

“An officer’s duty to uphold the oath includes the commitment to provide a survivor-centered, trauma-informed response to sexual violence through a multi-disciplinary, collaborative and coordinated approach.”

- Texas Sexual Assault Survivors’ Task Force

Instructor’s Note:

- Throughout the training in this chapter, sexual assault, particularly adult, non-stranger sexual assault, should be distinguished from family violence as a separate victimization with unique dynamics and compelling challenges for law enforcement’s initial response and subsequent investigation.
- It is recommended that the term “survivor” be used as well as “victim” throughout this training. While many law enforcement officers use the term “victim,” the term “survivor” may be preferred by some persons who have experienced sexual assault and family violence.
- There may be sexual assault and/or family violence survivors among persons receiving this training. Use trigger warnings and frequent reminders about the importance of self-care to trainees.
- The vast majority of victims/survivors of sexual violence are female and most perpetrators are male. With that in mind, **NO assumptions** about gender should be made.
- It is critical that officers and investigators remember when working with victims/survivors of crime, there is no universal reaction to sexual assault or trauma.
- While sexual assault occurs within the context of family violence, it is also a separate and distinct victimization with unique dynamics and effects.

Unit Goal: Victims, trauma response, and barriers to reporting.

17.1 List the dynamics of sexual assault.

- Sexual assault is a hostile act that is meant to control, dominate, terrorize, and humiliate.
- In most, but not all, cases of sexual assault, the perpetrator is someone the victim/survivor knows.
- Sexual violence is an aggressive act even without the use of physical force or a weapon.

Adult Non-Stranger Sexual Assault:

Adult non-stranger sexual assault (sometimes referred to as “acquaintance,” or “date” rape/sexual assault) is committed by someone known to the victim/survivor.

- Adult non-stranger sexual assault occurs between persons who may or may not have had a previous sexual history, and who may or may not have expectations of a sexual interaction.
- In one study Wegner et al. (2015) found of 204 men from a large urban community: 63% of men reported obtaining unwanted sex (committing sexual assault) at least once with a steady dating partner, spouse, or former spouse (Wegner et al., 2015).

- These offenders frequently use the least amount of physical force necessary and rarely use lethal weapons, relying instead on verbal coercion, guilt tactics, emotional manipulation, and intoxicating substances.
- Offenders in committed or long-term relationships that included prior sexual contact with the victim/survivor were more likely to use tactics including displeasure, pressure, guilt, argument, and/or threats to end the relationship.
- Offenders in casual relationships where there was no previous sexual contact with the victim/survivor were more inclined to use tactics like using intoxicating substances to impair or subdue victims/survivors.

Impact of adult non-stranger sexual assault:

Victims/survivors of adult non-stranger sexual assault often suffer from an inability to trust as a result of the incident. The sexual assault is a devastating act of betrayal because someone the victim/survivor trusted or maybe loved assaulted them. This betrayal of trust influences the immediate decision-making process. Victim/survivors may ask themselves questions like:

- Who can I tell?
- Can anyone be trusted?
- Will anyone believe me?

Reasons victims/survivors don't report, including but not limited to:

- Shame/guilty/depressed/angry with themselves
 - Victim/survivors sometimes do not think what they went through was as bad as what others have experienced, therefore their experience is not as valid as other victim/survivors.
- They could blame themselves for the sexual assault.
- Feel a loss of control of their lives.
- Societal attitudes
- Feel betrayed by their own judgment.
- Victim/survivors may find themselves in the position of having to face the offender again, particularly in school or work settings.
- Perpetrators of sexual assault generally use only as much violence as needed to attain submission. Force or violence may not be overt if the perpetrator can commit the crime by using lesser means and may not result in physical injuries.
 - I.e., a weapon isn't needed when you can use threats, alcohol, etc.

17.2 Classify barriers that victims/survivors must overcome to report.

Misconceptions that get in the way:

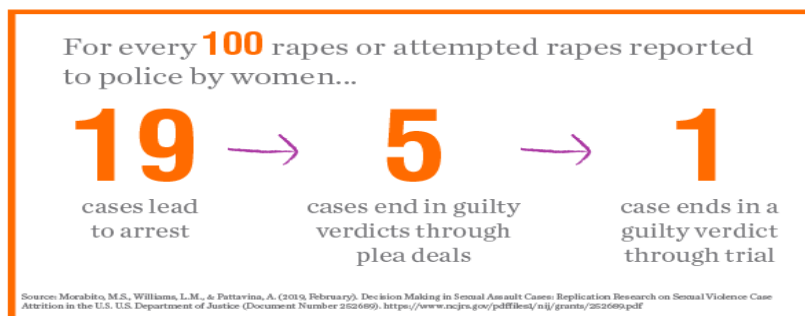
"Rape myths", which include that the victim/survivor played a role in encouraging or allowing the rape:

- the way the victim/survivor was dressed.
- how much the victim/survivor drank.
- that most people are raped by strangers.
- a person cannot be raped by someone with whom they were having consensual sex.

- The kind of profession the person choose opens them up to it (i.e. strippers/stripping).

First responders' impact on victim's/survivor's willingness to participate in the investigation and legal process:

- The first interactions between victims/survivors and law enforcement impact future interviews, investigation, and prosecution.
- Law enforcement officers may misperceive a victim's/survivor's response and behaviors following a crime (Franklin, Goodson & Garza, 2019).
 - These misperceptions lead some officers to question the victim's/survivor's account or falsely view the victim/survivor as being deceptive.
- Attrition from the criminal prosecution process by victims/survivors most often occurs at the first interaction between the victim/survivor and the criminal justice system (Campbell, 2012).
- According to the Journal of the American Academy of Psychiatry and the Law ,“When a sexual assault occurs, regardless of gender, the body’s natural reaction can be sexual in nature. This does not mean that the act was consensual.”
 - Keep in mind that the victim/survivor may experience sexual arousal and orgasm/ejaculation may occur involuntarily. These do not indicate consent, and the victim/survivor may be embarrassed or confused by their body’s reaction.
- These misconceptions also negatively influence the investigation and prosecution of sexual assault, leaving offenders free to rape again, and leaving victims/survivor who chose to report to law enforcement with another level of trauma from their experiences with the criminal justice system (Campbell, 2012).



Victims/survivors variable reactions:

- Trauma reactions are very human and subjective. Much like there is no one right way to grieve there is no one right way to respond to going through a traumatic event.
- Law enforcement officers can have preconceived notions about events how “should” be.

Common effects of trauma hormones after a sexual assault are:

- Hormones cause a wide range of demeanors during a sexual assault and after:
 - Apathy

- Crying
- Laughter
- Anger
- Becoming frozen
- Dazed/appearing drugged
- During the sexual assault memories are stored in fragments.
- Memories are disjointed but the recall is accurate.
- The hormones impair decision-making behavior in unexpected ways.
- Body and memory are neurologically impacted during a traumatic event:
 - Hormones released help the victim/survivor survive the assault, as well as block psychological and physical pain.
 - Hormones continue to impact emotion, demeanor, and memory after the assault.
 - The flood of hormones also causes cellular damage which causes memories of a traumatic event to be stored in a disorganized way. The result is during the interview, the victim/survivor starts and stops, has no timeline, her/his story is disorganized, they remember the ceiling but not a face.

Variables that influence a person's level of traumatization:

- Severity of incident, from the victim/survivor's perspective.
- Meaning of incident to this victim/survivor.
- Previous life experience, including Adverse Childhood Experience (ACEs).
 - See Center for Disease control for more information
<https://www.cdc.gov/violenceprevention/aces/fastfact.html> (last accessed September 6, 2023)
- Previous exposure to traumatic events and their response.
- Developmental abilities.
- Individual's coping skills.
- Genetics
- Support system available for victim/survivor before and after the experience.
- Stability of mental health prior to victimization.

Ways trauma may present:

Instructor Note - it should be emphasized that there is no typical response.

- Fight, flight, and freeze
- Fawn
 - Refers to an immediate and persistent attempt to please, appease, or pacify the perpetrator (the threat) to avoid or diffuse the threat.
 - This may involve the victim/survivor apologizing, complimenting, or bargaining with the perpetrator. This response is more prominent in people who grew up with child abuse or other violence.

Five main coping strategies during the outward adjustment phase:

- Minimization: pretending everything is fine.
- Dramatization: cannot stop talking about the assault.
- Suppression: refuses to discuss the assault.
- Explanation: continually analyzes what happened.
- Flight: moves to a different residence, city, or state; changes appearance.

Source: RAINN www.rainn.org (last accessed September 6, 2023).

It is important for officers to make every effort to avoid triggering a victim/survivor and to identify when it occurs so they can act accordingly. Officers who understand how trauma, neurobiology, and memory are intertwined will be able to use their knowledge to:

- Validate a victim's/survivor's experience.
- Hold reasonable expectations for information that a victim/survivor may be able to provide.
- Match their response to the situation and the individual victim/survivor.
- Understand how an officer's response and approach, both verbal and non-verbal, will impact a victim's/survivor's ability to recover from the trauma.

Signs of strangulation:

- Strangulation is one of the most accurate predictors of lethality.
- "If a man applies pressure to a woman's neck one time in an intimate relationship, she is 750% more likely to later be killed by him." Dr. Jacquelyn Campbell (Gwinn, C., ND)
- Strangulation is more frequent than commonly identified, as without external corroboration many victims/survivors may not mention it to law enforcement, and many officers may not ask about it if it is something they cannot see.

