



## The Wisconsin Coalition Against Sexual Assault



### *2001-2002 Legislative Agenda*

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# 2001-2002 State Legislative Agenda



### The Mission of the Wisconsin Coalition Against Sexual Assault:

"The Wisconsin Coalition Against Sexual Assault (WCASA) promotes the social change needed to end sexual violence in Wisconsin. Our mission is to support a statewide network of concerned individuals and organizations as they work toward this goal. WCASA was formed as a statewide coalition in 1985 and currently has over 200 individual, affiliate and sexual assault service provider members."

In our efforts to develop victim-focused, proactive public policy, WCASA's Social Action Committee determined that it was important to develop a list of criteria by which we prioritize our legislative efforts. In order for WCASA to advocate for legislation, the initiatives must accomplish one of three goals:

- Improve system response to victims and survivors of sexual assault
- Increase legal remedies for victims of sexual assault
- Increase sexual assault prevention efforts

The Legislative Agenda for WCASA is a work in progress. In addition to the specific proactive legislative initiatives included in this document, WCASA will continue to monitor and work on other legislation related to sexual assault. We encourage legislators to contact us with other legislative ideas throughout the next session.

WCASA presents the following Legislative Agenda for the 2001-2002 State Legislative Session. Supporting documents are available.

### Tier One—Lead Priority:

*→ WCASA'S Proactive Initiatives (create a fund)*

- Payment of forensic rape exams for victims of sexual assault
- Prohibit the practice of requiring sexual assault victims to take polygraph tests as a prerequisite for determining whether or not to pursue an investigation into her or his assault
- Increase the civil statutes of limitations for child victims of sexual assault *(currently 2 yrs past age 18)*
- Create privileged communications between sexual assault victims and their advocates

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### Tier Two—Active Priority:

- Extension of criminal statutes of limitations in sexual assault cases when DNA evidence is available
- Coordinate with the Wisconsin Coalition Against Domestic Violence to implement a Family Violence Option in Wisconsin's W-2 program, which is inclusive of victims of sexual assault

### Tier Three—Collaboration Efforts:

- Coordinate with the Wisconsin Coalition Against Domestic Violence to seek funding for child visitation centers which facilitate supervised visitation and the safe transfer of children who are victims of sexual assault in families with shared custody as well as the safety of parents who are victims of violence
- Coordinate with WEAC to support their legislation requiring curriculum on bullying in human development coursework in public schools
- Mental health parity in insurance plans—require insurance companies to provide coverage for mental health care



## The Payment of Forensic Rape Exams

### **WCASA Position:**

WCASA is in strong support of the continued growth of the Sexual Assault Nurse Examiner (SANE) model of forensic nursing and sexual assault crisis intervention. The services of trained, experienced SANE practitioners help to preserve the sexual assault victim's dignity, enhance medical evidence collection for better prosecution, and promote community involvement and concern with crime victims and their families.

Even though our state is required to ensure that sexual assault victims are not paying for their rape exams as a condition of our eligibility to receive funding from the Violence Against Women Act, it is a common practice for sexual assault victims to be billed for their rape exams in Wisconsin.

WCASA is opposed to requiring victims to pay for their own forensic evidence collection, and is seeking a legislative solution to this injustice.

### **What is the SANE Model?**

Many victims of sexual assault access medical attention through their local emergency room. A developing field of nursing and sexual assault crisis intervention is the Sexual Assault Nurse Examiner (SANE) model of forensic evidence collection. The SANE model focuses on the collaboration of the criminal justice, health care, and victim advocacy sectors. SANE nurses provide emergency medical treatment to sexual assault victims, along with collecting forensic evidence for law enforcement.

### **How Are Sexual Assault Victims Falling Through the Cracks?**

- Because there is no source of funding for SANE exams, there is no standard protocol for how hospitals seek payment for SANE exams.
- In most communities, patients are billed, either to their insurance, or if they do not have insurance, are billed directly.
- Victims can be reimbursed through Crime Victim Compensation, but there are some problems with this method of payment:

1) *The victim must report the crime to law enforcement to be eligible for crime victim compensation.*

--For a number of reasons, sexual assault victims do not always want to report their assault to law enforcement.

--Sexual assault is a crime that is cloaked in denial, shame, and fear; in part because most victims of sexual assault are assaulted by somebody known to them (71%, according to the 1999 *National Crime Victimization Survey (NCVS)*. U.S. Department of Justice, Bureau of Statistics. 2000.).

--Therefore, it is estimated that only 1/3 of all sexual assaults are ever reported to police (ibid).

--Sexual assault victims are often met with hostility and disbelief by the public in general, and by law enforcement, decreasing the likelihood of them reporting the crime.

2) *In order to qualify for Crime Victim Compensation, victims must first make a claim through their personal insurance, if they have it.*

--For minors, this may be a hindrance if they do not want their parents to know about the assault.

