

CHAPTER FOUR

MEDICAL AND LAW ENFORCEMENT INFORMATION PERTAINING TO SEXUAL VIOLENCE

Upon successful completion of this chapter, participants will be able to:

- Understand the legal process of reporting and prosecuting a sex crime.
- Understand the medical process for collecting evidence, PERK.
- Gain knowledge about STI's and emergency contraception.
- Gain information about the payment procedures for the PERK and the Crime Victims Compensation Fund.
- Gain an understanding about the forensic interview option for children.

Virginia Law and Sexual Violence

The use of threats, force, or intimidation to engage in, or attempt to engage in, sexual intercourse or other sexual acts against the victim's will is illegal in Virginia (Virginia General Assembly Legislative Information System, n.d., § 18.2-61. *Rape*).

A list of some of the Virginia state codes and legal definitions pertaining to sexual violence can be found in the Appendix. For a complete listing, go to the Virginia General Assembly Legislative Information System: <http://leg1.state.va.us/lis.htm>. **Please remember: Only criminal legal professionals are trained to assess whether a sexual violence situation warrants criminal charges. As an advocate for people with disabilities who have experienced sexual violence, you should never tell a victim that criminal charges can not be brought against the perpetrator or what type of criminal charges may apply. The victim should consult the proper legal authority to determine if criminal charges will be brought.**

Reporting Options

The following contains a brief summary of sexual assault reporting options and procedures. **For a more detailed description of reporting options, please refer to the Department of Criminal Justice Services Victim Services Section within the Appendix.**

Sexual assault is a crime that tends to go unreported. There are many reasons that a person may not report a sexual assault to police. Some possible reasons include:

- Shame.
- Feeling partly responsible.
- Fearing the response he/she will receive from police, medical professionals, and family.
- Fearing he/she will find oneself in trouble with the law (or parents if the victim is under the age of 18) especially if he/she was involved with drug use or drinking at the time of the assault.
- Being in shock over what has happened to her/him.
- Having been threatened with further harm if he/she reports the crime.

The reporting of a sexual assault is not a guarantee that the perpetrator will be prosecuted, convicted, and/or serve time in prison. Statistically, the likelihood of a perpetrator spending time in prison as a result of being convicted of a sexual assault is very low (Reynolds, 1999). The process of bringing criminal charges and prosecuting can be a very emotionally draining experience for most victims. If the prosecutor does not bring charges against the offender or if the offender is acquitted, some victims may feel as if they have been victimized again, this time, by the legal system. However, some victims gain back a sense of control over the experience of the assault even if the

offender has been acquitted. If and when a prosecutor decides to pursue criminal charges against a sexually violent perpetrator, it is the victim's, not the advocate's prerogative to determine how he/she wishes to be involved in the prosecutor's case.

A victim should be informed of his/her options pertaining to the report of sexual violence. According to the Department of Criminal Justice Services Victim Services Section (2004), a sexual violence victim has several options regarding the criminal justice system.

A victim may choose from one of the following reporting options:

- Not reporting the crime.
- Reporting the crime anonymously without the intent to prosecute (third party reporting).
- Reporting with the intent to prosecute.

A victim does not have to go through the process of reporting a sexual violence crime alone. Advocates from local sexual violence victim assistance programs are available to accompany a victim of sexual assault as he/she goes through the process of reporting the crime.

Reporting Process

A report for a crime of sexual violence needs to be made to law enforcement within the jurisdiction in which the crime occurred. When a victim reports a crime of sexual violence, he/she will be asked by many medical and legal professionals to tell the sexual assault experience many times. The reporting process involves more than one step. The steps are listed below (Department of Criminal Justice Services Victim Services Section, 2004):

1. Initial Law Enforcement Officer's Interview

The victim will be asked many detailed questions during the initial interview. A victim who is reporting a sexual assault may be in shock, especially if the report is being taken soon after the assault, making it difficult to explain details of the crime and focus on the questioning by the officer or deputy. It is important to encourage the victim to ask the officer or deputy to clarify all questions he/she may not understand so that all information is accurately passed along to the officer or deputy. This clarification process is also extremely important with a victim who may have cognitive delays. It should not be assumed that the victim is aware of the definition of all wording used within the interview process (e.g., perpetrator, penetration, rape).

There are times when a victim of sexual violence may not be comfortable disclosing the circumstances in which the sexual assault has taken place. Examples may include: if the victim was using illegal drugs at the time of the assault, if the victim is

a minor and was using alcohol illegally, if the victim was a teenager at a party or with someone whom the parents had advised against, if the victim was married and the perpetrator was a person with whom he/she had an affair without the partner's knowledge. Victims may hide pertinent facts pertaining to the assault if they fear consequences of their behavior prior to the assault. .

In addition, victims may have difficulty disclosing all the sexual acts that were committed against them during the assault. This difficulty in reporting all sexual activity may be due to shame, inability to label what has happened (especially with children and people who may have cognitive disabilities), and/or trying to protect family members and parents from the knowledge of what the victim experienced.

The importance of disclosing all information pertaining to the case needs to be explained fully to the victim to prevent intentional withholding of information. Withholding this type of information may give the impression to the interviewing officer and detective that the person is not being truthful about the assault. It is also important to disclose all information so that law enforcement will have knowledge as to where to look for evidence to build the case against the perpetrator. Withholding information may jeopardize the case against the perpetrator.

2. Medical Exam

The initial interview may actually occur at the hospital where the victim is seeking his/her medical and/or evidentiary exam. If the initial interview occurs elsewhere, law enforcement will refer the victim to the hospital for completion of the evidentiary medical exam. Please see the Sexual Assault Exam section of this chapter for further details on the evidentiary exam process.

3. Detective's Interview

The detective handling the case may ask the victim to provide a more in-depth interview describing the sexual assault. Again it is extremely important for the victim to disclose all the information pertaining to the sexual assault as described in the Initial Law Enforcement Officer's Interview Section above.

In some circumstances the victim may be asked to view a line-up or series of photographs as a means of identifying the perpetrator or assist in the development of a composite drawing of the perpetrator(s).

In addition, a polygraph (lie detector) test may be given to the victim. The victim has the right to refuse this test. Law enforcement cannot use the test as leverage with the victim to initiate and/or continue the investigation (Department of Criminal Justice Services Victim Services Section, 2004).

4. Prosecutor's Interview

In some sexual violence situations in which a rape has occurred, the offender may be charged with a crime of a lesser degree than rape. Many victims will feel discouraged, disappointed, even re-victimized, and think that legal professionals did not believe him/her. It should be explained to the victim that the legal system will charge the offender with the highest level of crime that the evidence for the charges will support. Therefore, if there is not enough evidence for the full charge of rape to be pursued, the legal system will charge the offender only with a crime that the evidence will support. The detective will forward the report to the prosecutor's office for the prosecutor to review. If the prosecutor chooses to pursue the charges and take on the case, he/she may ask to meet the victim to review the case (Department of Criminal Justice Services Victim Services Section, 2004).

A victim does not have to go through the court process alone. Advocates from local sexual violence victim assistance programs in addition to advocates from the local Victim Witness programs are available to accompany victims of sexual assault as they go through the court process.

5. Court Procedures

➤ Preliminary Hearing

Preliminary hearings occur only if the charges are at a felony level. The main purpose of a preliminary hearing is to determine if there is enough evidence for the case to go on to trial. A judge, without the assistance of a jury, makes this determination. At this hearing, there is no jury. It is held before a judge who will determine if there is enough evidence, or probable cause, to send the case to trial. If probable cause has been established, the case will be heard by the Grand Jury. The Grand Jury will make the determination if the case should move into trial (Department of Criminal Justice Services Victim Services Section, 2004)

➤ Trial

• Misdemeanor Trial

There are no preliminary hearings for a misdemeanor sexual violence crime (Department of Criminal Justice Services Victim Services Section, 2004).

