100%
Not injured	0*	0	60,010	61	112,520	83
Injured	131,950	100	38,960	39	23,020	17
Serious injury	7,180	5	2,540*	3	1,220*	1
Minor injury	42,630	33	25,450	26	12,390	9
Undetermined injury	81,140	61	10,730	11	8,590	6

Note: Detail may not add to total due to rounding. By NCVS definition, all victims of completed rape were injured.

*Based on 10 or fewer sample cases.

Table 3. Rape and sexual assault of females, by reporting to the police, 1992-2000

Reporting of victimizations to police	Average annual, 1992-2000					
	Completed rape		Attempted rape		Sexual assault	
	Number	Percent	Number	Percent	Number	Percent
Total victimizations	131,950	100%	98,970	100%	135,550	100%
Reported to police	47,960	36	33,560	34	34,830	26
By victim	23,890	18	24,040	24	21,560	16
By other household member	10,080	8	3,510*	4	4,970	4
By someone else	13,990	11	6,010	6	8,310	6
Not reported to police	83,700	63	64,600	65	99,840	74
Don't know if it was reported	0*	0	800*	1	880*	1

Note: Detail may not add to total due to rounding.

*Based on 10 or fewer sample cases.

Table 4. Medical treatment received by female rape and sexual assault victims, 1992-2000

Medical treatment received	Average annual, 1992-2000					
	Completed rape		Attempted rape		Sexual assault	
	Number	Percent	Number	Percent	Number	Percent
Total injured	131,950	100%	38,960	100%	23,020	100%
Treated	42,230	32	12,490	32	6,250	27
Scene/home	10,050	8	4,860	12	1,280*	6
Doctor's office or clinic	8,640	7	1,400*	4	1,930*	8
Hospital, not admitted	20,410	15	5,510	14	1,530*	7
Hospital, admitted	2,590*	2	720*	2	580*	3
Other location	540*	---	0*	0	930*	4

Note: Detail may not add to total due to rounding. By NCVS definition, all victims of completed rape were injured.

*Based on 10 or fewer sample cases.

---Less than 0.5%.

were reported to the police. A greater percentage of reported victimizations, compared to nonreported victimiza-

tions, involved medical treatment of the victims. Fifty-nine percent of victims of a reported completed rape, compared

to 17% of victims of an unreported completed rape, received medical attention (figure 1).

