

**Event 7- Sexual Assault**  
**Session 3– Sexual Assault Dynamics**  
**LD 4- Victimology/Crisis Intervention**

**Date Revised: 9/23/2019**

**Course Goal:** To teach recruits to recognize the psychological and physical trauma experienced by sexual assault crime victims. They will understand the impacts on victims of sexual assault crimes, First Responders role, Sex Offender Typology/M.O., resources and S.A.R.T. responsibilities.

**Learning Objectives:**

- Describe emotional and physical reactions or behaviors that may be exhibited by victims in crisis **[04.I.B]**
- Apply the guidelines for interviewing a victim **[04.II.B]**
- Describe common emotional and physical reactions victims experience and the pressures associated with reporting a sex crime **[10.II.B]**
- Discuss factors that set a positive tone for the victim interview **[10.III.A]**
- Select questions to be asked during the victim interview **[10.III.B]**
- Identify the purpose of a medical/legal exam **[10.III.C]**
- Describe the services available to sexual assault victims **[10.III.F]**

**Session Time: 2 Hours**

**Resources:**

- Classroom with tables
- White board and Dry-erase markers
- Laptop with Power Point and or Audio/Video device with projector and speakers
- Guest Speaker PPT: “Sexual Assault: Victim Dynamics and the Role of First Responders”
- Video: ABC 20/20 Video “A trilogy of Teenage Troubles and Triumphs”, “Victim Impact Statements”
- Handouts: Acting Booklet, “What year was it?” handout, POST Traumatic Stress Disorder, PTSD: Identifying Symptoms & Understanding their Impact, Using a Trauma-Informed Approach to Interviewing

**Session Summary:** Recruit officers will recognize the importance of being sensitive to the fact that sexual assaults pose unique problems of the emotional state of the victim, and the complexity of the investigation. They will understand the way they interact with the victims of sexual assault crimes may influence the quality of information the victim is willing to provide.

<b>Outline</b>	<b>Instructor Notes</b>
I. Interacting with the victim A. Introduction to sexual assault to be presented by a community expert (Guest Speaker) 1. Sexual assault victims are a. Women	<b>Presented by Guest Speaker</b>

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| <ul style="list-style-type: none"><li>b. Children</li><li>c. Men</li><li>d. Anyone</li></ul> <p>2. Sexual assault cases are challenging due to</p> <ul style="list-style-type: none"><li>a. Common misconceptions</li><li>b. Victim behaviors and responses</li><li>c. Evidentiary issues</li></ul> <p>3. Potential rewards of responding to sexual assault cases</p> <ul style="list-style-type: none"><li>a. Bridge the gap between community and police</li><li>b. Suspect apprehension</li><li>c. Preventing future crimes</li><li>d. Aide in the initial healing process of victim</li></ul> <p>4. Prevalence data and related statistics</p> <ul style="list-style-type: none"><li>a. NIJ/CDC Study (Rape in America Study)<ul style="list-style-type: none"><li>1) 1 in 6 women will be the victim of rape or attempted rape in their lifetime</li><li>2) 1 in 33 men will be the victim of sexual assault or attempted sexual assault in the lifetime</li></ul></li><li>b. Victim/Offender relationships<ul style="list-style-type: none"><li>1) 82% acquaintances</li><li>2) 18% strangers</li></ul></li><li>c. Rape in America Study: Age at time of Victimization<ul style="list-style-type: none"><li>1) 29% are under 11 years old</li><li>2) 32% 11-17 years old</li><li>3) 23% 18-24 years old</li><li>4) 7% 25-29 years old</li><li>5) 6% over 29 years old</li><li>6) 3% are unknown</li></ul></li><li>d. Reporting patterns<ul style="list-style-type: none"><li>1) Rape is the most under reported violent crime in America</li><li>2) Young people are least likely to report<ul style="list-style-type: none"><li>a) High school age</li><li>b) College age</li></ul></li></ul></li></ul> <p>5. The reporting of sexual assault</p> <ul style="list-style-type: none"><li>a. Common emotional and physical reactions</li></ul> |  |
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victims experience and the pressures associated with reporting a sex crime **[04.I.B]**  
**[10.II.B]**