• Felony Trial

During the trial the victim may be called to testify as a witness to the crime. The victim will be questioned by the prosecutor as well as the defense attorney. It is important to discuss with the victim the significance of asking for clarification of a question if the victim does not understand what is being asked (as described in the Initial Law Enforcement Officer's Interview earlier within this chapter). The outcome of the verdict will then be decided by either a judge or jury (Department of Criminal Justice Services Victim Services Section, 2004).

A plea agreement may also be reached before a trial takes place. The victim may contact the office of the Commonwealth's Attorney to be informed of the plea agreement and/or sentencing. However, the Commonwealth's Attorney has the authority to agree to a plea agreement or submit a plea agreement without the victim's consent (Department of Criminal Justice Services Victim Services Section, 2004).

➤ **Sentencing**

The sentencing may be given through the jury or a judge. A Victim Impact Statement may be read during the sentencing. At this time, the victim may have an opportunity to provide testimony pertaining to the impact of the crime upon his/her life before the sentencing takes place (Department of Criminal Justice Services Victim Services Section, 2004).

Crime Victims Compensation

Some victims of crime may be able to receive reimbursement for certain expenses incurred as a result of the sexual violence. ***Please keep in mind that a victim must report the crime to become eligible for the compensation funding.*** For detailed information about eligibility and procedures, please see the Crime Victim Compensation Information in the Department of Criminal Justice Services Victim Services Section within the Appendix and/or go to the **Crime Victim Compensation Fund Website at: <http://www.cicf.state.va.us/>**

Sexual Assault Nurse Examiner (SANE)

A victim of sexual violence will receive special attention to his/her medical needs caused by sexual violence, if the victim seeks medical attention from a specially trained medical professional known as a Sexual Assault Nurse Examiner (SANE). A SANE is a Registered Nurse who specializes in the medical needs of victims of sexual violence as they undergo a medical exam following the assault. The SANEs have received specialized training in caring for victims along with forensic training on the specific procedures for collecting evidence to be utilized in the legal system. SANEs are initially trained in the needs of adult victims. However, SANEs may go on to receive further experience and training in caring for the medical needs of child victims along with the specific evidentiary gathering procedures for cases involving child victims of sexual assault (Virginia Chapter of the International Association of Forensic Nurses, 2009).

Some hospitals have nurses trained in Forensic Nursing. Hospitals in the Richmond Metro area with nursing staff trained in SANE procedures for **adult medical exams** include the following:

- Henrico Doctors' Hospital - Main Campus
- Bon Secours Medical Center
 - St. Mary's Hospital
 - St. Francis Medical Center
 - Richmond Community Hospital
 - Memorial Regional Medical Center
- Southside Regional Medical Center
- Virginia Commonwealth University Medical Center

The hospital in the Richmond Metro area with nursing staff trained in SANE procedures for **child medical exams** is:

- Bon Secours Medical Center - St. Mary's Hospital

Please note that programs within hospitals/medical centers may vary and change over time, possibly increasing or decreasing the availability of Forensic Nurse/SANE personnel. Please call the hospital before arriving to verify the availability of Forensic Nurse/SANE personnel.

The Sexual Assault Exam

The sexual assault exam is a medical exam that collects evidence from the victim's body that may be used in a possible future law enforcement case. The sexual assault exam can only be completed in an Emergency Room – not a doctor's office. Below is a brief summary of the procedures for the sexual assault exam. **For more information pertaining to the procedures for sexual assault exams please call the Emergency Room within one of the hospitals providing SANE and/or Forensic Nurse programs. Contact information for hospitals with SANE and/or Forensic Nurse programs may be found in the Resource List located in Chapter 6.**

At the Emergency Room

When a victim arrives at the emergency room, he/she will speak to a triage nurse to identify his/her immediate medical needs. After disclosing the sexual assault to the triage nurse, the victim will be taken to a private area. The SANE nurse then conducts an interview for a more comprehensive assessment of the victim's medical needs; the police may conduct an interview at the same time. If the victim is under age 18, the hospital staff will attempt to obtain consent for treatment from the victim's parent/guardian.

Physical Evidence Recovery Kit (PERK)

The Physical Evidence Recovery Kit (PERK) is utilized to gather evidence from the victim's body. The kit can be utilized for evidence collection up to 72 hours after an assault.

The nurse conducting the exam will ask the victim very detailed questions pertaining to the sexual assault such as: the type of penetration that occurred (oral, vaginal, anal), where the assault took place, whether there was bruising or scratching, and other details. The nurse will also ask the victim about his/her recent voluntary sexual activity. These questions help differentiate any evidence that is the result of voluntary sexual activity from evidence of the assault. The questioning by the nurse typically occurs prior to the exam and helps guide the nurse as to where and how to collect the evidence.

The Evidence Recovery Process

There are specific steps the nurse will need to take in gathering all evidence. Depending on the circumstances of the assault, the following may be taken or examined for evidence (University of Virginia, n.d.):

- Clothing worn during the time of assault and/or immediately after the assault
- Head and pubic hair.
- Swabbing of the mouth/lips and possibly collecting a mouth rinse utilized by the victim.
- Blood and urine.
- Pelvic and anal exam and/or swabbing.

The medical staff may take digital photography of injuries and written documentation including body diagrams as part of the evidentiary procedure.

Typically, HIV and Hepatitis B testing is done at the time of evaluation; however, a follow-up medical exam by the victim's physician may be recommended.

Sexual Transmitted Infections (STI)

Many victims of sexual violence report feeling dirty after the attack. Receiving a sexually transmitted infection from the assailant may leave the victim with a constant feeling of being dirty. The disease can also serve as a constant reminder of the sexual violence.

Listed below are some Sexually Transmitted Infections:

- HIV/AIDS
- Chlamydia
- Crabs
- Human Papilloma Virus (HPV or genital warts)
- Herpes
- Hepatitis B
- Syphilis

Medical professionals may be able to prescribe medication to counteract STI. Treatment for STI may be given at the time of the sexual assault evaluation within the emergency room.

Emergency Contraception

A victim of sexual violence may or may not choose to take emergency contraception after the assault. The choice of taking emergency contraception should be made by the victim without the influence of an advocate. An advocate should be able to provide the victim with information pertaining to emergency contraception so that the victim may then make an educated decision pertaining to the use or refusal of emergency contraception.

The “Morning After Pill” is considered a standard form of emergency contraception. The Morning After Pill usually consists of the medication Plan B or Overal. **For specific details and medical concerns about these medications, the victim should consult his/her physician, the emergency room physician, and/or a community clinic.** Emergency contraception works before pregnancy begins. It will not work if a woman is already pregnant. It is common to confuse the Morning After Pill with RU486, otherwise known as the “abortion pill.” However, these two pills are different.

The Morning After Pill needs to be taken as soon as possible but can be taken up to five days after intercourse (Planned Parenthood, *Emergency Contraception, Morning After Pill*, 2009). Many people in the United States, 18 years or older, can obtain the pill over the counter without a prescription. The pill can cost anywhere from ten to seventy dollars if obtained over the counter. If the victim is in need of a prescription for emergency contraception, there will be an additional cost for the medical visit to obtain the prescription (Planned Parenthood, *Emergency Contraception, Morning After Pill*, 2009). If the victim follows through with the Sexual Assault Exam in the Emergency Room, she can discuss emergency contraception options with the emergency room medical staff.