"The most dangerous domestic violence offenders strangle their victims. The most violent rapists strangle their victims. We used to think all abusers were equal. They are not. Our research has now made clear that when a man puts his hands around a woman, he has just raised his hand and said, 'I'm a killer.' They are more likely to kill police officers, to kill children, and to later kill their partners. So, when you hear 'He choked me', now we know you are on the edge of a homicide."

- Casey Gwinn, former prosecutor, President, Family Justice Center Alliance, Strangulation Training Institute

Strangulation v. Choking

- Choking occurs when a foreign body lodges in the throat or windpipe.
- Choking is accidental. Strangulation is intentional.
 - Examples of Suffocation
 - Obstructing oxygen from getting into the lungs.
 - Sealing off the mouth and nose by manual compression.
 - Duct tape over face
 - Head inside plastic bag

- Pillow over mouth and nose
- Sitting on chest

See Appendix A - Signs of Strangulation handout

It is important for the responding officer to be aware that if the victim/survivor has indicated that strangulation did occur, the victim/survivor should be examined by a medical professional. Strangulation can result in serious injury or death. Officers should check with their departments policies and procedures on responding to domestic violence and the use of departmental domestic violence packets.

17.3 Classify types of marginalized victim/survivor groups.

All survivors are individuals with different stories and reactions. Not all people in the following marginalized victim/survivor groups share the same feelings, but there are patterns that can be seen when listening to victim/survivor's experiences.

Marginalized Group Barriers to Reporting:

People of color:

- A lack of trust in authorities and the legal system.
- Shame and taboos – each culture has taboos, and certain crimes can bring shame upon victims/survivors and their families.
- Prejudice by sexual violence service providers.
- Conceptions of privacy regarding sexual and domestic violence.
 - I.e., “family” business
- Historical trauma related to sexual violence and oppression.
- Sexual abuse to prison pipeline.
- Concerns that their experience or victimization may reinforce negative stereotypes associated with their identity, culture, or community.
- Perceived expectations to assimilate to cultures at agencies they seek help from.
- Prioritizing the practical concerns or needs of other family members.

Male victim/survivors:

Men can and do experience sexual violence. According to The Texas Statewide Prevalence Study on Sexual Assault, 2.1 million adult men in Texas have experienced some form of sexual assault in their lifetime.

- Social stigmas surrounding sex and sexual violence can make it difficult for men to receive help and support.
- Physical response to the assault may create confusion or concern.
- Male victim/survivors may be reluctant to seek help and have concerns about being believed.
- Male victim/survivors may fear retaliation.
- Male victim/survivors may experience isolation from family, friends, and other supports.

Tribal communities:

- Poverty
- Lack of access to telephones and adequate transportation
- Delays in law enforcement response due to understaffed departments
- Lack of available resources for victims/survivors and added challenge of geographical distance.
- Victim's/survivor's lack of trust in criminal justice system.

Sex Workers:

“‘Sex worker’ is a term used to refer to people who work in all aspects of the sex trades, indoor or street-based, legal and criminalized, and can include people who trade sex for money as well as safety, drugs, hormones, survival needs like food shelter or clothing, or immigration status or documentation.” (Incite, 2021).

- Fear of arrest if they report sexual assault.
- Fear of judgement.
- Fear of being blamed.
- Fear of parents, family, or friends finding out.
 - Due to the internet and the various apps - the selling of sex has become much more mainstreamed.
- Research shows the attitudes and perceptions among law enforcement toward sex worker victims/survivors of sexual assault are poor. (Sleath, E. and Bull, R. 2017)

According to research, common barriers from law enforcement are as follows:

- Victim blaming - findings indicate that police officer attributions of victim-blaming were more prominent toward the sex working victim/survivor, and they assessed the consequences that she suffered as less severe. (Zvi, L. 2021)
- A focus on victim/survivor credibility by law enforcement.
 - Supporting more lenient sanctions specifically toward sex worker victims/survivors of sexual assault.

LGBTQ+ community:

- Challenges from medical professionals.
- Concerns regarding confidentiality, and fears of being “outed” if they have not disclosed sexual orientation or sexual identity to friends or family members.
- More likely to experience sexual violence as a result of a hate crime.
- Isolation
- Concerns of retaliation from abuser or community members.

People with disabilities:

- People with disabilities are disproportionately impacted by sexual violence
 - An estimated 40% of women with disabilities experience sexual assault or physical violence in their lifetimes.
 - People with disabilities are more likely to be abused repeatedly by the same person.
- The World Health Organization views disability as having three dimensions:
 1. Impairment:

- A person's body structure or function.
- Cognitive functioning.
- Mental, emotional, or social functioning.
- 2. Activity limitation.
- 3. Participation restrictions.
- Reliance on caregivers increases vulnerability for abuse and limits perceptions of being able to get help.
- Fear of losing caregiver or having no one to support them.
- Caregiver can prevent individual from getting help by threatening to withhold care or assistive devices.
- Isolation from family within assisted living facilities or nursing homes may make reaching out for help difficult.
- People with disabilities can be viewed as "not sexual"
- Often dismissed or not believed. Told they are "imagining" things.
- Transportation
- Communication barriers

Elderly/Seniors:

- Little research and data on dynamics, effective prevention, or intervention.
- Commonly misunderstood due to cultural myths surrounding the nature of sexual assault and perceptions of elderly people as desexualized.
- Perpetrators are likely to be paid or unpaid male caregivers.
- Victims/ survivors are most often females over age 70, particularly if they are dependent on others or functioning at a poor level.
- Older victims/survivors suffer more genital trauma from sexual assault than younger victims/survivors.
- Older victims/survivors are less likely to report sexual abuse than younger victims/survivors.
- Being unable to report, due to physical or mental ability.
- Depending on the abuser for care and basic needs.
- Fearing retaliation from the abuser.
- Fearing that reporting the abuse will end with them being placed in an institution.
- Feeling ashamed to tell someone that a loved one is hurting them or taking advantage of them.
- Having concerns that the report will get the abuser in trouble — this can be especially true if the abuser is someone that the elder is close to or cares about.
- There are also times when sexual abuse or assault is reported but isn't taken seriously because of the victim's/survivors age or assumptions about their mental capabilities.

Immigrants:

- Victim/Survivors who are immigrants can be:
 - US citizens
 - Non-US citizens who have formal legal documentation (visa, green card, etc.)

- Non-US citizens who are undocumented and are living in the United States illegally
- Fear of deportation
- Do not speak English or have limited English proficiency
- Barriers to accessing information regarding legal rights and resources.
- Cultural norms impacting perceptions of sexual assault.
- Separation from their children.

Unit Goal: Law enforcement actions

17.4 Classify basic assumptions of a trauma-informed approach.

In a study conducted by Dr. Campbell (2012), that examined 12 years of data from six different jurisdictions found that 86% of the reported sexual assaults were never referred to prosecutors. It was found that the first interaction between the victim/survivor and law enforcement created “secondary victimization.”

Trauma-informed approach to investigation and victim/survivor handling:

- Trauma-informed approach is a victim-centered collaborative approach using trauma specific principles to understand the impact of trauma and the effects of trauma on a victim and respond to the victim to reduce re-traumatization and to enhance healing of the victim.

In simpler terms, the trauma-informed approach is a way to avoid retraumatizing a victim/survivor that ultimately keeps the victim/survivor an active participant in the legal process. A trauma-informed approach begins with understanding the physical, social, psychological, and emotional impact of trauma on the individual, as well as on the professionals who help them. The approach is based on 4 key assumptions, or the 4R's:

- **Realize** the widespread and often complex impact of trauma and understand potential paths for healing and justice. A person's experience and behavior are viewed in the context of coping strategies to survive during overwhelming circumstances.
- **Recognize** and understand what trauma is and how it manifests physically, emotionally, psychologically, sexually, and socially, including that historical trauma can be intrinsically connected to a victim/survivor's identity and lived experience.
- **Respond** through a universal approach by fully integrating knowledge, research, and evidence-based practice of trauma into policies, procedures, and processes, while offering functional applications for all operations.
- **Resist re-traumatization**, where responsibility resides with law enforcement, advocates, and organizations to take proactive steps to ensure individuals and systems are preventing re-traumatization.

Some trauma-informed strategies officers may utilize include:

- Recognize the victim's/survivor's need for self-determination.
 - Adapt wherever possible to meet the needs and wishes of the victim/survivor to foster their sense of control.
 - Whenever possible, allow victims/survivor to make choices. For example: date/time, pace, or length of an interview.

- Always prioritize the emotional and physical safety and well-being of the victim/survivor.
 - Put victims/survivors at ease and increase their sense of security.
 - Address stressors, fears, and safety concerns on the front-end.
 - Meet basic needs (hunger, warmth, thirst).
- Maintain a non-judgmental manner and attitude.
- Conduct conversation and interviews in a place that feels safe and private for the victim/survivor.
- Assist victims/survivors in making informed decisions regarding their participation in the investigation by answering questions and providing accurate information.
- Apply knowledge of how trauma affects recall when conducting interviews.
- Choose language/words that accurately reflect the victim's/survivor's experience.
- Prepare victims/survivor for what to expect and avoid unexpected changes if possible.
- Facilitate access to victim/survivor assistance support throughout the reporting and investigative process.
- Ensure victims/survivors can exercise their rights.