- 1) Reluctance to report
  - a) Fear of retaliation
  - b) Fear of being blamed/doubted
  - c) Shame and embarrassment
  - d) Loss of privacy
  - e) Distrust of legal system
  - f) Not defining experience as rape
  - g) Denial and suppression of feelings
  - h) Dissociative or drug-induced amnesia
- 2) Factors that influence victim reporting
  - a) Weapon use
  - b) Physical injuries
  - c) Age
  - d) Cultural issues
  - e) Perceptions of the “system”
  - f) Relationship between victim and offender
  - g) First responders
- 3) Differences between stranger and acquaintance rapes
  - a) Blitz attack vs. “Confidence rape”
  - b) Prevalence
  - c) Reporting patterns
  - d) Other similarities and differences
- 4) Sexual assault: Victim responses
  - a) Victim’s behavior after a sexual assault may include emotional and physical responses, and people respond differently to emotional and physical stress
  - b) Victim responses to threat of sexual assault
    - (1) Cognitive assessment
    - (2) Verbal tactics
    - (3) Screaming
    - (4) Attempt to escape
    - (5) Stalling for time

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<ul style="list-style-type: none"><li>(6) Physical resistance</li><li>c) More common victim responses during a sexual assault<ul style="list-style-type: none"><li>(1) Non-resistance</li><li>(2) “Frozen Fright”</li><li>(3) Dissociation</li></ul></li><li>d) Other ways to fight back<ul style="list-style-type: none"><li>(1) Memorizing details about the offender and the crime</li><li>(2) Acquiring physical evidence</li></ul></li><li>5) Emotional reactions<ul style="list-style-type: none"><li>a) Shock, disbelief</li><li>b) Shame</li><li>c) Embarrassment</li><li>d) Guilt</li><li>e) Powerlessness</li><li>f) Feeling of being dirty</li><li>g) Sadness, sense of loss</li><li>h) Anger/ Betrayal</li><li>i) Fears about safety</li><li>j) Depression</li><li>k) PTSD symptoms</li></ul></li><li>6) Manifestations of emotional reactions<ul style="list-style-type: none"><li>a) Delayed reporting</li><li>b) Lack of apparent response</li><li>c) Denial that the crime occurred</li><li>d) Loss of control or ability to make decisions</li><li>e) Acting out (e.g. shouting, physically expressing anger or pain, or laughter)</li><li>f) Intentionally adding or leaving out key information</li></ul></li><li>b. ABC 20/20 Video “A trilogy of Teenage Troubles and Triumphs”, view segment on teen sexual assault (10 minutes), debrief video<ul style="list-style-type: none"><li>1) Psychological reactions to victimization</li><li>2) Identification of any underlying or related problems</li><li>3) Assistance and support services available</li></ul></li></ul>	
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to the victim

- 4) Legal and procedural information to provide to the victim

II. Investigating Sex Crimes

A. Sexual Assault: Victim Dynamics and the Role of First Responders

1. Rape Treatment Center
  - a. 24 hour medical/forensic clinic
  - b. A community resource for everyone
  - c. All services are free
  - d. Consultation is always available – “Blue Cards”
2. Question for the group
  - a. What makes sexual assault cases challenging for investigators?
  - b. Counterintuitive Victim Behaviors
    - 1) Failure to fight back, scream
    - 2) Failure to identify the assault as “rape”
    - 3) Late report/no report
    - 4) Not prioritizing help-seeking
    - 5) Lack of emotional response; inappropriate affect
    - 6) Resumption of daily activities
    - 7) Expressed concern for assailant
3. Show Video clip: “Victim Impact Statements”