No matter what the victim decides about the Morning After Pill, her decision should be respected. However, it’s the responsibility of the staff working with the victim to provide the facts about the pill.

Payment for the Sexual Assault Exam

The victim is not required to pay for the PERK exam that is utilized for evidence collection. Even if a victim declines to press charges and/or cooperate with law enforcement, the law mandates the victim be given the opportunity for the forensic exam as a means to preserve the evidence. A victim will not be required to pay for the forensic exam whether or not he/she chooses to press charges or cooperate with law enforcement (Department of Criminal Justice Services, 2008).

Details as to the payment procedures are also listed within the Appendix under the Department of Criminal Justice Services Frequently Asked Questions (FAQ), Physical

Evidence Recovery Kit (PERK) Authorization and Payment: Improving Access to Sexual Assault Forensic Examinations.

There are some medical procedures for which the State is not mandated to pay. Such procedures may include (Department of Criminal Justice Services, 2008, page 6):

- Cost of treating injuries.
- Follow-up or second appointments.
- Duplicative services.
- Medication prescriptions filled off-site.
- Air transport.
- Follow-up medications.
- Counseling.
- Lost wages due to physical or emotional injury.

However, some of the services listed above may be reimbursable through the Crime Victims Crime Compensation Fund. **Please refer to the Crime Victim Compensation Information in the Department of Criminal Justice Service Victim Services Section within the Appendix and/or go to the Crime Victim Compensation Fund Website at: <http://www.cicf.state.va.us/>**

Advocacy Accompaniment

The YWCA of Richmond offers many different services to sexual violence victims. One of these services is the hospital accompaniment program. When a victim of sexual violence presents at the hospital, a YWCA advocate responds. This advocate is trained to provide crisis intervention, support, and information/referral. The purpose of this program is to provide victims of sexual violence with an advocate who will sit with them through the medical procedures, make sure their questions are answered and their wishes heard, and ensure that they are treated with respect. An advocate doesn't come into the hospital with preconceived ideas about what any victim should or should not do. An advocate doesn't need to collect evidence or treat any medical needs, so he/she is in a unique position to focus on the victim and what he/she identifies as his/her most immediate needs. This creates a level of trust between the victim and the YWCA, which, it is hoped, will lead the victim to access the YWCA's other services. These include confidential safe houses, individual and group counseling, and a 24 hour hotline. All of these services are free.

Disability Accommodations

The procedures for accommodating people with disabilities vary from hospital to hospital. The stress and emotions a person experiences from being sexually assaulted, along with concern about the availability and quality of accommodations within the hospital, may leave many people with disabilities tentative to seek emergency medical

care and/or a PERK exam. Advocating for accommodations for a victim of sexual assault is extremely important. An advocate is able to assist a person with disabilities by gathering information about the accommodations provided at the hospital, advocating for needed accommodations, and helping the victim make arrangements to utilize the accommodations. A list of the Richmond Metro Area Hospitals is provided in the Resource List within Chapter 6.

Child Advocacy Center (CAC)

The Child Advocacy Center is a program through Greater Richmond Stop Child Abuse Now (SCAN). The Child Advocacy Center conducts an individual comprehensive forensic interview with a child who has experienced violence. This interview is conducted by a multidisciplinary team of law enforcement, medical professionals, victim advocates, and mental health specialists. All team members are present for the interview, monitoring the interview through a camera system as one specially trained professional conducts the interview. As a result, the victim is less traumatized than if he/she had to retell the sexual violence experience to each of these team members individually as part of the investigation.

Children who are interviewed through the Child Advocacy Center typically are referred to the center from Child Protective Services. The Center interviews children between the ages of 3 – 17.

In addition to the forensic interview, the Child Advocacy Center provides mental health services and support to the victims and family members of those who have experienced violence.

For more information please refer to the website: <http://www.grscan.com/index.html> or call 804-257-7226.

CHAPTER FIVE

COMMON RESPONSES TO SEXUAL VIOLENCE

Upon successful completion of this chapter, participants will be able to:

- Understand how sexual assault impacts adult victims.
- Understand how sexual assault impacts child victims.
- Understand common coping strategies for dealing with trauma.

Defining Trauma

In order to develop an understanding of what a person experiences as she/he recovers from sexual violence, a good starting point is understanding trauma. Trauma can happen in two different forms, medical and psychiatric. A victim may experience medical trauma as a result of sexual violence. Medical trauma “refers to a serious or critical bodily injury, wound, or shock” (Medicine.Net, 2005, page 1). However, this chapter will focus on the emotional trauma that a victim may have as a result of sexual violence. The following is the definition of trauma used within psychiatry: “Psychiatric trauma: An experience that is emotionally painful, distressful, or shocking and which may result in lasting mental and physical effects” (Medicine.Net, 2005, page 1). Trauma may have both short-term and long-term effects on the victim. Sexual violence is a trauma that can cause both psychological and physical effects.

Common Responses to Sexual Trauma

Sexual violence is a crime, and the resulting trauma affects all survivors differently. Survivors are often judged harshly for their individual coping strategies. If a survivor tries laugh it off or refuses to cry, outside observers may think the survivor does not need help or was not really assaulted. It is important to allow the victim to process the event at his/her own pace and in his/her own way.

Rape Trauma Syndrome (RTS)

Rape Trauma Syndrome (RTS) is a common reaction to sexual violence. There are three phases to RTS. These phases may last weeks or years (Planned Parenthood, *Rape Trauma Syndrome*, 2009).

1. The Acute Phase

This is identified as the initial phase of RTS. The acute phase typically occurs immediately after the assault and can last as long as a few weeks. A victim’s emotional response to the sexual assault can vary from victim to victim.

Society tends to think the emotional response to being sexually assaulted would be crying and hysteria; however, a victim can express his/her feelings in other ways. For example, victims may release their emotions through laughing and/or nervous talking (Planned Parenthood, *Rape Trauma Syndrome*, 2009).

A victim may also present as “controlled.” A victim may appear as if nothing has happened or without emotion, or he/she may resist talking or act withdrawn (Planned Parenthood, *Rape Trauma Syndrome*, 2009; Rape, Abuse Incest National Network, *Rape Trauma Syndrome*, 2008).

A victim may also present as being in a state of “shocked disbelief.” The survivor may appear disoriented, have trouble focusing and making decisions, and find it

hard to manage everyday life tasks (Rape, Abuse Incest National Network, *Rape Trauma Syndrome*, 2008).

2. The Reorganization Phase

This is known as the second stage in RTS. This phase may last for months or years. At this time the victim begins to carry on his/her life as it was before the assault took place. The initial shock has now worn off and the victim may try to minimize the assault and its effects. At the same time the victim may be experiencing a difficult time processing his/her emotions from the assault. He/She may have feelings of guilt, difficulty sleeping, sexual relationship difficulties (becoming disconnected from sexual experiences and as a result seeking out many sexual experiences, or avoiding intimacy), rage, depression, withdrawing, and experiencing eating disorders. This tends to be the phase in which victims seek counseling/therapy (Planned Parenthood, *Rape Trauma Syndrome*, 2009; Rape, Abuse Incest National Network, *Rape Trauma Syndrome*, 2008).

3. The Resolution Phase

This is the third phase of RTS. In this phase, the victim has been able to continue with his/her life and does not place central focus on the assault (Planned Parenthood, *Rape Trauma Syndrome*, 2009; Rape, Abuse, Incest National Network. *Rape Trauma Syndrome*, 2008). This phase signifies that the victim has gained more control over his/her life and has learned how to cope with the assault in a healthy manner.