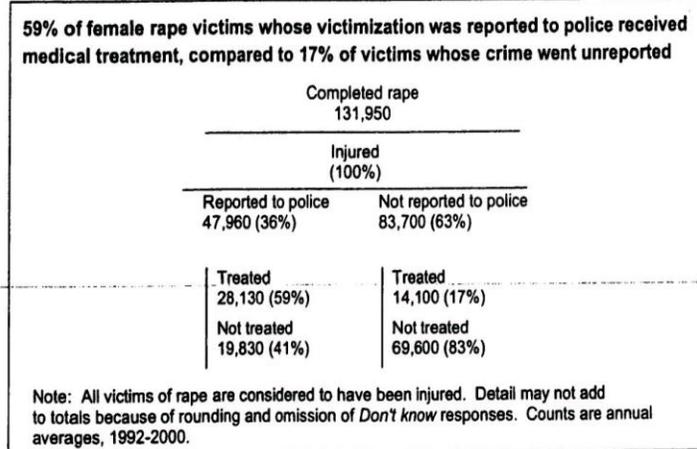


Figure 1

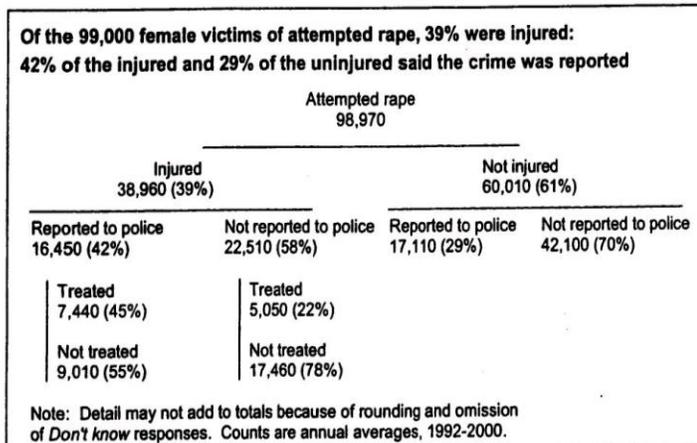


Figure 2

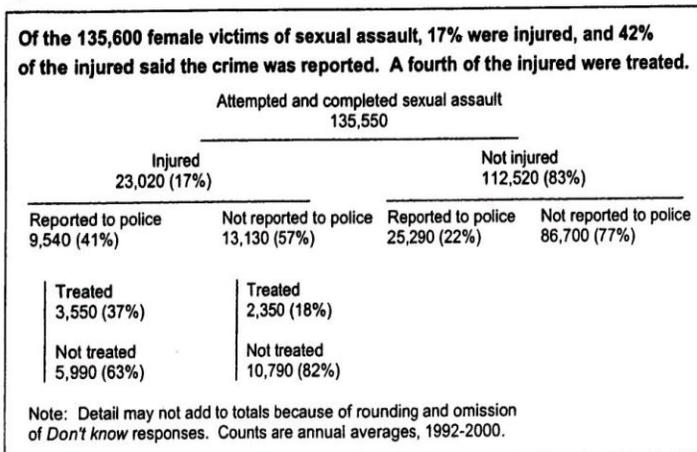


Figure 3

U.S. females age 12 or older were victims of an estimated 98,970 attempted rapes, annually. Thirty-nine percent of attempted rape victims were

Reasons for not reporting to law enforcement authorities

When victims of rape, attempted rape, and sexual assault did not report the crime to the police, the most often cited reason was that the victimization was a personal matter:

Rape: personal matter, 23.3%; fear of reprisal, 16.3%; police biased, 5.8%.

Attempted rape: personal matter, 16.8%; fear of reprisal, 11.3%; protect offender, 9.9%.

Completed and attempted sexual assault: personal matter, 25.3%; reported to different official, 12.4%; fear of reprisal, 11.3%.

The victim-offender relationship and informing the police

The closer the relationship between the female victim and the offender, the greater the likelihood that the police would not be told about the rape or sexual assault.

When the offender was a current or former husband or boyfriend, about three-fourths of all victimizations were not reported to police (77% of completed rapes, 77% of attempted rapes, and 75% of sexual assaults not reported).

When the offender was a friend or acquaintance, 61% of completed rapes, 71% of attempted rapes, and 82% of sexual assaults were not reported.

When the offender was a stranger, 54% of completed rapes, 44% of attempted rapes, and 34% of sexual assaults were not reported to the police.

injured. Among injured victims, 42% stated the violence was reported to police. Among injured victims, a higher percentage of reported attempted rapes (45%), compared to unreported attempted rapes (22%), received medical treatment (figure 2).

Seventeen percent (or 23,020) of the 135,550 completed or attempted sexual assaults annually against females age 12 or older resulted in an injury. Most sexual assault victims were not injured (83%). Most uninjured sexual assault victims stated that the violence went unreported to the police (77%).

Of those victims injured during a sexual assault, 41% of the violence was reported to police, and 57% went unreported. Among injured sexual assault victims, a higher percentage of those whose assault was reported (37%), compared to victims of unreported crimes (18%), received treatment (figure 3).

This report uses the definitions of offenses included in *Intimate Partner Violence*, a BJS Special Report, May 2000, NCJ 178247.

The Bureau of Justice Statistics is the statistical agency of the U.S. Department of Justice. Lawrence A. Greenfeld is director.

Callie Marie Rennison wrote this Selected Findings under the supervision of Michael Rand. Cathy Maston provided statistical review. Tom Hester produced and edited the report. Jayne Robinson prepared the report for final publication.

August 2002, NCJ 194530

This report and additional data, analyses, and graphs about criminal victimization in the United States are available on the Internet at [Http://www.ojp.usdoj.gov/bjs/](http://www.ojp.usdoj.gov/bjs/)

For questions or comments about this or any BJS report, email to ASKBJS@ojp.usdoj.gov.

Data presented in this report can be obtained from the National Archive of Criminal Justice Data at the University of Michigan, 1-800-999-0960. The archive can also be accessed through the BJS Web site. When at the archive site, search for dataset ICPSR 3140.

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