When a survivor feels like they have been treated fairly and honestly by the criminal justice system, they can experience a sense of justice and healing no matter the outcome of the investigation or prosecution.

Practical Scenario:

- Identify three (3) ways in which trauma may impact a victim's/survivor's ability to participate in the investigation.
- List three (3) actions that reflect a trauma-informed approach.
- Discuss how law enforcement can incorporate the 4Rs.
- Implications of a trauma-informed approach for law enforcement's duties and how their usual responses will need to change in these cases.
- Break the class into groups to discuss the scenario and answer the question.

Instructor Note: See Appendix B.

Ways to help set a victim/survivor at ease:

- Focus on listening, not using judging or blaming language or questions.
 - For example: a law enforcement officer could listen to a disclosure about drug or alcohol use without judgment and could reassure the victim/survivor that their intoxication is important to the investigation only because it indicates they had not been able to give consent to sexual contact.
- Ensuring immediate safety concerns are explored and discussed, particularly when the offender is someone the victim/survivor knows or with whom they may have ongoing contact.
- Provide the victim/survivor with options and choices in how they report or participate in the investigation.

- For example: officers can give victims/survivors time to solidify their support system and create meaningful strategies for immediate safety before they make an official report.

Note: There are different types of Sexual Assault Advocates and officer can provide for a sexual assault victim/survivor in order to help. They include, but are not limited to:

- Sexual Assault Program (SAP) advocate - A community-based advocate is one specially trained in crisis intervention and counseling of sexual assault.
- Crime Victim Liaison (CVL) – A CVL is a system-based representative directly affiliated or employed with a law enforcement agency and has received the approved attorney general's training.
- Victim Assistance Counselor (VAC) – A VAC is an advocate that can be either a system-based victim assistance coordinator associated from the prosecutor's office or a system-based victim assistance counselor that works for the Texas Department of Public Safety.
- Peace officer trained by a sexual assault training program (SATP) certified by the Office of the Attorney General may be offered after making good faith effort to secure an SAP, CVL, and VAC advocate.

Victim/survivor safety: The victim's/survivor's safety is paramount and supersedes any other investigative techniques, requirements, or procedures.

Initial police response and preliminary investigation should:

- Ensure the safety and well-being of the victim/survivor.
- Secure the scene(s) and all potential evidence.
- Investigate the incident as objectively as possible.
- Take enforcement action if appropriate.

The initial contact, or patrol response, with the victim is important and can impact the victim's participation in the criminal justice process. Best practices for initial response to sexual assault is following your agency's protocol for standard incident response:

- Ensuring safety and addressing medical concerns.
- Providing victim support such as:
 - Advocate
 - Interpreter – Do not use a family member as a translator. Use a professional or agency translator to ensure language is translated verbatim and not sanitized.
- Taking limited initial statement.
 - Limited interview should be conducted in a location where the victim feels safe away from offender.
 - The interview should be as brief as possible to collect information to establish the elements of a crime and reduce the number of times the victim must repeat

incident. The comprehensive interview should be conducted at a later time and suggested after at least two full sleep cycles and by an investigator.

- If clarification is needed, ask open ended such as, “Can you tell me more about ___?”
- Explain why you are asking questions as to not appear to not believe or question victim’s credibility, but to establish elements of the crime.
- Confirm sexual assault occurred.
- Identify the crime scene(s) and location(s).
- Identify suspect(s).
- Identify witness(es).
- Secure and protect the crime scene(s), ensuring all evidence is gathered including any video or electronic evidence before releasing the scene.
- Offering a Sexual Assault Forensic Exam (SAFE).
 - The officer should explain the benefits of the forensic medical exam for victim’s health (Sexually Transmitted Infections (STI) and HIV testing) and evidence collection.
 - Inform the victim there is no cost for the forensic medical examination.
 - The officer should offer a medical exam even if victim does not wish to pursue the investigation.
 - If the victim is undecided to pursue reporting incident, the exam evidence will be kept for 5 years. The victim may still report the assault after the 5-year deadline, even if the kit is no longer available.
 - If the victim declines the forensic medical exam at this time, provide information of where the victim may obtain the exam at later time within 120 hours of assault.
 - Preserve evidence by encouraging victim not to eat, drink, shower, use restroom, brush teeth, or remove clothing before exam.
 - If possible, ask survivor to gather a change of clothes. Clothing may be collected as evidence.
 - Call for an advocate to accompany the victim during exam if not present.
 - Arrange for transportation to a sexual assault forensic exam (SAFE) ready hospital for the exam with advocate, on their own, or by ambulance if injuries are life threatening. If law enforcement takes victim to the hospital, do not put victim in the back of a patrol car.
- Do not pressure the victim to decide to participate in the investigation or prosecution during the initial response.
- Answer any questions the victim may have.
- Provide contact information, case number to the victim, victim’s rights and options and other hard copy of resources available to victims of sexual assault.
- If incident happened in different jurisdiction:

- Complete an information only report and forward to appropriate jurisdiction. Ensure report was received.
- Complete law enforcement request for sexual assault exam form and arrange for a SAFE to expedite evidence collection.

Instructor Note: Discussion points should include the importance of officers considering prosecution of the offense from the first moments of the interaction. Considering the longer-term aspects of the case can influence quality of note taking and how thoroughly evidence is collected and documented.

Common Mistakes in Information Gathering:

While gathering initial information, in a trauma-informed manner, two key mistakes that must be avoided:

- The victim/survivor should never be treated as a suspect.
- The victim/survivor should never be treated as a crime scene.

Initial victim/survivor interview objectives:

- An interview is not an interrogation, the victim/survivor may not know the answers to all the questions; do not guess if you do not know the answer.
- Cause no further trauma or harm to the victim/survivor. Be patient, do not ask the victim/survivor “why” questions, and do not interrupt them while they are speaking.
- Gain the facts and information needed for a complete investigation and prosecution.
- Evaluate the need for a forensic medical examination.
- Establish the victim/survivor identity, suspect identity, the crime scene location(s), and any related evidence.
- If a forensic examination is NOT going to be conducted, then the investigation will proceed based on the information that has been provided by the victim/survivor.
- If a forensic examination IS going to be conducted the responding officer will need arrange and communicate the following:
 - How the victim/survivor will get to the hospital or medical facility conducting the forensic examination.
 - If someone else will transport the victim/survivor to the forensic examination facility, the responding officer can then meet them there once they arrive.
 - The responding officer or deputy should also make sure that the victim/survivor has a change of clothing available if the clothes currently worn by the victim/survivor are collected as evidence.

17.5 Describe how to build rapport with the victim/survivor.

Building trust requires a non-judgmental approach and the avoidance of doubting or blaming language.

- Always begin by introducing yourself by name and full title and be prepared to repeat the introduction several times.
- Prioritize and assess the victim’s/survivor’s immediate physical, emotional, and emergency medical needs. Once these needs are met, a victim/survivor will be better able to concentrate and participate.

- It is helpful and appropriate for officers and deputies to show empathy towards the victim/survivor's dilemma. Tell the victim/survivor that they are sorry this happened and to express an interest in the victim's/survivor's well-being. This will help the victim feel supported and know they are being taken seriously and not judged.
- Be aware of the officer's body language and expressions.
- Allow the victim/survivor to self-determine smaller things like asking the victim where they would like to start the interview, when they would like to take a break, or when is a good time to schedule the interview.
- The officer should empower the victim/survivor by explaining that only with the victim's/survivor's help do they, as a team, have a chance to bring the attacker to justice.

How to communicate and act in a trauma-informed manner:

- Remove the victim/survivor from the crime scene, if possible, to a safe, private location.
- Give the victim/survivor your full attention. Try and focus on the call at hand even if multiple other calls for assistance are coming in.
- Reiterate to the victim, it is okay not to know the answers to all the questions; do not guess if you do not know the answer. Ensure the victim they may contact the investigator with additional details at a later time. This will alleviate the urge to fill in the missing blanks they do not recall at this time.
- Ask open-ended, sensory, and feeling questions or make comfort statements such as:
 - This situation is not your fault, and you are not to blame. The person who did this to you is at fault, no one else.
 - I'm here to help you and support you.
 - I need your help so that together we can prevent this person from doing this to someone else.
 - Will you help me?
 - Are you able to/can you tell me more about that?
 - How were you feeling?
 - Are you able to/can you tell me what you were thinking when they said/did that?
- Requests for the victim's/survivor's help should include emphasizing that the victim/survivor always has choices about their participation.
- Ask questions in a calm, slow, and reassuring voice. Give the victim/survivor time to respond.
- Not asking victims "why" questions as not to question victim's credibility or believability, but to establish a crime was committed, needed evidence, or identification of suspect. Instead tell the victim why you are asking the question and ask in a non-judgmental way such as, "There could be potential evidence on the clothing you were wearing. Are those the clothes you had on?" "Tell me about the conditions that prohibited you from leaving/escaping."
- Reassure the victim/survivor but avoid making promises like "everything will be ok".
- Utilize active listening techniques and not interrupting the survivor/victim while speaking.
- Avoid using judging, blaming, or accusatory language.