It should be noted that a person who has entered into the Resolution Phase may move back and forth through the other phases at different points throughout his/her lifetime. A victim may experience emotions that could trigger memories, flashbacks, and/or emotions related to the sexual assault.

Effects of Sexual Violence

As stated earlier, it is important to remember that all victims of sexual violence will not react in the same manner. Therefore, a victim may experience any, all, or none of the following effects (Foa & Rothbaum, 1998). These effects may be seen at different levels of intensity from victim to victim.

1. Memory of Sexual Violence

Persons who've experienced sexual violence may experience persistent unwanted thoughts of the assault. Flashbacks, nightmares, or vivid images of the assault may occur, perhaps not until weeks after the incident. Victims may find themselves remembering details of the incident(s) that they could not previously recall. Trauma affects memory, and victims who are having difficulty recalling the exact details of the incident, or those who remember bits and pieces over time, may be viewed as not credible by prosecutors and judges.

Prosecutors and judges may assume the victim is lying or that he/she is conveniently changing his/her story. Over time, the victim may remember details more clearly because the victim is trying to process what happened.

2. Self-image

Victims may develop a negative self-image following an assault. Victims may perceive themselves as weak or stupid and/or believe that the incident was their fault. This thinking may be reinforced by the victims' beliefs in the societal myths that blame the victim for the sexual assault. Victims may become more pessimistic about other people and the world and believe that no one can be trusted. Relationships may become strained.

3. Sexual Relationships

Victims may have difficulty feeling sexual or having sexual relationships. Sex may remind victims of the sexual violence they experienced. Victims may go from one sexual relationship to another in an attempt to regain control over their sexuality.

4. Fear and Anxiety

Victims' views of the world and what is safe have changed. Victims may feel a sense of generalized fear and anxiety, particularly around people, places, or things that remind them of the sexual violence. Triggers that may cause anxiety include places, times of day, anniversary date of the assault, and even certain smells or noises.

In addition, victims may feel jittery or easily startled. They may have trouble concentrating or sleeping. Continuous anxiety may lead to impatience and irritability, especially if the victim is not sleeping enough.

5. Emotional Responses of the Victim May Include (Carlson & Ruzek, 2003):

- Feeling like the violence is happening again.
- Having nightmares.
- Becoming distressed because something reminded the victim of the abuse.
- Feeling like one is in danger.
- Feeling like one needs to defend oneself.
- Having difficulty controlling one's emotions.
- Feeling very anxious and fearful.
- Having difficulty focusing and making rational decisions.

6. Physical Responses of the Victim May Include (Carlson & Ruzek, 2003):

- Having panic episodes.
- Having either no appetite or the feeling of wanting to eat all the time.
- Having difficulty with sleeping.
- Feeling agitated and hyper vigilant.
- Getting overly startled by loud noises or surprises.

- Feeling jittery.
- Feeling like your heart is pounding in your chest.
- Having difficulty breathing.

Post Traumatic Stress Disorder (PTSD)

Many victims of sexual violence experience a very intense level of anxiety for a sustained amount of time after the assault. These victims may be suffering from Post Traumatic Stress Disorder (PTSD). PTSD is defined as “an anxiety disorder that can occur after a person has been through a traumatic event ” (United States Department of Veterans Affairs, National Center on Post Traumatic Stress Disorder, 2009, page 1). There are many different traumatic events that may lead to the development of PTSD, including military experiences, childhood maltreatment, terrorist incidents, intimate partner violence, auto or other accidents, and natural disasters (United States Department of Veterans Affairs, National Center on Post Traumatic Stress Disorder).

PTSD Main Symptoms

The symptoms of PTSD may be noticed soon after the assault or months later. The symptoms for PTSD usually last longer than four weeks (United States Department of Veterans Affairs, National Center on Post Traumatic Stress Disorder, 2009). PTSD can seriously disrupt a person’s everyday activities. The four recognized forms of PTSD symptoms are summarized below: “reliving the event, avoidance, numbing, and feeling keyed-up” (United States Department of Veterans Affairs, National Center on Post Traumatic Stress Disorder, 2009, page 2).

These symptoms are similar to the ones already discussed in this curriculum. The main differences may be the severity and the longevity of the symptoms.

1. Reliving The Event (Also Called Re-Experiencing Symptoms):

This is most commonly referred to as a flashback. A flashback can occur in the form of a nightmare or a very realistic memory during the day. This is characterized by feeling like you’re back in the event as though you’re reliving the event. A variety of everyday occurrences may start the flashback. These are called triggers. Triggers for sexual assault survivors may include a media report of a rape, a sexual assault scene in a film or on TV, being around a person who resembles the assailant, and the anniversary of the sexual assault incident (United States Department of Veterans Affairs, National Center on Post Traumatic Stress Disorder, 2009)

2. Avoidance:

Victims of sexual violence may try to avoid anything that causes them to feel as if they are reliving the assault or that brings back memories of the assault (United

States Department of Veterans Affairs, National Center on Post Traumatic Stress Disorder, 2009). For example, victims may have difficulty being at their home if that is where they were sexually abused; they may stay busy to avoid thinking about or discussing the abuse; and they may refrain from intimacy with their friends or partners (United States Department of Veterans Affairs, National Center on Post Traumatic Stress Disorder).

3. Feeling Numb:

A victim who may be avoiding memories may have difficulty expressing his/her emotions relating to the sexual violence. The victim may deny her- or himself the opportunity to feel all the emotions he/she has as a result of the assault, leading him/her to feeling numb rather than feeling emotions of anger, sadness, shame, etc. (United States Department of Veterans Affairs, National Center on Post Traumatic Stress Disorder, 2009).

4. Hyper-arousal:

Some victims may experience feelings of restlessness, inability to relax, anxiety, and even feeling unsafe. As a result, they may have periods of sudden anger or irritability; they may have difficulty sleeping or concentrating; and they may be hyper vigilant (United States Department of Veterans Affairs, National Center on Post Traumatic Stress Disorder, 2009).

It is important to remember that most people with PTSD do get better over time. Many are able to get back to being fully participating members of their community and leading meaningful lives. For some, reducing the severity of symptoms is the goal. Hope is an important aspect of the recovery process. Treatment options vary and include counselors/social workers, support groups, supportive friends, and psychotropic medications (American Heroes At Work. *Dispelling the Myths About Post-Traumatic Stress Disorder (PTSD) & Other Psychological Health Issues*, n.d).

Effects of Childhood Sexual Violence

Trauma associated with childhood sexual violence can lead to some common behaviors. Whealin (2003) identifies some signs of childhood sexual abuse including scary dreams, anxiety, behavior that repeats aspects of the abuse, and sexual inappropriateness for one's age. Sexually abused children, especially boys, may "act out" by running away or being cruel to others or animals; other children "act in" by becoming sad and avoiding family and friends. Some children may become suicidal (Whealin 2003).

The child is likely to have very conflicting feelings toward the assailant. The victim may hate the abuse but still love the abuser, particularly if the abuser is a family member. It's important to remember that not all sexual abuse is experienced as painful by the child.

In fact, the abuse may feel good, which only further confuses the child. We also see these feelings in both adult men and women who experience sexual violence. Understanding how the body responds to sexual acts will help us assist that child through his/her recovery process.

Children and Post Traumatic Stress Disorder (PTSD)

Children may also experience PTSD. Some symptoms for children include but are not limited to the following (United States Department of Veterans Affairs, National Center on Posttraumatic Stress Disorder, 2009).

- Difficulty with toilet training and/or going to the bathroom (these difficulties were not present prior to assault).
- Showing signs of aggressive behavior.
- Developing fears and anxieties.
- Difficulty sleeping.

