What Is Domestic Violence?

Domestic violence is control by one partner over another in a dating, marital or live-in relationship. The means of control include physical, sexual, emotional and economic abuse, threats and isolation.

Survivors face many obstacles in trying to end the abuse in their lives although most are able to...psychological and economic entrapment, physical isolation and lack of social support, religious and cultural values, fear of social judgment, threats and intimidation over custody or separation, immigration status or disabilities and lack of viable alternatives. Increased public, legal and healthcare awareness and improved community resources enable survivors to rebuild their lives.

Who Is Affected by Domestic Violence?

Domestic violence occurs in every culture, country and age group. It affects people from all socioeconomic, educational and religious backgrounds and takes place in same sex as well as heterosexual relationships. Women with fewer resources or greater perceived vulnerability—girls and those experiencing physical or psychiatric disabilities or living below the poverty line—are at even greater risk for domestic violence and lifetime abuse. Children are also affected by domestic violence, even if they do not witness it directly.

How Do You Know if You Are Being Abused?

Abusers use many ways to isolate, intimidate and control their partners. It starts insidiously and may be difficult to recognize. Early on, your partner may seem attentive, generous and protective in ways that later turn out to be frightening and controlling. Initially the abuse is isolated incidents for which your partner expresses remorse and promises never to do again or rationalizes as being due to stress or caused by something you did or didn’t do.

EARLY SIGNS OF ABUSE:

- Quick whirlwind romance
- Wanting to be with you all the time; tracking what you’re doing and who you’re with
- Jealousy at any perceived attention to or from others
Attempts to isolate you in the guise of loving behavior (You don’t need to work or go to school; we only need each other, criticizing friends/family for not caring about you)

Hypersensitivity to perceived slights

Quick to blame others for the abuse

Pressures you into doing things you aren’t comfortable with (If you really love me, you’ll do this for me)

QUESTIONS TO ASK YOURSELF:

• Are you ever afraid of your partner?
• Has your partner ever actually hurt or threatened to hurt you physically or someone you care about?
• Does your partner ever force you to engage in sexual activities that make you uncomfortable?
• Do you constantly worry about your partner’s moods and change your behavior to deal with them?
• Does your partner try to control where you go, what you do and who you see?
• Does your partner constantly accuse you of having affairs?
• Have you stopped seeing family or friends to avoid your partner’s jealousy or anger?
• Does your partner control your finances?
• Does he/she threaten to kill him/herself if you leave?
• Does your partner claim his/her temper is out of control due to alcohol, drugs or because he/she had an abusive childhood?

If you answer yes to some or all of these questions, you could be suffering abuse. Remember you are not to blame and you need not face domestic violence alone.

How Common Is Domestic Violence?

According to a National Violence Against Women Survey, 22% of women are physically assaulted by a partner or date during their lifetime and nearly 5.3 million
partner victimizations occur each year among U.S. women ages 18 and older, resulting in 2 million injuries and 1,300 deaths.

- Nearly 25% of women have been raped and/or physically assaulted by an intimate partner during their lives.
- 15.4% of gay men, 11.4% of lesbians and 7.7% of heterosexual men, are assaulted by a date or intimate partner during their lives.
- More than 1 million women and 371,000 men are stalked by partners each year.

What Are the Mental Health Effects of Domestic Violence?

MENTAL HEALTH EFFECTS
Domestic violence can lead to other common emotional traumas such as depression, anxiety, panic attacks, substance abuse and posttraumatic stress disorder. Abuse can trigger suicide attempts, psychotic episodes, homelessness and slow recovery from mental illness. Children exposed to domestic violence are at risk for developmental problems, psychiatric disorders, school difficulties, aggressive behavior, and low self-esteem. These factors can make it difficult for survivors to mobilize resources.

Nonetheless, many domestic violence survivors do not need mental health treatment and many symptoms resolve once they and their children are safe and have support. For others, treatment is in their plan for safety and recovery.

What You Can Do if You Are Being Abused

While you cannot stop your partner’s abuse—only he or she can do that—you can find help and support for yourself.