- Refrain from making statements that imply the victim/survivor is at fault, or should have made different choices before, during, or after the assault.
- Explaining why a difficult question needs to be asked will make it easier for the victim/survivor to answer.
- Give the victim/survivor plenty of personal space and avoid physical contact. If it is necessary to touch the victim/survivor, do so only with victim's/survivor's express permission.
- Explain to the victim/survivor what you are doing and why.
 - If you need to administer first aid and it becomes necessary to touch the victim/survivor, allow them to help with holding bandages or removing clothing, to give them autonomy over their physical space and person.
- Allow the victim/survivor to have a support person present during the interview.
- Use concrete statements with a plan of action that will inform the victim/survivor and provide structure for what to expect, such as:
 - We're going to move to a safe area and have the medics take care of this laceration, then I'm going to ask you a couple of questions, if that's all right.
 - After I'm done, I'm going to explain what happens next in the process, then I'll give you a card with some phone numbers of victim's/survivor assistance agencies you can contact.
 - I'm also going to give you my card and you can contact me at any time, for any reason.
 - Your case will be assigned to an investigator, and you will hear from them next (if applicable).
 - Do you have any questions?
- For victims/survivors who are initially undecided as to whether to continue with an investigation, provide contact information in the event they change their mind.
- Law enforcement agencies are required to refer the victim/survivor to a crime victim liaison and the closest local sexual assault program. (Local Government Code Chapter 351, Subchapter J.)

Instructor Note: Prosecutors often note how important and how visible it is to the jury when a victim/survivor has established rapport with both the prosecutor and the responding officer(s). This visible sign of participation, and belief in what the victim/survivor is testifying to, can go a long way in helping convince a jury, in the event of trial, that the victim/survivor is telling the truth. However, building rapport, regardless of eventual case outcome, is an essential dynamic in helping the victim/survivor regain confidence, self-respect, and regaining control of their lives. The importance of building rapport cannot be underestimated or diminished.

17.6 Discuss victim's/survivor's legal rights after an assault.

Right to privacy/right to a pseudonym:

- Officers shall explain to victims/survivors the limitations of confidentiality, as well as the agency's dedication to protecting the confidentiality of the victim's/survivor's information to the extent possible by law and policy.

- Information that identifies individuals as a victim/survivor of sexual assault or aggravated sexual assault is excepted from Public Information Requests (Government Code 552.138)

Address confidentiality program:

- Confidentiality of Identifying Information and Medical Records of Certain Crime Victims – CCP 58

Right to forensic medical exam:

- Forensic Medical Examination – CCP 56A.303
- Victims/survivors have the right to receive information about their kit when the kit is tested and when there are comparisons made with a DNA database. Victims/survivors obtain a unique tracking number through Track-Kit which they can use to track their kit through the process.
- The SANE who conducts the exam is able to testify under the hearsay exception, which is another benefit to the victim/survivor receiving an exam.

Conditions of bond:

- In cases of sex offenses against victims/survivors under 18, the magistrate must require as a bond condition that the accused not directly communicate with the victim/survivor or go near their residence, school, or other locations frequented by the victim/survivor.

Sexual assault/stalking/trafficking protective order (SAPO)

- If a victim/survivor needs an order that lasts longer than the EPO, or if there has been no arrest or no engagement with the criminal justice system, they can seek a Sexual Assault Protective Order (SAPO).
- There is no requirement that the underlying criminal behavior be reported to police, charged, or prosecuted.
- SAPOs can be ordered to last for any amount of time, up to the length of the victim/survivor's life, and the victim/survivor can request to rescind it at any time.
- Protective Orders - CCP 7B

17.7 List things to know and what to expect during a medical forensic exam.

- Payment of Fees Related to Examination – CCP 56A.304
- The victim/survivor has the right to decline an exam.
- The responding officer should advise the victim/survivor that it is helpful if they do not urinate, defecate, eat, drink, or change clothing prior to the examination because of the potential loss of evidence. However, the victim's/survivor's basic needs are primary and should always be met if needed.
- A medical forensic examination of the victim/survivor will be done by a qualified medical professional, usually a SANE.
- The responding officer should give the SANE a detailed synopsis of the incident listing specifically what the perpetrator did to the victim/survivor during the attack. This will aid the SANE with the examination.
- The SANE will ask the victim/survivor what happened to them and document any statements that the victim/survivor makes.
- The SANE will be able to advise the officer of any physical trauma and/or injury.

- The SANE will NOT be able to determine if semen is present. The SANE will take swabs that will have to be sent to a laboratory and analyzed.
- The presence or absence of forensic evidence does not prove whether a person has been sexually assaulted. Findings from the exam can be used to support a case, but they are only one piece of the overall investigation.
- The examination can take several hours so arrangements should be made for immediate pick up of sexual assault kits.
- The victim/survivor may need a ride from the hospital. Rape crisis centers/sexual assault programs can help provide transportation if needed.

Instructor Note: For more information on victim/survivor rights and mandated timeframes for kit processing, see section 8.0, Legal Definitions, Rights, Resources and Information. Access information for [OAG Guidelines](#) and [form](#).

17.8 Outline the elements of report writing for sexual assault.

- Recreate the reality of the sexual assault from the victim's/survivor's perspective.
- Include details that will establish elements such as premeditation or grooming behavior by the perpetrator, coercion, threats and/or force, and traumatic reaction during and after the incident (e.g., demeanor, emotional response, changes in routines or habits).
- Silence is not consent. "No" or resistance is communicated through more than just words.
 - Detail and corroborate what "no" looked or felt like for the individual victim/survivor in the report (e.g., looking away, closing eyes, positioning, or moving body).
- Use the victim's/survivor's exact words verbatim, and the suspect's exact words verbatim.
 - Place those words in quotations.
- Do not sanitize or "clean-up" the language used by the victim/survivor. Use the exact and explicit language.
 - Example: The victim stated, "He grabbed me by the hair, shoved my face on his junk and said, 'suck it.'" The detective clarified with the victim "junk" meant the suspect's penis and "suck it" meant oral sex.
 - Altered language may be used against the victim/survivor or officer in court.
- Do not use consensual language in describing violent, illegal acts. Avoid wording that implies consent.
 - For instance, "he forced his penis into her vagina" denotes lack of consent while "he had sex with her" implies consensual intercourse.
 - Remember to document how they were forced.
- If victim indicates force, using language to reflect force. "If 0 is no strength used at all, and 10 is all of your strength, how much strength do you believe you would have needed to escape/free yourself?"
- Many victims/survivors (and practitioners), routinely use the term "choked" or "choked out", it is imperative to clarify what act occurred.

- Officers should quote the language the victim/survivor used. Once clarified, the officer should use the proper terminology describing the act of strangulation.
- Be sure to have victim/survivor clearly describe elements of the offense, it's not enough for a victim/survivor to say, "they had sex with me".
 - I.e., penetrated mouth, anus, vagina.
- If the victim/survivor was incapacitated because of voluntary alcohol or drug use, show why this is an issue of increased vulnerability rather than culpability.
- If the facts obtained from the investigation indicate use of force by the perpetrator, document using language that reflects this.
 - Document the suspect's role, if any, in providing alcohol or drugs to the victim/survivor.
- If at some point a consensual encounter turned nonconsensual, ask the victim/survivor to describe details about how and when the perpetrator's behavior changed.
- In documenting force, be specific. "He threatened me" is vague.
 - List the specific threats that were made, tones used, gestures and/or looks given.
- Victims/survivors may not be able to resist physically, if so, determine what prevented them from resisting physically. This may be an indicator of force or fear and should be documented.
- Victim statements may have gaps. Refrain from filling in the gaps for the victim.
- Documenting perpetrator's verbal statements. Suspects often provide information to justify their actions that will corroborate the victim's story.

17.9 Identify resources and other considerations when serving victim/survivors from marginalized communities.

People of color - important considerations:

- Be mindful of your own bias and beliefs.
- Acknowledge and validate concerns.
- Allow expression of emotions, frustrations, and/or concerns.
- Create proactive partnerships with organizations that may provide additional support.
- Educate yourself.

Male victim/survivors - important considerations:

- Ask about the individual's preferences for support.
- Providing information to victim/survivors about the prevalence of male sexual assault can be helpful in conveying to victim/survivors that they are not alone.
- Sexual assault is about power and control.
- Take cues from the victim/survivor and know they may not feel comfortable being vulnerable with you.
- Do not belittle or degrade a victim/survivor, even if the perpetrator was a female. Do not use social stigmas against them.
- Do not assume that they are lying because their perpetrator (female) retaliates.

Instructor Note: Additional resources for information and support.

<https://malesurvivor.org/>

<https://journals.sagepub.com/doi/full/10.1177/08862605211001476>
<http://jaapl.org/content/39/2/197>

Tribal communities - important considerations:

- Spirituality and cultural resources.
- Traditional healers.
- Tribal court – civil protections, traditional remedies.
- Free health care – I.H.S.
- Tribal advocacy program – support groups, talking circles, accompaniment to court, medical services.
- Possible victim/survivors' assistance – financial assistance.

Instructor Note: Please see the below articles for more information.