Coping with the Effects of Sexual Violence

There are as many coping strategies that victims may utilize as a result of a sexual assault. “Coping strategies refer to the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events” (Taylor, 1998, page 1). The coping strategies can be positive or negative. The following is a list of negative coping strategies that can indicate current or past sexual violence.

1. Avoidance

The most common victim response to sexual assault is avoidance. A victim may stay away from situations that remind her or him of the violence (Foa & Rothbaum, 1998). For example, a victim may decide not to go out in the evening if the assault occurred at this time.

Another response that falls under avoidance is not talking about or refusing to think about the event. Too much avoidance may lead to numbness.

2. Suicidal Thoughts, Tendencies, Attempts

Many victims of sexual violence report having suicidal thoughts following the attack. It’s important to allow the victim to experience his/her feelings without passing judgment and to validate her/his right to his/her feelings. Allowing the victim to express his/her thoughts will provide the opportunity for the victim to safely vent his/her feelings.

Some red flags can help you determine when the person is venting and when there is a real danger that the person may hurt her- or himself. The following is a list of red flags:

- If the individual can't get beyond this idea of suicide or constantly returns to it, this is a red flag.
- ***The most important red flag has to do with how the person is planning to suicide. If the individual has a detailed plan of how he/she will commit suicide, this is a huge red flag.***

If you are ever seriously considering or questioning whether or not this person is actively suicidal, please seek the assistance of another helping professional. (Be sure to make it clear to the individual up front what you are mandated to report so that, if it becomes necessary to report this, he/she will know why you broke confidentiality.)

3. Drug and Alcohol Use

Many studies have shown a strong relationship between consistent drug use and/or alcoholism and a history of childhood sexual violence (Groenveld & Shain, 1989; Harrison, Hoffman, & Edwall, 1989; Miller, Downs, Gondoli, & Keil, 1987). Current and past victims of sexual abuse fall into a cycle of abusing drugs and alcohol as a way of numbing the pain of the abuse and not having to deal with the problem. Victims of child sexual abuse report high rates of substance abuse problems (Darkness to Light, 2009).

4. Eating Disorders

Many female victims of sexual abuse develop eating disorders such as anorexia nervosa or bulimia. Eating disorders are sometimes described as a way to gain control over your body when everything else in your life feels totally out of control. Sexual violence victims are denied their right to control what happens to their body during the attack so they may attempt to regain control in another manner (Bass, & Davis, 1988).

5. Self Mutilation

For some victims of sexual violence, burning, cutting, or slashing at their bodies is how they may cope with the experience. Each victim has a different reason for why he/she uses this strategy. Some victims may use the pain of self-mutilation to cover up the pain of the sexual violence (Briere, 1989).

CHAPTER SIX

INTERVENTION

Upon successful completion of this chapter, participants will be able to:

- Understand their role in intervention for victims of sexual assault.
- Gain knowledge of advocacy goals.
- Gain knowledge of empowerment for victims of sexual assault.
- Become familiar with referral options and resources.

Intervention

This curriculum and training will prepare you to provide **initial support** for a person who has experienced sexual violence. Upon providing initial support, your role in intervention will then focus on **appropriate referral** to agencies that specialize in assisting people who have experienced sexual violence. The referrals you are most likely to give to consumers include agencies that provide assistance for the following needs: medical, legal, emergency housing, mental health and/or therapy. Although this training and curriculum does prepare you to provide initial support, it does not provide you with adequate knowledge and skills to assist a victim of sexual violence on a long-term basis. People who have experienced sexual violence and need ongoing support should always be referred to an appropriately trained professional who may be able to provide long-term therapy support.

There are a few sexual violence scenarios for which consumers could seek assistance and support. Some of the most likely scenarios for which you may provide assistance could be:

- An adult consumer recently experiencing sexual violence.
- An adult consumer seeking support for his/her child who *has* experienced sexual violence.
- An adult who *suspects* his/her child has experienced sexual violence.
- An adult consumer seeking assistance and support for the sexual violence he/she experienced as a child.

Flow charts are provided in the Appendix to be used by the advocate as a tool in identifying the needs and general types of referrals for people experiencing the sexual violence scenarios listed above.

Advocacy

Victims of sexual violence may appear to be in a state of crisis. Each victim responds to the crisis in a different manner. He/she may respond with hysteria or he/she may appear to be calm. Even though a person may appear to be calm and in control of his/her emotions, he/she may still have difficulty sorting through the steps and information to work through the crisis. To effectively provide assistance to victims of sexual assault, a clear understanding of the definition for “crisis” and “crisis intervention” is needed. The definitions are as follows:

A **crisis** can refer to any situation in which the individual perceives a sudden loss of his or her ability to use effective problem-solving skills. A number of events or circumstances can be considered a crisis: life-threatening situations such as an earthquake or tornado;; sexual assault or other criminal victimization; medical illness; mental illness; thoughts of suicide or homicide; and a loss or drastic change

in a relationship (death of a loved one or divorce, for example) (Encyclopedia of Mental Disorders, 2009, ¶1).

Crisis intervention refers to the methods used to offer immediate, short-term help to individuals who experience an event that produces emotional, mental, physical, and behavioral distress or problems (Encyclopedia of Mental Disorders, 2009, ¶1).

Providing advocacy to a person in a state of crisis may initially involve providing a sense of safety and assistance. Providing support to the victim for disclosing the violence that has occurred, and assuring him/her that he/she does not have to go through the healing process alone, will provide initial relief and support for the victim. A person in a state of crisis may not fully comprehend or remember everything that is initially explained to him/her. As an advocate you may need to repeat information throughout the initial conversation with the victim. It is also helpful to the victim for the advocate to repeat information provided initially during a follow-up conversation.

When the victim has gained a sense of safety and support, he/she will then benefit from the advocacy and information you are able to provide. The Office for Victims of Crime (n.d.) describes some goals in providing advocacy to victims of sexual assault. They are as follows:

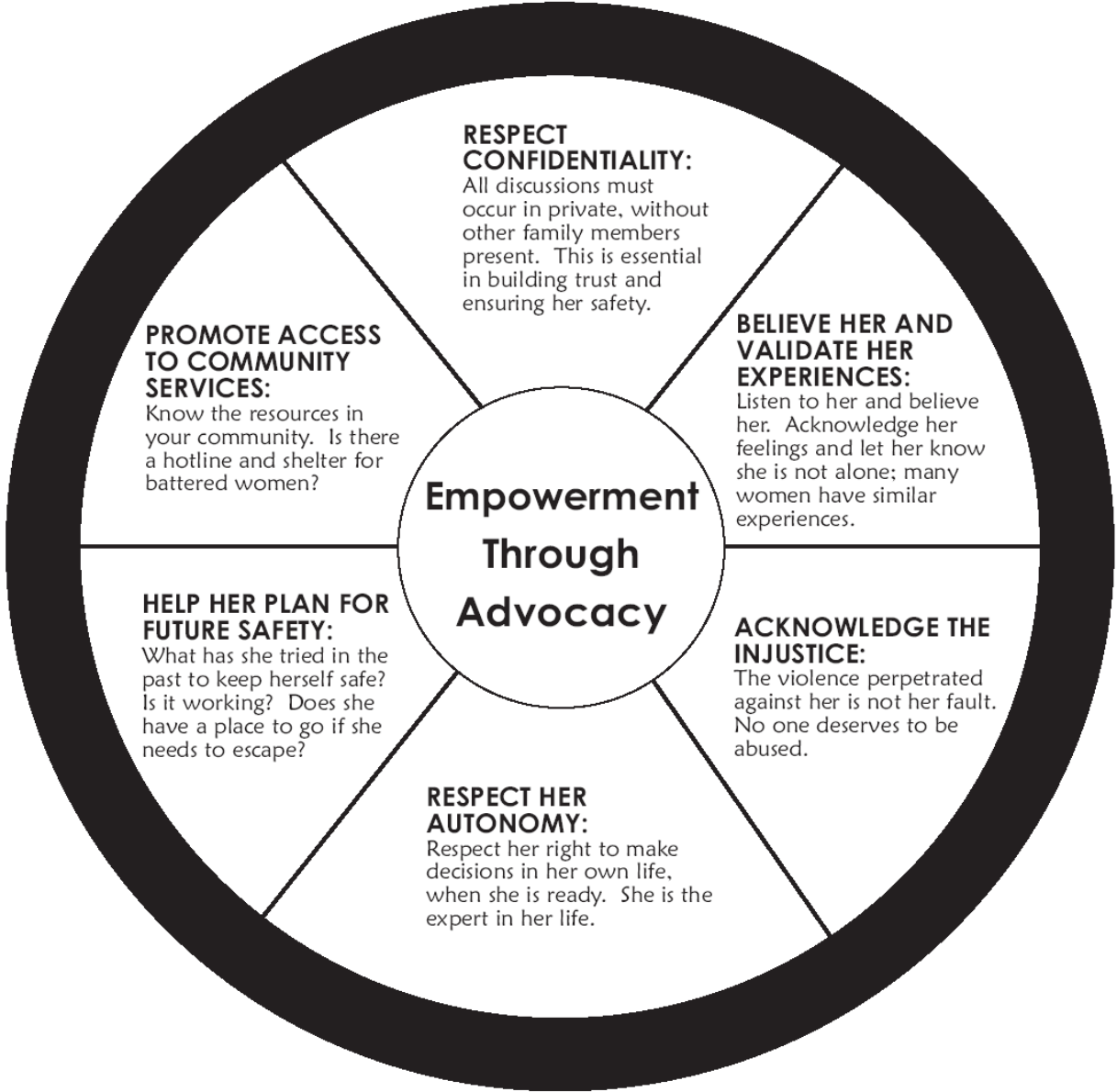
- First, the victim needs to be heard and believed. Validation of his/her feelings stemming from the assault along with being told that the assault was not his/her fault will greatly assist the victim through his/her healing process.
- A second goal in providing advocacy is to equip the victim with information about his/her options (medical, legal, therapy, etc.). It is important to provide him/her with enough information so that he/she may be able to make informed decisions.
- Third, as an advocate, it is important not to place judgment upon the victim. Allowing the victim to disclose the details of the assault at his/her own pace is crucial. Questioning the victim as to the specific details of the assault may unintentionally make the victim feel as if you are questioning the legitimacy of his/her experience. Also, keep in mind that the victim(s), who will be seeking an exam through the hospital, will need to disclose **all** details of the assault to the police and medical professionals. Therefore, asking only the details necessary to assess for appropriate medical and safety needs means that that the victim does not have to retell the story numerous times.
- Finally, an important step in the role of intervention is to provide the victim with appropriate resources to seek ongoing support. After you have provided initial support and advocacy for the consumer, the consumer may want to rely on you for his/her on-going support. This training does not provide the knowledge to effectively provide the ongoing support and/or therapy to victims of sexual assault. Encouraging and advocating for the consumer to gain support from a

qualified professional will provide him/her with the care that will be most beneficial to him/her.

Empowerment

A victim of sexual violence typically feels as if she/he has experienced a loss of control over her/his life. Therefore, it is helpful to the victim for the advocate to provide opportunities in which the victim may be able to regain a sense of control over her/his life. The Advocacy Empowerment Wheel is a tool that advocates may use as a guide to identify different ways in which to empower a victim of sexual violence. The spokes within the Advocacy Empowerment Wheel in Diagram 5 display different actions that an advocate may take to assist the victim in regaining a sense of control of her/his life.

ADVOCACY EMPOWERMENT WHEEL



Developed by:
The Missouri Coalition Against Domestic Violence
415 E. McCarty
Jefferson City, MO 65101
573.634.4161
www.mocadv.org

Produced and distributed by:



NATIONAL CENTER
on Domestic and Sexual Violence
training • consulting • advocacy
4612 Shoal Creek Blvd. • Austin, Texas 78756
512.407.9020 (phone and fax) • www.ncdsv.org

Diagram 5 (National Center for Domestic and Sexual Assault, 2009) (used with permission)

Intervention with Children

It is very important to understand that professionals specifically trained in child therapy/assessment should handle intervention with children. ***The training provided through this curriculum does not qualify a person to provide assessment or effective intervention with children.*** When there is question of a child being affected by sexual violence, an appropriate referral should always be made to child therapy professionals.

The initial questioning of children in regard to sexual violence is reviewed closely by the courts, with the likelihood of the therapist and/or clinical notes being subpoenaed to court for examination. The court will be assessing for appropriate questioning of the child victim to assure the questioning has not swayed the child to leave out details, exaggerate the circumstances of the crime, and/or mislead the child into inaccurate disclosure. The questioning of a child victim should be done only by professionals who have been trained in the specific interview/assessment procedures approved by the legal system. ***Training provided through this curriculum DOES NOT fall under approved training for acceptable interview/assessment procedures by the legal system. Therefore, advocates trained through this curriculum should always refer the child to appropriate child interview assessment professionals.*** The questioning by a non-qualified person will be scrutinized by the legal system. The legal system will attempt to identify any manner in which the child could have been misled in the disclosure process, and the questioning by a non-qualified professional may jeopardize the legal case against the perpetrator.

RESOURCE LIST

Police/Sheriff

Emergency

911

Non-Emergency Telephone Numbers (answered 24 hours per day):

- **Charles City County:** (804) 829-9265
- **Chesterfield County:** (804) 748-1251
- **Colonial Heights:** (804) 520-9300
- **Dinwiddie:** (804) 469-4550
- **Goochland:** (804) 556-5349
- **Hanover County:** (804) 365-6140
- **Henrico County:** (804) 501-5000
- **Hopewell:** (804) 541-2275
- **New Kent:** (804) 966-9500
- **Petersburg:** (804) 732-4222
- **Powhatan:** (804) 553-3445 (dispatcher)
- **Prince George County:** (804) 733-2773 or (804) 733-2770
- **Richmond City:** (804) 646-5100

Police Headquarters

200 W. Grace St.
Richmond, Va. 23220

- **Precinct 1**
2501 Q Street
Richmond Virginia 23223
(804)-646-3602 (only answered during business hours)

- **Precinct 2**
177 E Belt Blvd
Richmond Virginia 23224
(804) 646-8092 (only answered during business hours)

- **Precinct 3**
301 South Meadow Street
Richmond Virginia 23220
(804) -646-1412 (only answered during business hours)

- **Precinct 4**
2219 Chamberlayne Avenue
Richmond Virginia 23222
(804) 646-4105 (only answered during business hours)

- **VCU**
Emergency On-Campus: (804) 828-1234
Non-Emergency: (804) 828-1196

Richmond Metro Area Sexual Assault And Domestic Violence Programs

These programs are available 24 hours a day to provide counseling and emergency housing assistance.