- Talk with someone you trust: a friend or relative, a neighbor, coworker or religious or spiritual advisor.
- Tell your physician, nurse, psychiatrist or therapist about the abuse.
- Call the National Domestic Violence Hotline [1-800-799-SAFE (7233)], your state domestic...
violence coalition, and/or a local domestic violence agency.

- Call the police if you are in danger.
- Remember, you know your situation better than anyone else. Don’t let someone talk you into doing something that isn’t right for you.

Resources

For more information, please contact:

American Psychiatric Association (APA)
703-907-7300
www.healthyminds.org

National Domestic Violence Hotline: 800-799-SAFE (7233) or 800-787-3224 (TTY) www.ndvh.org

National Coalition Against Domestic Violence
303-839-1852 www.ncadv.org

National Network to End Domestic Violence
202-543-5566 www.nnedv.org

The Family Violence Prevention Fund
415-252-8900 www.endabuse.org

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Let’s Talk Facts About Domestic Violence

National Resource Center on Domestic Violence
800-537-2238 www.nrcdv.org
There were 7,047 reported cases of domestic violence in 2005. This is an 8% increase from 2004.

Of the 7,047 victims in 2005, 19% were male and 81% were female. Of the 7,200 offenders, 81% were male and 19% were female.

41% of the 7,047 victims of domestic abuse in 2005 were between the ages of 20 and 29. 652 of the victims were less than 20 years of age.

49% of the victims were cohabitants of the abusers. An additional 26% were the wives of the abusers.

866 forcible rapes were reported in Iowa in 2005.

Domestic and other romantic disputes accounted for the largest combined category (34%) of murder circumstances in 2005.

DID YOU KNOW?

◊ One in every four women will experience domestic violence in her lifetime.1 One in 33 men have experienced an attempted or completed rape.²
◊ An estimated 1.3 million women are victims of physical assault by an intimate partner each year.³
◊ The majority (73%) of family violence victims are female. Females were 84% of spousal abuse victims and 86% of abuse victims at the hands of a boyfriend.⁴
◊ The cost of intimate partner violence exceeds $5.8 billion each year, $4.1 billion of which is for direct medical and mental health services.⁵
◊ Boys who witness domestic violence are twice as likely to abuse their own partners and children when they become adults.⁶

CHALLENGES

• As in many parts of the country, there are challenges to combating domestic violence in rural communities in Iowa. Victims often experience isolation and have limited access to transportation. It is a challenge to maintain confidentiality in some small, intimate communities, and funding is more difficult to obtain without the support of the corporations found in urban areas.⁷

• Local programs in Iowa are underfunded, resulting in limited staff and resources. The result is an inability to meet victim requests for emergency shelter, transitional housing and other non-residential services.⁸

STATEMENTS FROM SERVICE PROVIDERS

“On November 26, 2006, 21 out of 28 identified local domestic violence shelters participated in the National Census of Domestic Violence Services. During the 24 hour period, 325 victims of domestic violence received housing services from a domestic violence program, either in emergency shelter or transitional housing.”

- Staff, Iowa Coalition Against Domestic Violence⁹

“There was no referral [to a service provider] in 3,964 (56%) of the 7,047 victims in 2005.”

- Staff, Iowa Department of Public Safety¹⁰

DOMESTIC VIOLENCE AND SEXUAL ASSAULT IN IOWA

• There were 7,047 reported cases of domestic violence in 2005. This is an 8% increase from 2004.¹⁰

• Of the 7,047 victims in 2005, 19% were male and 81% were female. Of the 7,200 offenders, 81% were male and 19% were female.¹⁰

• 41% of the 7,047 victims of domestic abuse in 2005 were between the ages of 20 and 29. 652 of the victims were less than 20 years of age.¹⁰

• 49% of the victims were cohabitants of the abusers. An additional 26% were the wives of the abusers.¹⁰

• 866 forcible rapes were reported in Iowa in 2005.¹⁰

• Domestic and other romantic disputes accounted for the largest combined category (34%) of murder circumstances in 2005.¹⁰

STATE RESOURCES

Iowa Coalition Against Domestic Violence ¹¹ www.icadv.org

◊ The Iowa Coalition Against Domestic Violence (ICADV) provides assistance and education to programs that serve battered women and their children in both rural and urban areas.