[Violence against Indigenous women is a crisis, report finds - Indian Country Today](#)

[Violence Against American Indian and Alaska Native Women and Men | National Institute of Justice \(ojp.gov\)](#)

[Native American women still have the highest rates of rape and assault — High Country News – Know the West \(hcn.org\)](#)

[Native American women, sexual assault: A justice issue on tribal lands \(usatoday.com\)](#)

<https://www.ovcttac.gov/TVA/?nm=sfa&ns=tva>

Sex workers - important considerations:

- Identify biases and work toward an understanding of the elements to minimize that bias.
- The intersection of sex workers and sexual violence.
- The importance of a positive response and support provided by police officers should not be underestimated, particularly as police officers are often the first response that victims/survivors of rape receive (Wentz & Archbold, 2012).
- Rape crisis centers are best equipped to support sex worker victims/survivors of sexual assault.
 - If human trafficking is suspected, notify your supervisor to ensure the case follows proper protocols.

Instructor Note: Additional resources for information and support.

<https://sexworkersproject.org/downloads/DitmorePoulcallec200312.pdf>

<https://prostitutionresearch.com/risks-of-prostitution-when-the-person-is-the-product/>

<https://pcar.org/sites/default/files/pages->

[pdf/the intersection between prostitution and sexual violence.pdf](#)

<https://incite-national.org/policing-sex-work/>

LGBTQ+ community - important considerations:

According to the International Association of Chiefs:

- Accurate terminology gains trust.

- Be aware of the stigmas associated with Sexually Transmitted Infections.
- Do not ask questions about gender unless it is germane to the investigation.
- Use appropriate gender pronouns according to the victim/survivor.
 - Example: My pronouns are she/her/hers...what are yours?
- Only search when necessary and ask the individual which gender they prefer to perform the search. If that gender is not available, call for an officer of that gender.
- Consider using “victim neutral affidavits”.
- Do not make assumptions about needles at the scene as they could be prescribed hormone injections.
- Be clear about what may or may not be public record.
- Inform victims/survivors on facilities that have SAFE facilities with people who have more expertise in working with victims/survivors in the LGBTQ+ community.
- Do not assume friends and family members are aware of the individual’s sexual orientation or sexual identity/expression.
- Be mindful of forms or assessment questions that ask intrusive questions regarding medications, surgeries, or past sexual partners.
 - Always explain why information is being asked before asking questions.

Instructor Note: Additional resources for information and support.

<https://www.theiacp.org/sites/default/files/all/i->

[j/IACPRespondingtoSexualViolenceinLGBTQCommunities2017.pdf](https://www.theiacp.org/sites/default/files/all/i-)

<https://leb.fbi.gov/articles/featured-articles/law-enforcement-and-transgender-communities>

https://transequality.org/sites/default/files/docs/resources/FTPS_MP_v6.pdf

https://assets2.hrc.org/files/assets/resources/Intimate-Partner-Violence-Report-2020.pdf?_ga=2.41031586.1895417049.1640118834-1503723800.1640118834

People with disabilities - important considerations:

- Ask about necessary accommodations prior to a meeting if possible. This is helpful for all individuals, especially since many disabilities are not visible.
- Be familiar with ADA requirements and accommodations that can be offered to people with disabilities.
- Reach out to community organizations that can provide additional support for clients with disabilities. Many individuals will require assistance with housing, transportation, or medical needs.
- Be mindful of the message you send with your words.
 - Saying things like: “I can’t believe they’d take advantage of someone like you” or describing someone as “suffering from a disability” can communicate a lack of respect or value for people with disabilities.

Elderly/Seniors - important considerations:

Instructor Note: Additional resources for information and support.

- Rape, Abuse, & Incest National Network (RAINN) <https://www.rainn.org/articles/elder-abuse>
- National Center on Elder Abuse (NCEA) <https://ncea.acl.gov>
- Texas Association Against Sexual Assault (TAASA) <https://taasa.org/>
- Texas Dept of Family and Protective Services (DFPS) http://www.dfps.state.tx.us/Training/APS_Reporting/default.asp

Immigrants - important considerations:

- Do not dismiss concerns related to deportation.
 - Acknowledge fears and be familiar with service providers that may be able to provide additional support or information about financial assistance, food, shelter, and other resources.
- Do not assume legal status or awareness of resources.
 - Ask if they are interested in hearing about information without judgment.
- Be aware that some resources, especially state sponsored programs, may not be available to victims/survivors who are immigrants.
- Cultural norms or concerns about impact on immigration status may impact a person's willingness to reach out for support.

Instructor Note: Additional resources for information and support for all victims/survivor of sexual assault.

- Office for Victims of Crime https://ovc.ojp.gov/sites/g/files/xyckuh226/files/pubs/forg/tips_disclosure.html
- Department of Justice (p. 7) <https://www.justice.gov/opa/file/799366/download>
- Police Executive Research Forum (p. 19) <https://cops.usdoj.gov/RIC/Publications/cops-w0796-pub.pdf>
- Office for Victims of Crime Training & Technical Assistance Center (includes Tribal Victim Assistance) <https://www.ovcttac.gov/TVA/?nm=sfa&ns=tva>
- National Sexual Violence Resource Center (includes information on SART) <https://www.nsvrc.org/sarts/toolkit/6-8>

Unit Goal: Additional resources

17.10 Identify the role and responsibilities for sexual assault response teams.

Texas law requires every county to establish a Sexual Assault Response Team (SART). (Texas Local Government Code §351.251).

SART's function:

- Prioritize the victim's/survivor's needs and rights.
- Commit to communicating with other agencies to address the victim's/survivor's needs and enhance case outcomes.
- Organize service delivery and system response in a way that enhances health outcomes, improves evidence collection, and increases successful prosecution rates.

- Educate the community about available intervention and prevention services.
- Evaluate sexual assault response and improve accountability to victims/survivors within the community.
- SART membership is determined by Texas Local Government Code § 351.252.
 - Chief administrator or administrator designee of sexual assault program
 - Prosecutor
 - Police Chief or chief designee
 - Sheriff or sheriff designee
 - Sexual assault nurse examiner (SANE), forensic examiner, or representative from largest health care provider in county
 - Behavior health services provider or representative for the county health department
 - Response team

Unit Goal: Family Violence

Instructor Note: Students should be instructed to use the term “family” rather than “domestic” violence because Texas law defines and uses family violence and there is no legal definition for domestic violence.

17.11 Discuss how victims might be affected by family violence.

There is NO “typical victim” and NO “typical suspect”. Victims of domestic violence come from all walks of life, varying age groups, occupations, backgrounds, education levels, economics, cultures, ethnicities, religions, and lifestyles. Victims may experience some of the following:

- Physical injuries
- Feelings of guilt about violence, the children, etc.
- Feelings of low self-esteem, feeling like violence is justified
- Fear and not trust anyone
- Feel depressed & helpless
- Want the abuse to end, but not the relationship
- May be dependent on abuser both economically and emotionally
- May feel powerless to do anything to change the situation
- May blame self for the violence
- May minimize the violence
- Feeling stressed
- Questioning their sanity
- Be unaware of what services are available to help them
- Be embarrassed of their situation
- Fear judgement or stigmatization if they reveal the abuse
- Deny or minimize the abuse or make excuses for the abuser
- Still love their abuser
- Withdraw emotionally
- Distance themselves from family or friends
- Feel shame
- Have anxiety

- Have suicidal thoughts
- May use alcohol or drugs to cope
- Be hopeful that their abuser will change and/or stop the abuse
- Have religious, cultural, or other beliefs that reinforce staying in the relationship
- Have no support from friends or family
- Fear cultural, community, or societal backlash that may hinder escape or support
- Feel like they have nowhere to go or no ability to get away
- Fear they will not be able to support themselves after they escape the abuser
- Have children in common with their abuser and fear for their safety if the victim leaves
- Have pets or other animals they don't want to leave
- Be distrustful of local law enforcement, courts, or other systems if the abuse is revealed
- Have had unsupportive experiences with friends, family, employers, law enforcement, courts, child protective services, etc. and believe they won't get help if they leave or fear retribution if they do (e.g., they fear losing custody of their children to the abuser)

Source: National Coalition Against Domestic Violence (ncadv.org), Department of Human Services (DHS) "Understanding Family Violence" training.

Instructor Note: Use Commission Course #3232 Special Investigative Topics as a resource for additional information.

17.12 Identify common characteristics of family violence offenders.

There is no one typical, detectable personality of an offender, but they do often display common characteristics. Common characteristics of family violence offenders:

- The majority of family violence is male-on-female, though offenses and offenders are not limited to just male-on-female violence.
- May be extremely jealous and accuse partner of constant infidelity.
- Has probably witnessed and/or been the victim of family violence as a child or young adult battering.
- In certain circumstances, may believe that the male is the head of the house no matter what and objectifies the victim, often seeing them as “property” or “sexual objects”
- Blames others for actions and rarely takes any personal responsibility unless they will directly benefit. They blame violence on circumstances such as stress, their partner’s behavior, a “bad day”, or alcohol/drugs.
- May act very differently in public than at home – i.e., acts charming to people outside the house or during periods of non-violence.
- Unable to deal with stress; may turn to drug/alcohol abuse.
 - Substance abuse in itself does not cause the violence. Although substance abuse may intensify the frequency and severity of family violence, studies show that when substance abuse stops, the battering usually continues. There are batterers who are not substance abusers and substance abusers who do not batter.
- Uses sexual violence including rape, sexual assault, and sexual abuse to maintain power and control.