- **Virginia Family Violence and Sexual Assault 24-Hour Hotline**
(statewide crisis counseling and referral service)
1-800-838-8238

- **Hanover Safe Place**
629-A North Washington Highway
Ashland, VA 23005
Hotline: (804) 752-2702
Office: (804) 752-2728
Telefax: (804) 752-2738
www.hanoversafeplace.com

- **The Haven Shelter & Services, Inc.**
376 Main Street Suit #103
P.O. Box 1267
Warsaw, VA 22572
Hotline: 1-800-224-2836
Office: (804) 333-1099
Telefax: (804) 333-1150
Facebook: The Haven Shelter and Services
www.havenshelter.org

- **Henrico Safe Harbor**
P.O. Box 17996
Richmond, VA 23226
Hotline: (804) 287-7877
Community Office: (804) 249-9470
www.safeharborshelter.com

- **The James House Intervention Prevention Services**
1016 Maplewood Avenue
Hopewell, VA 23860
Hotline: (804) 458-2840
Office: (804) 458-2704
Telefax: (804) 458-7823
www.thejameshouse.org

- **Laurel Shelton, Inc.**
P.O. Box 23
Gloucester, VA 23061
Hotline: (804) 694-5890
Office: (804) 694-5760
Telefax: (804) 694-5191
www.laurelshelterinc.org

- **Project Hope at Quin Rivers Agency for Community Action**
12025 Courthouse Circle (visits)
P.O. Box 208 (correspondence)
New Kent, VA 23124
Hotline: 877-966-4357 (HELP)
Office: (804) 966-8720
<http://www.quinrivers.com/projecthope.htm>

- **YWCA Women's Advocacy Program
Sexual Assault Outreach Program**
6 North 5th Street
Richmond, VA 23219-2239
Richmond Metro Area Hotline: 804-643-0888
Office: (804) 643-6761
Telefax: (804) 643-0734
www.ywcarichmond.org

Resources for Children

- **Court Appointed Special Advocates (CASA)**
1600 Oliver Hill Way
Richmond, VA 23219
Telephone: (804) 646-0516

- **Greater Richmond Area Stop Child Abuse Now (SCAN)**
1506 Staples Mill Road
Suite #203
Richmond, Virginia 23230
Phone: (804) 257-7226

Child Advocacy Center - CAC (Program within SCAN)
Phone: (804) 257-7226

- **Child Protection Center**
VCU HS
Located within the Pediatric Emergency Room
Telephone (804) 828-7400

Providing medical examinations for children/youth who have experienced physical and/or sexual violence.

Services available Monday – Friday, 9:00 am - 5:00 pm

Richmond Metro Area Hospitals

Please note that programs within hospitals/medical centers may vary and change over time, possibly increasing or decreasing the availability of Forensic Nurse/SANE programs. Please call the hospital before arriving to verify the availability of the Forensic Nurse/SANE program within the hospital.

- **Bon Secours Medical Center
Richmond Community Hospital**
1500 North 28th Street
Richmond, Virginia 23223
28th Street at Nine Mile Road
General Information: (804) 225-1700
Emergency Care Center : (804) 225- 1780
<http://www.bonsecours.com/hospitals/richmond/>
******* Forensic Nurse Program Available 24/7*******

- **Bon Secours Medical Center
St. Mary's Hospital**
5801 Bremono Road
Richmond, Virginia 23226
Corner of Monument and Libbie Avenues
General Information: (804) 285-2011
Emergency Care Center: (804) 281-8184
<http://www.bonsecours.com/hospitals/stmarys/>
******* Forensic Nurse Program Available 24/7*******

- **Bon Secours Medical Center
Memorial Regional Medical Center**
8260 Atlee Road
Mechanicsville, Virginia 23116
Located on the Hanover Medical Park Campus
General Information: (804) 764-6000
Emergency Care Center: (804) 764-6300
<http://www.bonsecours.com/hospitals/memorial/>
******* Forensic Nurse Program Available 24/7*******

- **Bon Secours Medical Center**
St. Francis Medical Center
 13701 CenterPointe Parkway
 Midlothian, Virginia 23114
 General Information: (804) 594-7300
 Emergency Care Center: (804) 594-7950
<http://www.bonsecours.com/hospitals/stfrancis/index.asp>
******* Forensic Nurse Program Available 24/7*******

- **Chippenham Johnston-Willis Medical Center (CJW)**
Chippenham Hospital
 7101 Jahnke Road
 Richmond, VA 23225
 General Information: (804) 320-3911
 Emergency Care Center: (804) 323-8900
<http://www.cjwmedical.com/CustomPage.asp?guidCustomContentID={7226A5F8-98C8-46C4-B422-91E0B733C5D6}>

- **Chippenham Johnston-Willis Medical Center (CJW)**
Johnston-Willis Hospital
 1401 Johnston-Willis Drive
 Richmond, VA 23235
 General Information: (804) 330-2000
 Emergency Care Center: (804) 330-2266
<http://www.cjwmedical.com/CustomPage.asp?guidCustomContentID={F9260C77-68F5-4C5E-89B5-8D1E1B5C441C}>

- **Henrico Doctor's Hospital**
Main Campus
 1602 Skipwith Road
 Richmond, VA 23229
 General Information: (804) 289-4500
 Emergency Care Center: (804) 289-4605
<http://www.henricodoctors.com/>
*******SANE Program Available*******

- **Henrico Doctor's Hospital
Parham Doctor's Hospital**
770 East Parham Road
Richmond, VA 23294
General Information: (804) 747-5600
Emergency Care Center: (804) 747-5600 (This is the general information number which transfer to Emergency Care Center after business hours)
<http://www.henricodoctors.com/>

- **Henrico Doctors' Hospital
Retreat Doctor's Hospital**
2621 Grove Avenue
Richmond, VA 23220
General Information: (804) 254 5100
Emergency Care Center: (804) 254-5433
www.retreathospital.com

- **John Randolph Community Center**
411 West Randolph Road
P.O. Box 971
Hopewell, Virginia 23860
General Information: (804) 541-1600
Emergency Care Center: (804) 541-7505
<http://www.johnrandolphmed.com/>

- **Southside Regional Medical Center**
200 Medical Park Boulevard
Petersburg, VA 23805
General Information: (804) 765-5000
Emergency Care Center: (804) 765-5680
<http://www.srmconline.com/Pages/Home.aspx>
*******SANE Program Available – limited availability*******

- **Virginia Commonwealth University Medical Center**
1250 East Marshall Street
Richmond, VA 23298
General Information: (804) 828-9000
Emergency Care Center: (804) 828-9000 (all calls must be transferred from the general information number to the Emergency Care Center. This number is answered 24 hours each day)

<http://www.vcuhealth.org/>
*******SANE Program Available*******

Richmond Area Clinics

- **Crossover Ministry**
CrossOver Downtown
108 Cowardin Ave
Richmond, VA 23224
Telephone: (804) 233-5016 ext. 110

CrossOver West
Across from Regency Mall
8600 Quioccasin Rd.
Suite #105
Richmond, VA 23229
Telephone: (804) 622-0803

CrossOver Chesterfield
Sherbourne United Methodist Church
2619 Sherbourne Road
Richmond, VA 23237
Telephone: (804) 249-4004
- **Fan Free Clinic**
1010 North Thompson Street
P.O. Box 6477
Richmond, VA 23230
Medical Clinic: (804) 358-8538
Administration & Social Services: (804) 358-6343
<http://www.fanfreeclinic.org>
- **Virginia League for Planned Parenthood**
201 North Hamilton Street
Richmond, Virginia 23221
Telephone: (804) 254-1760
<http://www.plannedparenthood.org/virginia-league/>

Mandated Reporting Resources

- **Adult Protective Services**
24 hour toll-free hotline: 1-888-832-3858
Richmond Area hotline: (804) 646-7405