Iowa Coalition Against Sexual Assault ¹² www.iowacasa.org

◊ The Iowa Coalition Against Sexual Assault (IowaCASA) works to end sexual violence through policy advocacy, prevention education and training. IowaCASA has 27 member sexual assault crisis centers throughout Iowa that provide sexual assault survivors with quality services and programs.

For more information, or to get help, please contact:
Iowa Domestic Violence Hotline at 1-800-942-0333
Iowa Sexual Assault Hotline at 1-800-284-7821

The National Domestic Violence Hotline at 1-800-799-SAFE
The National Sexual Assault Hotline at 1-800-656-HOPE
The Public Policy Office of the National Coalition Against Domestic Violence (NCADV) is a national leader in the effort to create and influence Federal legislation that positively affects the lives of domestic violence victims and children. We work closely with advocates at the local, state and national level to identify the issues facing domestic violence victims, their children and the people who serve them and to develop a legislative agenda to address these issues. NCADV welcomes you to join us in our effort to end domestic violence.
New Domestic Violence Figures Released for Iowa

Teenagers also report violent relationships

Nearly one-quarter of Iowa women have been the victim of domestic violence, according to a new report in the American Journal of Preventive Medicine. The twelve-month study found 23.1 percent of Iowa women and 13.7 percent of Iowa men have experienced domestic violence in their lifetime. Domestic violence is not limited to adults. The most recent figures indicate 8.3 percent of Iowa students reported having been hit by a girlfriend or boyfriend.

"It is a tragedy that so many women do not feel safe in their intimate relationships," said Binnie LeHew of the Iowa Department of Public Health's Disability and Violence Prevention bureau. "This problem is preventable if communities work together to address the factors that contribute to domestic violence."

LeHew says prevention messages are most effective when begun in the pre-teen years. Iowa has several model programs being used in schools and other community settings to intervene with young men and women before they become violent. For example:

- Several Sioux City schools use a program called "MVP" (Mentors in Violence Prevention) that targets young men to intervene when they witness violence against women.
- "Safe Dates" is a community program that teaches young people about healthy dating relationships.

LeHew says neighbors, family or friends often believe what happens to someone else is 'none of their business.' However, LeHew says victims of domestic violence need support and help, even if it does not mean immediately leaving the violent relationship. "There are immediate and long-term safe options," said LeHew. "The most important thing is the safety of the abuse victim."

The Iowa Domestic Abuse Hotline has counselors available around-the-clock at 1-800-942-0333. Callers can get advice on how to help a friend who they suspect may be abused and victims of abuse can get information about the safe options available to them.
Domestic Violence

Main Points

- Domestic violence is a widespread problem that occurs among all ages, genders, races, ethnic backgrounds, and socioeconomic groups.

- Emergency physicians are patient advocates who see the problem firsthand and can play an important role in breaking the cycle of domestic violence.

- For help, victims of domestic violence should talk to their physicians or call the National Domestic Violence Hotline at 1-800-799-SAFE.

- The American College of Emergency Physicians encourages emergency personnel to ask patients about domestic violence and to appropriately refer any of them who indicate domestic abuse may be a problem.

Q. What is domestic violence and who are its victims?

A. Domestic violence, also known as partner abuse, spouse abuse, or battering, occurs when one person uses force to inflict injury, either emotional or physical, upon another person with whom they have, or had, a relationship with. It occurs between spouses and partners, parents and children, children and grandparents, and brothers and sisters. Victims can be of any age, race, gender.

Q. How extensive is the problem?

A. Domestic violence is the single largest cause of injury to women between the ages 15 and 44 in the United States, more than muggings, car accidents, and rapes combined. Between 2 million and 4 million women are battered, and 2,000 of these battered women die of their injuries. Violence against men by women is also a problem, according to the August 2000 Annals of Emergency Medicine. In a study of an inner city hospital, men reported slightly more physical violence than women (20 percent of men and 19 percent of women), although women reported significantly more past and present nonphysical violence than men.

Violence against women is an urgent public health problem with devastating consequences for women, children, and families. According to the U.S. Department of Justice, an average of one person - a husband, ex-husband, boyfriend, or ex-boyfriend - commits 29 percent of all violence against women by a single offender.