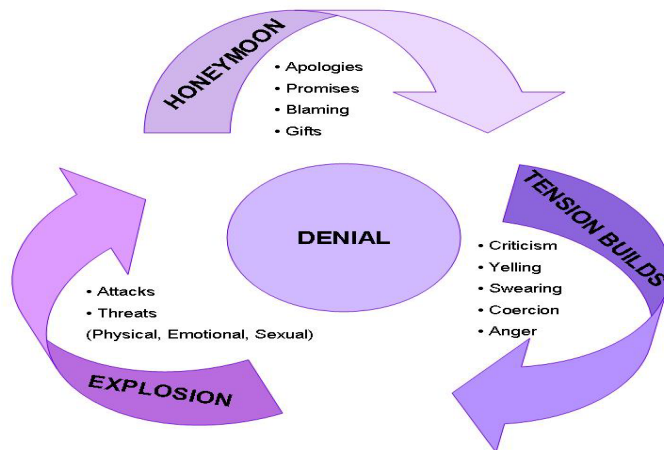
- Does not believe their behavior should have negative consequences.
- May be angry and socially isolated - a loner.
- Denies existence of and/or minimizes the seriousness of the violence.
- Has a history of abuse either as a child or with another partner.
- Uses violence to get what they want and solve problems because it has worked in the past.
- May be extremely moody and have severe mood swings.

Some theories on the causes of family violence abuse:

- It works to get the batterer what they want.
- Learned Behavior - role models, a way of life.
- Sex role stereotypes, the “clearly defined” roles for boys and girls
- Cultural – e.g., society, media, role models, etc.
- Stressors and lack of control – e.g., finances, isolation, children.

17.13 Describe the cycle of violence phases.

“Cycle of violence” has three (3) phases: Tension, Explosion, Honeymoon



Victims of family violence have reported that the cycle of violence does not accurately describe their experiences but that the Power and Control Wheel does. It is preferable to use the Power and Control Wheel when discussing the types of behavior that the offender does to maintain the power and control in the family.

“Power & Control” has several types of behaviors/categories:

- Coercion & Threats.
- Intimidation.
- Emotional Abuse.
- Isolation.
- Minimizing, Denying, and Blaming.

- Using Children.
- Economic Abuse.
- Male Privilege (when the offender is male).



Lecture Scenario: Discuss examples of behavior or situations regarding the 3 phases and the power & control wheel. Such as:

- A husband feels the need to have absolute power and control over his wife and children, and this control is maintained using verbal and physical violence and threats.
- A wife feeling the need to put down her husband through verbal manipulation and sexual violence in order to control him. The control is added alongside the threat of taking away the children and isolating him from family/friends.
- The movie "Enough" could be used to reinforce this discussion or a documentary like "Finding Jenn's Voice".

The violence usually increases in frequency and severity over time.

A victim's reactions to abuse fall into three classes:

- **Coping** (i.e., placating the abuser, enduring, etc.),
- **Managing** (i.e., anticipate abusers' moods, modify own behavior so as not to arouse anger in abuser, attempt to control situations that lead to violence, divert attention from the abuse through religion or other activities, etc.),

- **Resisting** (i.e., create consequences for abuser such as arrest, seek outside help, hit back, or strike preemptively, take other overt and covert actions to end or escape the abuse, etc.)

Instructor Note: Discuss how POWER & CONTROL in a peace officer's job should END with controlling a scene at work. The academy teaches a peace officer to take control to do a job, but an officer should be cognizant that this control does NOT morph into a "controlling" presence with his/her own family.

Sources: There are additional Power & Control Wheels for Abuse of Children and for Police Relationships that can be found at the following sites and downloaded:

Police - http://www.abuseofpower.info/Tool_Wheel.htm

Adult/Children and Equality Wheel -

<http://www.theduluthmodel.org/pdf/PowerandControl.pdf>

17.14 Discuss the types of abuse often occurring in incidences of family violence.

Physical Abuse: This is the most obvious. It includes pulling, shoving, slapping, hitting, punching, pulling hair, cutting, stabbing, strangling, shooting, burning, kicking, disfiguring, spitting, torturing, throwing things, stomping, pinching, etc.

Instructor Note: Review each of the above types of physical abuse, emphasizing signs and symptoms to look for when investigating the possibility of family violence. (For more extensive information refer to course # 3232 Special Investigative Topics.)

Sexual Abuse:

- Forced sexual intercourse that may occur before, during, and after a beating.
- Reproductive coercion
- Use of objects
- Sexual assault or rape
- Unwanted or inappropriate touching
- Revenge porn
- Showing sexual/inappropriate images to children

Emotional Abuse:

- Withholding affection
- Ignoring for long periods of time: treating as a non-person
- Verbal abuse: name calling, constant allegations of infidelity
- Isolation: preventing contact with family, friends, and neighbors
- Severing family ties and/or preventing contact with friends and neighbors
- Injuring or killing pets
- Destroying personal possessions
- Belittling in front of family/friends with humiliating or degrading acts
- Constant monitoring
- Threatening suicide

Instructor Note: The lists provided for sexual and emotional abuse are comprehensive and not exhaustive. Instructors can expand on these.

Practical Scenario: Have students role-play the following scenario:

- Wife is a stay-at-home mom who takes care of house and dinner is supposed to be ready at a set time. Husband enters and gets upset because dinner is not ready because she burned it. They argue and she tries to run away to the bathroom, he follows, and a struggle ensues over the door. During the struggle, wife is hit in the face with the door. She calls 911 but hangs up without saying anything. Communications dispatches officer for the 911 hang up to the location.
- Officers arrive.....role-play interview questions that ensue.

17.15 List examples of some barrier's victims face when attempting to leave an abusive relationship.

Barriers to leaving an abusive relationship:

- Financial dependence on the abuser.
- Lack of an available support system.
- The victim's previous negative experience with the legal system
 - **Example** - Dissuasion by police of the victim filing charges. Some dismiss or downplay the abuse, side with the abuser, or do not take the victims account of the abuse seriously.
 - **Example** - Reluctance by prosecutors to prosecute cases. Some may convince the abuser to plead to a lesser charge, thus further endangering victims. Additionally, judges rarely impose the maximum sentence upon convicted abusers. Probation or a fine is much more common.
- Fear due to increased threats by the abuser when victims try to leave.
- Loves the abuser but wants the violence to stop.
- Fearing loss of children.
- Children want to stay/return.
- Victim believes that the children need both parents.
- Immigrant victims face additional barriers of threats with the INS, distrust of law enforcement, language, fear of deportation.
- Religion/Cultural beliefs and practices may not support divorce or may dictate outdated gender roles.

Unit Goal: Legal issues pertaining to family violence.

17.16 Identify offenses and statutes that refer to family violence.

Family violence offenses and statutes:

- Authority of Peace Officers - CCP 14.03 – specifically pertaining to Assault BI FV, Violation of Protective Order/Conditions of Bond, Interference w/ 911 charges
- Murder - PC 19.02
- Manslaughter - PC 19.04
- Criminally Negligent Homicide – PC 19.05
- Assault - PC 22.01
- Sexual Assault - PC 22.011
- Aggravated Sexual Assault - PC 22.021

- Assault/Aggravated Assault - PC 22.02
 - Assault is a serious crime and the laws in Texas reflect this view. Penalties are increasing, warrants are often not needed to make a lawful arrest, and the victim's agreement or participation is not necessary to file charges, make an arrest or prosecute the offender
 - Review the definition of bodily injury. Bodily injury is the main defining factors for an assault to be a Class A misdemeanor. The victim, not the officer, determines the presence of bodily injury. Under case law, although visible indicators of bodily injury are preferable, it is possible to establish probable cause for an arrest for assault without visible injuries to corroborate the victim's claim of injury.
- Injury to a child, elderly person or disabled individual - PC 22.04
- Continuous Violence Against the Family – PC 25.11
- Aggravated Kidnapping - PC 20.04
- Kidnapping - PC 20.03
- Unlawful Restraint - PC 20.02
- Deadly Conduct - PC 22.05
- Terroristic Threat - PC 22.07
- Obstruction/Retaliation - PC 36.06
- Harassment - PC 42.07
- Stalking - PC 42.072
- Unlawful Possession of a Firearm - PC 46.04
- Interference with an Emergency Telephone Call – PC 42.062
- Disorderly Conduct - PC 42.01
- Criminal Mischief - PC 28.03
- Violations of Certain Court Orders or Conditions of Bond in a FV, Sexual Assault or Abuse, Stalking or Trafficking Case - PC 25.07 (Protective Orders/Temp Ex-parte Orders, Magistrate's Emergency PO all fall under here)
- Repeated Violation of Certain Court Orders or Conditions of Bond in FV, Sexual Assault or abuse, stalking, or trafficking Case – PC 25.072
- Tampering with Witness – PC 36.05

Instructor Note: Explain and demonstrate the particular offenses that are enhanced if a FV relationship exists. Example – Terroristic Threat FV becomes a Class A if victim is defined under FC and Assault Strangulation becomes a 2nd degree if FV relationship and a prior conviction etc. And that many of the offenses listed below, if offender has a prior conviction AND the victim of that offense has FV relationship, the prior can be used as a FV prior EVEN if CCH doesn't indicate the relationship.