- **Child Protective Services**
24 hour hotline:
 - In Virginia: 1-800-552-7096
 - Hearing Impaired: 1-800-828-1120
 - Out of State: (804) 786-8536

- **Mandated Reporting – Guidelines for health care professionals**
Virginia Department of Social Services
http://www.dss.state.va.us/family/aps_mandated.html

Legal Resources

Victim Witness Assistance Program (Court Information and Advocacy)

- **Chesterfield County:**
Circuit and General District Court Cases: (804) 796-7087
Juvenile and Domestic Relations Court Cases: (804) 717-6179

- **Colonial Heights:** (804) 520-9258

- **Dinwiddie County:** (804) 469-5384

- **Goochland County:** (804) 556-5370

- **Hanover County :**
Circuit and General District Court Cases: (804) 365-6274
Juvenile and Domestic Relations or Circuit Court Cases: (804) 365-6068

- **Henrico County:** (804) 501-1680

- **Hopewell:** (804) 541-2352

- **New Kent/Charles City:** (804) 966-9604

- **Petersburg:** (804) 732-0226

- **Powhatan County:** (804) 598-5699

- **Prince George County:** (804) 863-1826

- **Richmond City:** (804) 646-7665

For a state listing of Victim/Witness programs go to:
<http://www.dcjs.virginia.gov/victims/documents/victimAssistanceDirectory.pdf>

Additional Court Advocacy and Accompaniment

Please also refer to the listing for Sexual Assault and Domestic Violence Programs. These programs commonly provide court advocacy for victims of sexual and/or domestic violence.

Legal Assistance and Information

➤ **Central Virginia Legal Aid Society – Richmond Office**

101 West Broad Street, Suite #101
Richmond, Virginia 23241
Telephone: (804) 648-1012 or 1-800-868-1012
Intake: (804) 200-6046
www.cvlas.org

Founded in 1971, CVLAS' mission is, and has always been, the zealous legal representation without charge to low income or elderly clients in civil cases and to help the low income and elderly client community through preventive community legal education.

➤ **Central Virginia Legal Aid Society - Petersburg Office**

2006 Wakefield Street
Petersburg, Virginia 23805
Telephone: (804) 862-1100 or 1-800-868-1012
www.cvlas.org

Founded in 1971, CVLAS' mission is, and has always been, the zealous legal representation without charge to low income or elderly clients in civil cases and to help the low income and elderly client community through preventive community legal education.

➤ **Statebar Helpline (Lawyer Referral)**

1-800-552-7977

➤ **Virginia Poverty Law Center**

Telephone: (804) 782.9430
<http://www.vplc.org/index.html>

Virginia Poverty Law Center (VPLC) is a not-for-profit organization concentrating in the areas of law that affect low-income families. Established in 1978 to advocate on behalf of low-income Virginians on poverty issues of statewide importance, VPLC is the only state-wide organization providing training to local legal aid program staff, private bar attorneys, and low-income clients, relating exclusively to the legal rights of Virginia's poor.

➤ **Virginia Legal Aid (Income Based Assistance)**

Telephone: 1-866-534-5243

<http://www.valegalaid.org/VA/index.cfm>

Richmond Metro Resources

➤ **Community Services Board (CSB)**

- Chesterfield: (804) 748-6356
- Goochland-Powhatan Community Services: (804) 556-3716
- Hanover: (804) 365-4200
- Henrico Mental Health: (804) 727-8484
(Serving the Counties of Charles City, Henrico and New Kent)
- Richmond (Richmond Behavioral Health Authority): (804) 819-4100
- District 19 (804) 862-8054
(Serving the Counties of Dinwiddie, Greensville, Prince George, Surry and Sussex and also the Cities of Colonial Heights, Emporia, Hopewell and Petersburg)

➤ **Chesterfield County Domestic & Sexual Violence Resource Center**

Office: (804)706 -1272

<http://webserver.co.chesterfield.va.us/content.aspx?id=2541>

➤ **Gay Community Center of Richmond**

1407 Sherwood Ave.

Richmond, VA 23220

Telephone: (804) 622-4646

Website: www.gayrichmond.com

Services provided: Community referrals; Meeting space

➤ **Richmond Family Violence Prevention Program**

Telephone: (804) 646-7183

<http://www.ci.richmond.va.us/departments/SocialServices/programs/familyvoilenceprevention.aspx>

Virginia Statewide Resources

➤ **Anti-Violence Project (AVP) at Equality Virginia
Statewide LGBTQ Rights Group**

P.O. Box 7445

Richmond, VA 23221

Telephone: (804) 643-4816

➤ www.virginiaavp.org

- **Project RADAR**
The Division of Injury & Prevention at the Virginia Department of Health
 Telephone: (804) 864-7705
www.ProjectRadarVA.com

- **Virginia Criminal Injuries Compensation Fund (CICF)**
 2201 West Broad Street , Suite 207
 Richmond VA 23220

Mailing Address:
 P.O. Box 26927
 Richmond, VA 23261
 Phone: 1-800-552-4007
 Email: cicfmail@vwc.state.va.us
<http://www.cicf.state.va.us/index.shtml>

- **Virginia Family Violence and Sexual Assault 24-Hour Hotline**
 (statewide crisis counseling and referral service)
 1-800-838-8238

- **Virginia Sexual & Domestic Violence Action Alliance (VSDVAA)**
 5008 Monument Ave, Suite A
 Richmond, VA 23230
 General Information: (804) 377-0335
<http://www.vadv.org/>

Disability Resources

- **American Disability Act (ADA)**
United States Department of Justice
 Voice: 1-800-514-0301
 TTY: 1-800-514-0383
www.ada.gov

- **Brain Injury Association of Virginia**
 1506 Willow Lawn Dr., Suite 112
 Richmond, VA 23230
 Phone (804).355-5748
 Toll Free Helpline: 1-800-334-8443
 Website www.biav.net

- **Virginia Department for the Blind and Vision Impaired**
397 Azalea Avenue
Richmond, VA 23227-3623
Voice/TTY: 1-800-622-2155
Voice/TTY: (804) 371-3140
<http://www.vdbvi.org/>

- **The Virginia Department for the Deaf and Hard of Hearing**
1602 Rolling Hills Drive, Suite #203
Richmond, VA 23229-5012
Voice/TTY: 1-800-552-7917
TTY: (804) 662-9502
<http://www.vddhh.org/>

VCU RESOURCES

- **Sexual Assault & Domestic Violence Services
(VCU students only)**
815 South Cathedral Place
Richmond, VA 23220
Telephone: (804) 828-2085 (only staffed Monday – Friday, business hours)

- **Virginia Center on Aging
Central Virginia Task Force on Domestic Violence in Later Life**
730 East Broad Street
Theater Row Building
Richmond, VA 23219

Mailing Address
P.O. Box 980229
Richmond, VA 23298-0229
Telephone: (804) 828-1525
<http://www.vcu.edu/vcoa/>

- **VCU Medical Center - MCVH Forensic Nurse Examiners**
2912 Overton
Richmond, VA 23228
Office: (804) 628-0623
Contact: Jean Cheek

NATIONAL RESOURCES

- **Family Violence Prevention Fund
(Informational Resource – does not provide direct service)**
Main Office
Phone: (415) 252-8900
TTY: 1-800-595-4889
<http://endabuse.org/>

- **National Domestic Violence Hotline**
1-800-799-7233 (SAFE)
TTY: 1-800-787-3224
<http://www.ndvh.org/>

- **Rape Incest National Network (RAINN)**
Telephone Hotline: 1-800-656-4673 (HOPE)
On-Line Hotline: <http://www.rainn.org/>
Website: <http://www.rainn.org/>