Nearly 18 percent of women surveyed, or 17.7 million American women, have been a victim of attempted rape during their lifetime, according to a collaborative study of violence jointly funded by the Department of Health and Human Services and the Department of Justice.

Research shows that approximately 900,000 parents are beaten or abused by their children each year. The National Elder Abuse Incidence study found that approximately 55,000
persons were abused or neglected in a 1-year period (1996). Approximately 2 million children in the United States are seriously abused by their parents, guardians, or others each year, and more than 1,000 children die as a result of their injuries. Recent studies suggest that approximately 20 percent of children will be sexually abused in some way, usually by someone they know, before they become adults. (See ACEP's Feature Column on "How to Protect Children from Abuse")

Q. Who are the most common victims of domestic violence?

A. There is no typical victim. Domestic violence occurs among all ages, races, and socioeconomic classes. It occurs in families of all educational backgrounds. Individuals may be living together or separated, divorced or prohibited from contact by temporary or permanent restraining orders.

Q. What can emergency physicians do to assist victims of domestic violence?

A. Despite the magnitude of the problem, identifying domestic violence victims is still a complex task. It is difficult to determine whether someone fell or was pushed, and emergency physicians are working to improve the identification of domestic violence when it occurs. ACEP encourages emergency personnel to screen patients for domestic violence and appropriately refer those patients who indicate domestic violence may be a problem in their lives.

The first thing a physician can do is recognize the signs of violence. These vary depending upon the type of abuse and the victim's position in the family. Medical findings such as these should prompt direct questioning about domestic violence:

- Central pattern of injuries.
- Contusions or injuries in the head, neck or chest.
- Injuries that suggest a defensive posture.
- Types or extent of injury that are inconsistent with the patient's explanation.
- Substantial delay between when the injury occurred and when the patient sought treatment.
- Injuries during pregnancy.
- Pattern of repeated visits to the emergency department.
- Evidence of alcohol or drug abuse.
- Arriving in the emergency department as a result of a suicide attempt or rape.

Physicians also can gain clues from observing a patient and his or her partner. For example, a battered patient may seem evasive, embarrassed, or inappropriately unconcerned with his or her injuries while the partner may be overly solicitous and answer questions for the patient. A partner of the victim may be openly hostile, defensive or aggressive, setting up communication barriers between emergency personnel and the patient.
Some physicians need to become familiar with the emotional, psychological, and social issues that can predispose someone to accept abuse. They also should become familiar with the clinical presentations of domestic violence and be aware of any personal prejudices or misunderstandings that may prevent them from considering this possibility.

Q. When emergency physicians know or suspect abuse, are they required to report it?

A. Battery is a crime, and yet few states specifically require reporting of domestic violence. A small number of states require mandatory arrest of batterers, and a few jurisdictions aggressively pursue cases of domestic violence and prosecute batterers even when victims refuse to press charges.

Even when emergency physicians detect abuse, mandatory reporting to authorities—especially against a victim's will—may not be the best thing to do because it can put the victim at greater risk of injury and even death. Studies show that women who leave batterers are at a 75-percent greater risk of being killed by them. Virtually all jurisdictions impose civil or criminal penalties for failing to report suspected incidents of child abuse or neglect.

It is extremely important for emergency physicians to know their state laws and how their local criminal justice systems deal with the issue so they can properly and adequately inform their patients.

Q. What kinds of help can emergency physicians offer to victims of domestic violence?

A. Since family violence often makes victims feel helpless and alone, emergency physicians can play an extremely important role in breaking the cycle of domestic violence.

Even if a victim is not ready to leave the relationship or identify the batterer, physicians can recognize and confirm to him or her that this is a serious problem that must be solved. Emergency physicians can let victims know they are not alone, they don't deserve to be beaten, and help is available.

Every emergency department should have written material with the names and telephone numbers of local shelters, advocacy groups and legal assistance to give to patients if they feel it is safe to take it.