17.17 Define family violence terms related to Title 4 of the Family Code, protective orders, and family violence.

Definition of family violence terms:

- Applicability of definitions - FC 71.001
- Dating violence - FC 71.021

- Family - FC 71.003
- Family violence - FC 71.004
- Household - FC 71.005
- Member of household - FC 71.006

Instructor Note: Students should understand that Assault BI and Assault BI FV are charged under the same PC statute (22.01), but the difference is the additional wording/classification based on the relationship factors defined by Family Code AND included in the statute of 22.01. (Example – and the victim is a member of the family or household or was/is involved in a dating relationship). That wording causes other things such as FV holds, higher bonds, etc. to be instituted in those cases.

17.18 Explain the application procedure for a protective order.

Application procedure for a protective order:

- No fee for applicant- FC 81.002
- Who may file application – FC 82.002
- Venue - FC 82.003
- Form and Content of application - FC 82.004

17.19 Describe the protective order court hearing process.

Protective order court hearing process:

- Time Set for Hearing - FC 84.001
- Required Findings and Orders - FC 85.001

17.20 Discuss the meaning of a protective order and the consequences of violating it.

Instructor Note: Obtain a current example of a Protective Order for class dissemination.

Code citations for protective orders:

- Civil Provisions of order applying to any party - FC 85.021
- Civil Provisions for order applying to the respondent - FC 85.022 (a only)
- Criminal provisions of order applying to the respondent - FC 85.022 (b through e)
- Adoption of procedures by law enforcement agency - FC 86.001
- Duty to enter information into statewide law enforcement information system - FC 86.0011
- Duration of protective order - FC 85.025
- Delivery to respondent - FC 85.041
- Warning of protective order - FC 85.026

17.21 Discuss conditions of bond in family violence cases.

- CCP 17.49 – Conditions for Defendant Charged with Offense Involving Family Violence
 - Explains when conditions set and what conditions Magistrate can place on a defendant who is bonding on a family violence case
- PC 25.07 – enforcement of violation of Condition of Bond
- Bond conditions must be entered into the Texas Crime Information Center.

- Check jail records, prosecutor's office, bondsmen or district/county clerk for actual document listing conditions.

Instructor Note: Students should understand that Protective Orders, EPO's and Conditions of Bond may order the defendant to do or not do a variety of things. However, to be criminally enforceable, the condition and/or violation MUST be listed in the Protective Order, EPO or Bond conditions AND be a violation under PC 25.07. Students should be given examples of an actual Protective Order, EPO, and conditions of bond to view and understand this concept.

17.22 Discuss the recommended steps in handling family violence calls involving temporary ex parte protective orders, protective orders, and magistrate's order for emergency protection.

Applicable code citations:

- Magistrate's order for emergency protection - CCP 17.292
- Officer shall Arrest for Violation of Protective Order or Magistrates Order that occurs in their presence - CCP 14.03, PC 25.07, CCP 17.292
- Temporary Ex Parte Protective Orders are criminally enforceable – PC 25.07 (effective January 1, 2008). NOTE – Suspect must have been served with notice of PO for it to be criminally enforceable
- Enforcing out-of-jurisdiction Protective Orders - FC 88.001 Uniform Enforcement of Domestic Violence Protective Orders Act
- May arrest for violation of a Protective Order not in view - CCP 14.03 (a)(3)

Instructor Note: Discuss how Protective Orders are served in various jurisdictions (i.e. – Constables, Sheriff's office or local PD?) Discuss the situation that a suspect may not realize he/she is subject of an Order and an officer may respond to victim's call to enforce. How should officer get the suspect served in these situations and have that documented for future calls/response referring back to discussion of what is done in each jurisdiction and how important it is to know that.

Instructor Note: See Family Code, Chapters 82, 83, 85, and 86.

Instructor Note: Black's Law Dictionary defines an ex parte protective order as an order "on one side only; by or for one party; done for, in behalf of, or on the application of one party only."

17.23 Identify the legal requirements relating to medical treatment and medical examinations of a child.

Legal requirements for medical treatment/examinations of a child:

- Consent by non-parent - FC 32.001
- Consent to treatment by child - FC 32.003
- Examination without consent of abuse or neglect of child - FC 32.005

17.24 Identify the legal requirements for taking possession of a child in an emergency.

Requirements for taking possession of a child in an emergency:

- Civil Liability - FC 262.003
- Accepting voluntary delivery of possession of a child - FC 262.004
- Possession and delivery of missing child - FC 262.007
- Taking possession of a child in emergency without a court order - FC 262.104, CCP 2.13, CCP 63.009(g)
- Unacceptable facilities for housing child - FC 262.108
- Taking possession of child in emergency with intent to return home - FC 262.110

Instructor Note: See Family Code, Chapters 82, 83, 85, and 86

17.25 Discuss family violence situations and describe procedures for conducting preliminary investigations.

Family violence is the deliberate, often repetitive, physical abuse by one family member against another. In incidences of alleged family violence, police officers may be unable to identify the primary aggressor in the incident and often arrest all parties involved. As a result, victims of the incident are disqualified from receiving crime victim compensation, access to emergency shelters, and other public benefits. Without these services, victims may be less likely to leave the abusive relationship. Having the victim arrested may also reinforce the batterer's actions and may provide the batterer with another tool for controlling the relationship. Officers should always get both sides to the story (or at least attempt to and document the attempts). Analysis of a FV situation should include a self-defense analysis and whether one's use of force was proportionate to the use of force exhibited by other party.

Lecture Scenario: Discuss officer safety at scene of disturbances

- These are volatile situations that can turn on the officer quickly.
- They are personal, emotional, and may involve drugs and/or alcohol use.
- The very party who called you for help may become hostile, aggressive, and violent with you once you articulate a decision of arrest.

Determining the predominant aggressor starts with a thorough investigation. The following are issues to investigate prior to making this determination. Methods to determine the predominant aggressor at a family violence call:

- Do not dismiss what the children may tell you here; often children will tell you what has really been happening (for example: "Daddy has been hitting Mommy all day and she threw a frying pan at him")
- Who poses the most danger to the other?
- Is one party in actual fear of the other?
- Was the amount of force used appropriate and reasonable?
- For example, did one party react to a slap by beating the other party?
- What is the relative severity of the injuries inflicted on each person?
 - NOTE: Many injuries are not visible, in particular strangulation

- Is one party physically larger and stronger than the other?
- Is there a history of violence by one of the parties against the other or against other people?
- Is one party usually the aggressor?
- Who is at most risk for future harm or injury?
- Did any injuries appear to be the result of self-defense?
- Is the party with less-serious injuries demanding that the other party be arrested too?
- Do the stories make sense?
- Can anyone else (children, witnesses, 911 tapes) corroborate either story?
- Does the scene corroborate either story?

Approach the scene with caution:

- At least two officers should respond if possible.
- Obtain all relevant information from the dispatcher before arriving at the scene.
- Notify the dispatcher upon arrival.
- Avoid the use of sirens and lights unless it is apparent that the victim is in imminent danger of serious bodily injury.
- Position vehicle safely - not directly in front of residence.
- Be alert for assailants leaving the scene.
- Listen carefully and approach cautiously.

Entering the residence:

- Any resident consents to the entry.
- “Exigent circumstances” require that the officer enter without consent.
- Exigent means “requiring immediate action.” In some instances, the 911 call itself may support a determination of exigent circumstances or include an invitation to enter without force.

Lecture Scenario: Discuss what to do if no one answers the door.

- Discuss tactics on how to talk to parties and get the door open or parties out into common area for further investigation.
- Discuss “can you hold the door open if they try to close it” (crossing the plane of the door).
- Discuss completing notes in CAD vs. completing a report of what you found or didn’t find or if no criminal violation occurred.

Dealing with the incident:

- Diffuse the violence.
- Be neutral, do not take sides.
- Do not blame the victim or make comments that could indicate fault on the victim’s part (for example, avoid questions such as “what did you do to make them angry?”)
- Locate and interview the complaining party.
 - Have complaining witness walk you, step by step of what occurred and where each party was.
- Locate and interview the involved parties.

- Have students demonstrate/role play how to separate parties upon entry into a residence.
- Locate an interpreter if necessary.
 - Contact the local family violence program if special assistance is needed.
 - Never ask a bi-lingual suspect to interpret for a non-English speaking victim, and do not use children as interpreters under any circumstances.
- Locate witnesses and interview.
- Determine if any weapons were involved or are in the residence and secure them if necessary.
- Observe and listen when responding to family violence situations.
 - 80% of crisis situations can be diffused through listening.
 - Ask open-ended questions and do not interrupt the victim(s) as they talk about what happened.
 - Always ask any children what happened out of sight and hearing of the adults and document their response.
 - NOTE: the child's comfort and safety should be prioritized. Instructors should identify what the officer should and should not ask. Discussions with children should be kept to what is necessary for safety.
- Inform all parties what action is to be taken. If arresting, advise victim of intention. Explain that arrest is taking place because the law has been broken.
 - REMEMBER safety is key when having this discussion! Ensure victim has given statement before arrest is announced.
- Take photos of the victims, suspects, children, and the scene as appropriate.
- Apply report-writing techniques for documenting domestic violence incidents.
- Document everything! Even if the victim is unavailable for trial, the report could result in a good case and a conviction if it is accurate and thorough.
 - Pay special attention to parties' demeanor and articulate in the report what was seen— i.e., sobbing, shaking, unable to breathe, won't make eye contact, unable to talk because of crying, etc.
- Maintain the integrity of the crime scene.
- If the family violence is present or alleged
 - Officers are required to make a written report CCP 5.05
 - Family Violence Report form: UCR-10
 - Notice to adult Victims of Family Violence (English and Spanish) (CCP 5.03, 5.04, 5.05)
 - Notification of Crime Victim's Compensation
- If abuse is determined to be verbal or emotional only:
 - What resources does officer have available in jurisdiction?
 - Can agency Victim Services respond?
 - If no agency Victim Services, provide information/contact info about local women's shelters
 - If no agency victim services, provide information/contact info about Prosecutor Office Victim's Advocate

Source: Texas Council on Family Violence www.tcfv.org or 800-525-1978.