B. Victim Impact

1. Sexual Assault: A Unique Trauma
  - a. About 30% of survivors of sexual assault will develop PTSD
  - b. Most survivors of sexual assault will develop symptoms of Post-Traumatic Stress
2. Post-Traumatic Stress Disorder
  - a. Symptoms of Avoidance
    - 1) Numbness
    - 2) Detachment
    - 3) Showing no emotion
    - 4) De-realization, depersonalization  
“spaciness”
    - 5) Dissociative amnesia
    - 6) Avoidance of reminders



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adult male reporting a possible sexual assault on the beach in Venice. The victim Michael, 19, has difficulty remaining focused on your questions, and appears “on edge,” as indicated by fidgeting and constantly monitoring his environment. Michael reports that he woke up on the beach, naked from the waist down and disorientated. Michael reports that he is in recovery for substance abuse but admits that he “slipped” last night. Michael describes his reasons for using alcohol and marijuana: he was sexually abused by his stepfather from the ages of 10-14. “I probably started using at 11 or 12. When I wasn’t drunk or high, I felt like I was going crazy. I was always on edge, I could never relax. I slept maybe 3 hours a night...I got in fights at school, I was failing everything. Being high was the only way I could function. It evened me out.”

- 1) Identify symptoms of traumatic stress indication in the scenario
- 2) How might Michael’s history of childhood sexual abuse put him at risk for sexual assault currently?
- 3) Ask: Which symptoms of intrusion are present?
- 4) Ask: Which symptoms of numbing are present?
- 5) Ask: Given Michael’s initial presentation, what barriers to the investigation would you anticipate?

c. The Role of the First Responder

1. First Responders

- a. Assess need for emergency medical care
- b. Protect evidence on body, clothing, location
- c. Facilitate access to care/services (e.g., transport for medical/forensic examination)
- d. Explain legal rights
- e. The victim’s first interaction with law

**Case Study**

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<p>enforcement can impact the entire investigation</p> <ol style="list-style-type: none"><li>2. Explain Victim’s Rights<ol style="list-style-type: none"><li>a. California Law:<ol style="list-style-type: none"><li>1) Confidentiality on crime report</li><li>2) Medical/forensic examination at no charge</li><li>3) Accompaniment during police interview, medical exam, DA interviews</li></ol></li><li>b. LAPD Policy:<ol style="list-style-type: none"><li>1) Offer same gender officer</li><li>2) TAKING ACTION Booklet</li></ol></li></ol></li><li>3. Forensic/Medical Exam <b>[10.III.C]</b><ol style="list-style-type: none"><li>a. 96-hour window (evidence, medications)</li><li>b. Joint medical &amp; LE interview recommended</li><li>c. Consider range of sexual contact (not “just” penetration)</li></ol></li><li>4. Explain resources available to officers at UCLA Rape Treatment Center <b>[10.III.F]</b></li><li>5. Follow Up Examinations<ol style="list-style-type: none"><li>a. Medical<ol style="list-style-type: none"><li>1) Observe changes and monitor healing in acute findings</li></ol></li><li>b. Forensic<ol style="list-style-type: none"><li>1) Photo document resolution of injury (very helpful for juror education)</li></ol></li></ol></li><li>6. Sex Offenders: A Typology<ol style="list-style-type: none"><li>a. The Sadistic Rapist</li><li>b. The Anger Rapist</li><li>c. The Power Rapist<ol style="list-style-type: none"><li>1) Power-Reassurance Rapist</li><li>2) Power-Entitled Rapist</li><li>3) (Men Who Rape: The Psychology of the Offender, Nicholas Groth, 1979)</li></ol></li><li>d. Offender MO: Sadistic Rapist<ol style="list-style-type: none"><li>1) Aim: sexuality and aggression are fused</li><li>2) Planned vs. impulsive</li><li>3) Gets pleasure from torturing victim</li><li>4) Weapons and equipment</li><li>5) Violence/physical injury</li></ol></li></ol></li></ol>	
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| <ul style="list-style-type: none"><li>6) Victim presentation after assault</li><li>e. Offender MO: Anger Rapist<ul style="list-style-type: none"><li>1) Aim is to hurt and humiliate</li><li>2) Impulsive vs. planned</li><li>3) Rarely carries weapons</li><li>4) Excessive, uncontrolled violence</li><li>5) Victim presentation after assault</li></ul></li><li>f. Offender MO: Power Rapist<ul style="list-style-type: none"><li>1) Aim is to dominate, control, have a conquest</li><li>2) Premeditated vs. impulsive</li><li>3) Use of weapons</li><li>4) Doesn't want to "hurt" the victim</li><li>5) Expects continuing relationship</li><li>6) Victim presentation after assault</li></ul></li><li>7. Dr. David Lisak's Research<ul style="list-style-type: none"><li>a. Surveyed 1,882 young men:<ul style="list-style-type: none"><li>1) "Have you ever had sexual intercourse with an adult when they didn't want to because you used physical force (twisting their arm, holding them down etc.) if they didn't cooperate?"</li></ul></li><li>b. Dr. Lisak's Research Findings<ul style="list-style-type: none"><li>1) Of the 1,882 surveyed, 120 met the criteria for rape or attempted rape.</li><li>2) The 120 men committed 483 rapes</li><li>3) 76 of the 120 committed 439 of the rapes (almost 6 rapes each)</li></ul></li></ul></li><li>D. Interface with Victims: Using a Trauma-Informed Approach <b>[10.III.A]</b><ul style="list-style-type: none"><li>1. Trauma-Informed Approach: How it Helps<ul style="list-style-type: none"><li>a. Victims of assault often feel:<ul style="list-style-type: none"><li>1) Disempowered</li><li>2) A loss of control</li><li>3) Distrustful</li><li>4) Anxious &amp; fearful</li><li>5) Trauma-informed approached is designed to counter these feelings of disempowerment and anxiety, thus enabling the victim to remain engaged</li></ul></li></ul></li></ul></li></ul> |  |
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and cooperative.