American College of Emergency Physicians: June 2003
Depressed girls at risk of partner abuse as adults

Reuters Health Tuesday, March 7, 2006 By Amy Norton NEW YORK (Reuters Health) - Young women with a history of depression in adolescence are more likely than their peers to become victims of abuse from a boyfriend or husband, new research suggests. In a study that followed students at 132 U.S. high schools and middle schools, researchers found that girls who had depression symptoms as teens were nearly twice as likely to suffer moderate to severe partner violence by early adulthood. Moderate to severe abuse was defined as being hit, slapped, kicked or injured by a husband or boyfriend. Depression is one of the well-recognized consequences of relationship violence. But much less is known about whether early depression makes some women vulnerable to becoming victims, according to the researchers, led by Jocelyn Lehrer of the University of California San Francisco. The current findings suggest this may be the case, they report in the March issue of the Archives of Pediatrics & Adolescent Medicine. Young women who had significant depression symptoms as teenagers were 86 percent more likely than their non-depressed peers to report serious partner violence 5 years later. This association still held after a number of potential risk factors, such as race, parents’ education and history of childhood abuse from a caregiver, were taken into account. There are several reasons that early depression might make young women either more likely to start a relationship with a “high-risk” partner or less likely to leave after the abuse starts, Lehrer told Reuters Health. For example, depressed teens and adults seem to often gravitate toward others with similar symptoms, including in dating and marriage. And among men, depression has been linked to a greater risk of abusive behavior. Women with a history of depression may also be less likely to leave an abusive relationship -- being perhaps more dependent, emotionally or financially, on their partners than are other women. In the study, Lehrer and
her colleagues focused on 1,659 female students who were in a steady relationship during the study's third wave of interviews -- when the women were 21 years old, on average. All had been assessed for depression symptoms in the second round of interviews, when they were about 16 years old. "High" symptom levels were considered suggestive of clinical depression. Overall, 20.0 percent of young women who had high symptom levels in adolescence went on to be hit, slapped or kicked by a partner, compared with 8.5 percent of those without depression symptoms as teens.

"The study findings suggest that depression or elevated depressive symptoms during adolescence may, at the very least, be a red flag or marker for girls' increased risk of experiencing violence by a relationship partner during young adulthood," Lehrer said.

Further research, she noted, is needed to establish whether depression directly contributes to a girls' risk of future abuse. If it does, partner violence could be added to the list of possible consequences of teen depression -- which, Lehrer noted, includes substance abuse, self-injury and suicide.

The Duluth Model Wheels

The Duluth Institute has worked many years to create a graphic explanation of the dynamics of domestic violence and of respect-based relationships. On this page you are presented with both these wheels, each one elaborating on the characteristics of each type of relationship. The power and control wheel for relationships where there is domestic violence and the equality wheel for relationships based on respect.

Learn more on our new site at http://www.dvic.org.
NON VIOLENCE

NEGOTIATION AND FAIRNESS
Seeking mutually satisfying resolutions to conflict • accepting change • being willing to compromise

ECONOMIC PARTNERSHIP
Making money decisions together • making sure both partners benefit from financial arrangements.

SHARED RESPONSIBILITY
Mutually agreeing on a fair distribution of work • making family decisions together.

RESPONSIBLE PARENTING
Sharing parental responsibilities • being a positive non-violent role model for the children.

NON-THREATENING BEHAVIOUR
Taking and acting so that she feels safe and comfortable expressing herself and doing things.

HONESTY AND ACCOUNTABILITY
Accepting responsibilities for self • acknowledging past use of violence • admitting being wrong • communicating openly and truthfully.

RESPECT
Listening to her non-judgmentally • being emotionally affirming and understanding • valuing opinions

TRUST AND SUPPORT
Supporting her goals in life • respecting the right to own feeling friends, activities and opinions.

EQUALITY
National Statistics on Domestic Violence
See: http://www.aadainc.org/Statistics.htm

National Statistics

• 95% of batterers are men.
• A woman is battered at least once every 15 seconds in the U.S.
• Battering is the largest cause of injury to women in the U.S. 3 to 4 million are beaten in their homes each year. (Battering is severely underreported. This number accounts for only those cases of assault severe enough to warrant police or medical intervention. Many cases are not reported.)
• 25 to 45% of battered women are battered during pregnancy.