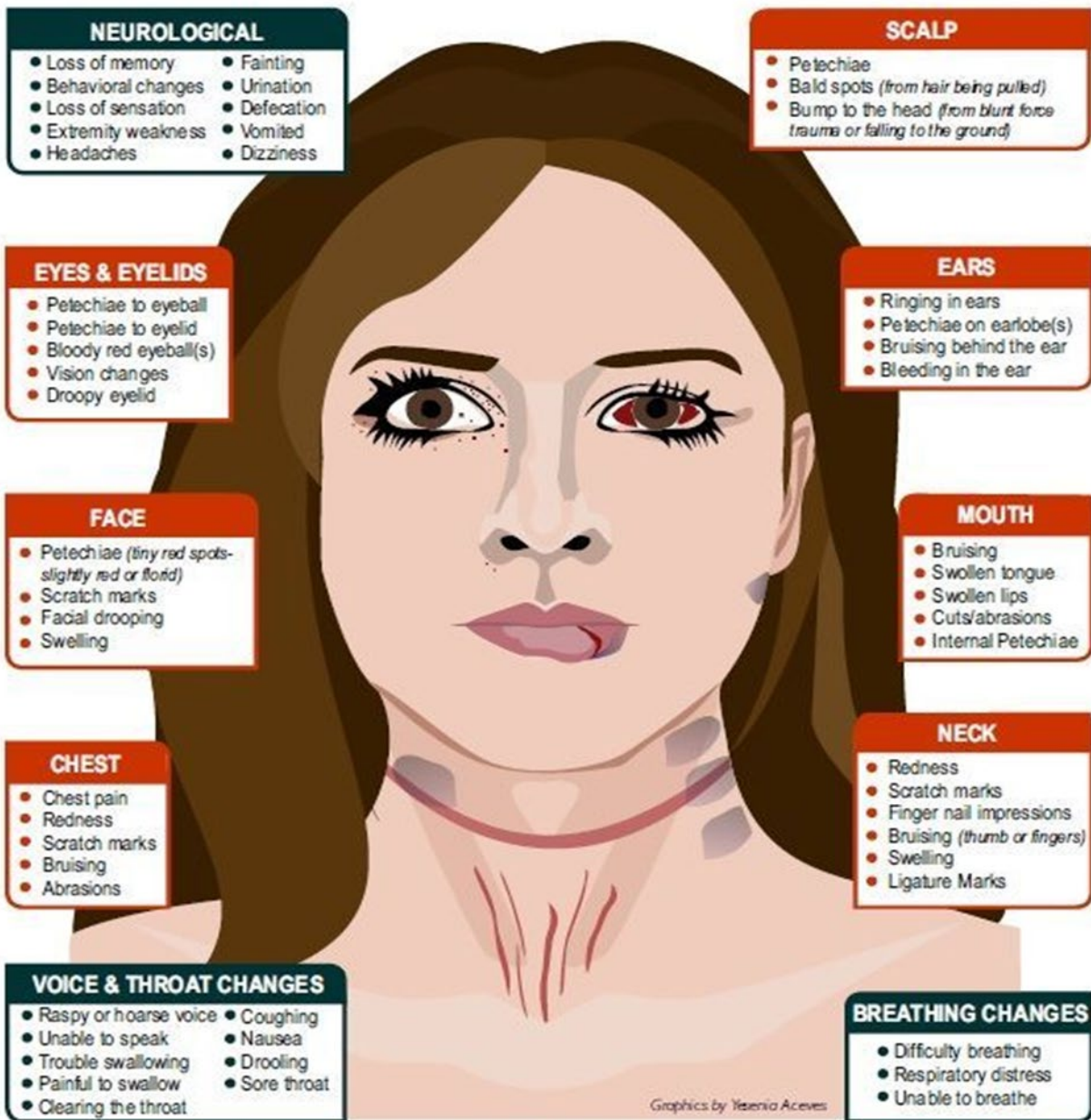
17.26 Give examples of community resources and referrals.

Community resources and referrals:

- Crime Victim's Assistance personnel at the PD or SO
- Victim service units when investigating domestic violence incidents
- Nearest Family violence shelter or outreach program
- Rape crisis centers
- Public Assistance agencies, i.e., food stamps, temporary assistance for needy families (TANF), WIC, DHS.
- District or County Attorney's Office
- Texas Council on Family Violence www.tcfv.org or 800-525-1978
- National Coalition Against Domestic Violence – www.ncadv.org
- Texas Health and Human Services Family Violence Program – www.hhs.texas.gov/services/safety/family-violence-program
- Texas Victim Services Association – www.txvsa.org
- National Domestic Violence Hotline (1-800-779-7233)
- Legal Aid
- Crime Victim's Clearinghouse

Instructor Note: Discuss local organizations and community resources available. Discuss the need to understand and know the follow-up procedure by Victim Services for their agency so that officers can advise victims on scene of what to expect. Also, research local agencies within their respective areas/districts.

Appendix A:



Source: *Strangulation in Intimate Partner Violence*, Chapter 16, *Intimate Partner Violence*. Oxford University Press, Inc. 2009.

Appendix B:

Reasons victims delay reporting sexual assault.

It is common for victims to wait hours, days, weeks, months, or even years before reporting a sexual assault.

- Victims may be questioned about their sexual history, what they were wearing, or what they had been drinking in such a way that the victim feels that they are being blamed, or somehow “caused the assault” to occur.
- Victims may be informed, or feel that they are being discouraged when told, that their family and friends will be questioned and involved as part of a “routine investigation.”
- Informed that their social media history and photo postings will be examined and used as evidence.
- Victims may feel, or see portrayed on TV, that “real rape” is reported immediately to authorities. By delaying their report of the crime, victims may feel they have undermined their own credibility.
- Power imbalances that can influence the credibility of the victim. Situations of this nature would include a well-respected local businessman and a young, relatively unknown victim.
- Discussions with the victim detailing that the costs involved to pursue would be substantial and “the “responsibility of the victim in the event he/she loses the case.”
- A state of confusion may exist for the victim. In many, if not an overwhelming majority of cases, the suspect is known by the victim. Victims may often believe the stereotype that “assault can only happen between strangers” and that it must involve physical force, weapons, or injury.
- Fear is also a strong motivator for a victim to remain silent. Fear that no one will believe them, or a fear that they may in fact be blamed for letting the assault occur, will silence many victims of sexual assault. Moreover, given that most women do in fact know, and routinely see, their attacker, the victim may have an ongoing fear for their own safety should they report the assault to law enforcement.
- Finally, victims with a criminal record or other entanglements with the criminal justice system may fear this will prevent them from receiving justice. In some communities, the stigma attached to sexual assault may simply be too overwhelming for victims to consider reporting.

Appendix C:**DANGER ASSESSMENT**Jacquelyn C. Campbell, Ph.D., R.N. Copyright, 2003; update 2019; www.dangerassessment.com

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex-partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage or choking* (use a © in the date to indicate choking/strangulation/cut off your breathing- example 4©)
5. Use of weapon; wounds from weapon

(If any of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

- _____ 1. Has the physical violence increased in severity or frequency over the past year?
- _____ 2. Does he own a gun?
- _____ 3. Have you left him after living together during the past year?
3a. (If you have *never* lived with him, check here: _____)
- _____ 4. Is he unemployed?
- _____ 5. Has he ever used a weapon against you or threatened you with a lethal weapon? (If yes, was the weapon a gun? check here: _____)
- _____ 6. Does he threaten to kill you?
- _____ 7. Has he avoided being arrested for domestic violence?
- _____ 8. Do you have a child that is not his?
- _____ 9. Has he ever forced you to have sex when you did not wish to do so?
- _____ 10. Does he ever try to choke/strangle you or cut off your breathing?
10a. (If yes, has he done it more than once, or did it make you pass out or black out or make you dizzy? check here: _____)
- _____ 11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, "meth", speed, angel dust, cocaine, "crack", street drugs or mixtures.
- _____ 12. Is he an alcoholic or problem drinker?
- _____ 13. Does he control most or all of your daily activities? For instance, does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here: _____)
- _____ 14. Is he violently and constantly jealous of you? (For instance, does he say: "If I can't have you, no one can.")
- _____ 15. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: _____)
- _____ 16. Has he ever threatened or tried to commit suicide?
- _____ 17. Does he threaten to harm your children?
- _____ 18. Do you believe he is capable of killing you?
- _____ 19. Does he follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don't want him to?
- _____ 20. Have you ever threatened or tried to commit suicide?

_____ Total "Yes" Answers

Thank you. Please talk to your nurse, advocate, or counselor about what the Danger Assessment means in your situation.

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