2. Respectful & Supportive Interface with Victims/Survivors
  - a. Ways to return a sense of empowerment to victims/survivor:
    - 1) Arrange for privacy
    - 2) Offer choices whenever possible
    - 3) Explain your role and what is happening now
    - 4) Conclude the interview:
      - a) Invite questions
      - b) Give anticipatory guidance of what will happen next
- E. Interface with Victims/Survivors: Laying the Groundwork **[04.II.B] [10.III.B]**
  1. Intro Phase
    - a. I am (introduce yourself & your role).
    - b. I'd like to ask you some questions about what happened. Is that okay?
    - c. Give "Permissions:"
      - 1) If I ask a question that seems out of place, please let me know and I'll explain why I'm asking.
      - 2) If I get something wrong, please let me know, even if it's something small.
  2. Narrative Phase
    - a. Use "tell me" prompts (Tell me what happened...Tell me what else you remember...)
    - b. Ask about:
      - 1) Sensory memories (Tell me what you smelled, heard, saw, etcetera)
      - 2) Most vivid memory (Tell me what stands out when you remember...)
      - 3) Hardest to forget/intrusive memories (Tell me what you just can't get out of your mind/can't stop thinking about...)
    - c. Avoid yes/no questions, including "Did you..." "Can you..." "Were you...", etcetera
    - d. Follow any yes/no questions with "Tell me

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about that”

3. Wrap-up Phase
  - a. Is there anything you thought I would ask you that I didn't?
  - b. Do you have any questions for me right now?
  - c. Other people will probably need to ask you some of these same questions...
  - d. What may happen next is...
  - e. Give appropriate contact information
4. Concluding the Interview
  - a. Thank you for letting me ask you about what happened.
  - b. Do you have any questions for me right now?
  - c. Other people will probably need to ask you some of these same questions...
  - d. What may happen next is...
  - e. Give appropriate contact information