Profile of the Abused Woman

• Any woman can be abused; she can be of any race, religion, economic status, educational background, or age. She can be married, divorced, or may never have been married.
• Battered women have low self-esteem, low self-confidence. They feel helpless, fearful, and shameful. They may have confused feelings of love and loyalty towards the batterer.
• Battered women may be prevented from planning or acting on their own behalf due to control and fear.
• Battered women often feel they can control the abuser by trying to please him or avoid getting him angry with them.
• A battered woman may have injuries to the head, face, neck, shoulders, and arms. In pregnancy, the breasts and abdomen are often targets of assault.

Profile of the Batterer

• At least 60% of men who batter grew up in homes where they were beaten or witnessed parental battering.
• Men who batter use threats, force, or violence to solve problems or control their partners;
• Have low self-esteem;
• Often have a problem with alcohol/drugs;
• May be jealous of their partners' relationships with other people;
• Blame their partners for their violent actions.

Statistics

• Every day, 4 women are murdered by boyfriends or husbands.
• Prison terms for killing husbands are twice as long as for killing wives.
• 93% of women who killed their mates had been battered by them.
• 67% killed them to protect themselves and their children at the moment of murder.
• 25% of all crime is wife assault.
• 70% of men who batter their partners either sexually or physically abuse their children.
• Domestic violence is the number one cause of emergency room visits by women.
• 73% of the battered women seeking emergency medical services have already separated from the abuser.
• Women are most likely to be killed when attempting to leave the abuser. In fact, they're at a 75% higher risk than those who stay.
• The number-one cause of women's injuries is abuse at home. This abuse happens more often than car accidents, mugging, and rape combined.
• Up to 37% of all women experience battering. This is an estimated 566,000 women in Minnesota alone.
• Battering often occurs during pregnancy. One study found that 37% of pregnant women, across all class, race, and educational lines, were physically abused during pregnancy.
• 60% of all battered women are beaten while they are pregnant.
• 34% of the female homicide victims over age 15 are killed by their husbands, ex-husbands, or boyfriends.
• 2/3 of all marriages will experience domestic violence at least once.
• Weapons are used in 30% of domestic violence incidents.
• Approximately 1,155,600 adult American women have been victims of one or more forcible rapes by their husbands.
• Over 90% of murder-suicides involving couples are perpetrated by the man. 19-26% of male spouse-murderers committed suicide.
• When only spouse abuse was considered, divorced or separated men committed 79% of the assaults and husbands committed 21%.
• Abusive husbands and lovers harass 74% of employed battered women at work, either in person or over the telephone, causing 20% to lose their jobs.
• Physical violence in dating relationships ranges from 20-35%.
• It is estimated that between 20% to 52% of high school and college age dating couples have engaged in physical abuse.
• More than 50% of child abductions result from domestic violence.
• Injuries that battered women receive are at least as serious as injuries suffered in 90% of violent felony crimes.
• In 1991, only 17 states kept data on reported domestic violence offenses. These reports were limited to murder, rape, robbery, and serious bodily injury.
• More than half of battered women stay with their batterer because they do not feel that they can support themselves and their children alone.
• In homes where domestic violence occurs, children are abused at a rate 1,500% higher than the national average.
• Up to 64% of hospitalized female psychiatric patients have histories of being physically abused as adults.
• 50% of the homeless women and children in the U.S. are fleeing abuse.
• The amount spent to shelter animals is three times the amount spent to provide emergency shelter to women from domestic abuse situations.
• Family violence kills as many women every 5 years as the total number of Americans who died in the Vietnam War.

AADA, P.O.Box 420776 Houston, Texas 77242 – 0776 Hotline: 713-339-8300, Email: info@aadaine.org
Free web hosting for non-profit Community Service Organizations provided by 1-2-Wonder Web Services.
The Rape Exam

See: http://www.aardvarc.org/rape/about/after.shtml

A victim's immediate concerns after a sexual assault should be their health and safety. The VERY first thing to do is get medical attention. In the past, the only place to go was to your local hospital. Now, more and more cities have sexual assault centers that can provide advanced treatment to victims in a more private and much less hectic setting. Call your local rape crisis center - they can help arrange for transportation and get the ball rolling to get specially trained nurse examiners on the way to assist you. You can always decide later whether or not to file a police report, but you absolutely MUST get medical care as soon as possible because:

- you may need immediate medical attention due to injuries you can't feel
- tests for pregnancy, venereal disease, and AIDS should be done
- medical evidence is extremely helpful IF you decide to prosecute and this is your ONLY time to collect it

A medical history will be necessary in order medical personnel to identify any medical conditions that could affect your treatment. This will include allergies, prescription and non-prescription medications, major illnesses; and for women, any use of birth control, a gynecological history, menstrual status and date of last period.

You may choose to request a rape exam, which is a thorough exam including the collection of forensic evidence. If you think that you might want to pursue legal action either immediately or in the future, such as prosecution, it is in your best interest to request a rape exam so that physical evidence can be collected in a timely fashion. If you do not want the rape exam, you can request that only a medical exam be performed.

Because most of the evidence for prosecution of a sexual assault is medical evidence obtained from the victim, it is most important that the victim gets medical treatment as soon as possible and does not bathe, shower, douche, or change clothes until given permission by medical personnel. If possible, it is also very helpful if the victim refrains from using the bathroom, gargling or drinking.

Upon arrival at the medical facility, the assigned registered nurse will accompany the victim to a private room for the initial interview, and a sexual assault counselor will be notified. The registered nurse will then ask the victim about the rape and women will be asked about their current gynecological status. The nurse will also document the victim's medical history as well as any sexual history, allergies, current medications, menstrual cycle, use of contraceptives, and any current or past illnesses. The nurse will then determine if the victim has made or desires to make a police report (exactly when the police report is made can vary). If the victim desires to make a police report, the nurse then contacts the police.

The medical part of the exam is done by a registered nurse who has received specialized training in how to spot, identify and collect forensic evidence. (This is called SANE-SART training: Sexual Assault Nurse Examiner - Sexual Assault Response Team). Their background is entirely medical, however, their participation is important as they act as a sort of crime scene technician by collecting evidence from the victim, marking and certifying the evidence.

To collect medical evidence for the police, medical personnel use a "Sexual Assault Kit" (often referred to as a "rape kit"). Evidence is collected and a pelvic exam is done. The steps involved in evidence collection are:

- The nurse explains the hospital's HIV testing procedure and why HIV testing is beneficial. The victim then decides whether or not to permit HIV testing. In many states, there is no charge to the victim for these services.
• Routine blood collection is done (to check for pregnancy or sexually transmitted diseases).

• The nurse documents any evidence of torn clothing or external injuries and takes photographs.

• The victim’s clothing is collected and new clothes are provided.

• Any physical evidence from the rape scene (such as grass or leaves) is also collected.

• Hairs are collected: the nurse collects any loose hairs or debris in the pelvic area (looking for pubic hairs of the assailant). In some cases, some of the victim’s pubic hairs are needed and 15-20 of the victim’s head hairs (to differentiate the victim’s hairs from the assailant’s).

• Fingernail scrapings are collected for detection of blood or tissue.

• The nurse then examines the victim for evidence of semen and, if detected, it is collected.

• Several slides are made and swabs taken from the vaginal, anal, and oral areas to check for semen, sexually transmitted diseases, and infections.

• The hospital provides the victim with any preventive medicine necessary (for tetanus, sexually transmitted diseases, pregnancy, etc.).

• Medical personnel perform the pelvic exam. The victim may request to have the examination done by a female. Unfortunately, this request cannot always be granted because a female physician may not be available at the time, but generally speaking every effort is made to do whatever can be done to make the victim more comfortable during this traumatic time.

The sexual assault kit is then locked in a box at the hospital until given to the police for further laboratory analysis. The nurse will discuss with the victim what follow-up tests and blood work need to be done. The sexual assault counselor provides the victim with hotline numbers and follow-up appointments. The victim should also receive an application for the victim’s assistance program (which pays certain compensation and medical benefits to victims of crime. See Crime Victims Compensation Act). Victims usually receive a follow-up phone call within 72 hours after the exam from an Emergency department nurse.