--Some victims who have insurance through their workplace, may be afraid of their employers finding out about the assault.

3) *Victims have only 5 days in which to make a report to law enforcement in order to qualify for crime victim compensation.* This may not be a reasonable amount of time for victims to make a decision about whether or not they want to report the crime.

### **Other Points to Consider:**

- No other type of crime victim is required to pay for evidence collection.
- This practice is contrary to our state's public commitment to victims of crime.
- Forcing victims to deal with the payment of forensic evidence collection re-traumatizes them and may discourage them from continuing to cooperate with law enforcement or discourage other victims from coming forward to report their crimes or seek medical attention.



## *Prohibiting the Use of Polygraph Exams on Victims of Sexual Assault*

### **WCASA Position.**

*Compared to other victims of crime, sexual assault victims face an extraordinary amount of scrutiny and judgement from law enforcement and the public in general.*

*It is an all too common practice for law enforcement officials and prosecutors to subject victims who have come forward to report a sexual assault to a polygraph (or lie detector) test. The use of polygraph tests for victims of sexual assault reinforces the belief that victims make false accusations about sexual assault and also serves to traumatize further the relatively small number of victims who are brave enough to come forward and report their crimes. These practices are seldom, if ever used against other victims of crime.*

*WCASA is strongly opposed to law enforcement's use of polygraph tests on sexual assault victims as a requirement to determine whether or not to pursue an investigation into her or his assault investigation and proposes legislation to prohibit this practice.*

### **False reporting of sexual assault incidents is a myth.**

There is a misperception in the public that sexual assault victims make a disproportionately high number of false reports to law enforcement, when in fact, false reports in sexual assault cases are no more common than in any other crime.

According to the Office for Victims of Crime in the U.S. Department of Justice, 2% of all accusations of sexual assault reported to law enforcement turn out to be false, the same rate as other types of violent crime. (Reno, J., Marcus, D., Leary, M., Turman, K., First Response to Victims of Crime. Office for Victims of Crime, U.S. Department of Justice. May, 2000.)

### **Because of the practice of forcing victims to undergo lie detector tests, perpetrators are going free.**

When a victim is forced to undergo a lie detector test, his or her trust in the criminal justice system is destroyed. This break in trust may result in a victim refusing to continue to cooperate with law enforcement, or prevent other sexual assault victims from reporting their own crimes. According to the 1999 National Crime Victimization Survey published by the U.S. Department of Justice, Bureau of Statistics, only 1/3 of all sexual assaults are ever reported to police. As a consequence of this practice, even fewer reports may be made to law enforcement, and more perpetrators will go free.

### **Polygraph tests are not reliable, and their results are not admissible in most courtrooms.**

At this point in Wisconsin, polygraphs are inadmissible in court, except in rare cases, due to their questionable reliability. Since our court system does not trust the reliability of lie detector tests, it does not make sense to rely on them to determine the validity of a victim's claim of sexual assault.

### **Subjecting sexual assault victims to lie detector tests reflects a deep-seated cultural and legal bias against them.**

Our state has made a commitment to victims of crime with the Victim Rights Amendment passed in 1997. The practice of forcing victims of sexual assault to undergo lie detector tests is in direct contrast to the message the state is trying to send to victims of crime. Instead, victims are receiving the message that they will not be believed, and their dignity will be assailed a second time.



## *Extension of Civil Statutes of Limitations In Childhood Sexual Abuse Cases*

### **WCASA Position:**

The civil justice system offers victims of crime another opportunity to secure justice. Child victims of sexual assault may resist reporting their crime because they are afraid of angering the offender, blame themselves for the abuse, or feel guilty and ashamed. In addition, child victims may suffer memory repression or severe psychological trauma from the nature of the offense. They may even be unaware of the fact that a crime has been committed against them.

Due to these reasons, WCASA is strongly supporting legislation introduced by Sen. Burke and Rep. Berceau that would extend the civil statute of limitations in child sexual abuse cases in s. 893.587 to five years after discovery, and would encourage additional amendments to increase the civil statute of limitations in child sexual assault cases in s. 893.16 as well.

### **Why sexual assault victims choose civil court**

The civil justice system offers victims of crime another opportunity to secure what they seek most--justice. Regardless of whether there was a successful criminal prosecution--or any prosecution at all--victims can bring their claims before the court and ask to have the responsible parties held accountable. In the civil justice system, offenders are held accountable, not to the state, but rather to the victims who suffered the direct impact of the crime.

### **Current Law**

Civil actions have much shorter statutes of limitation than do criminal actions. In Wisconsin, child victims of sexual assault have two years after the age of majority to bring civil charges against their perpetrator. In cases of incest, the time limit is based on the issue of repressed memories. A victim has two years from the point of "discovery," or from the point that he or she begins to remember the assault, to bring a civil action.

According to WI s. 893.16(1), if a person entitled to bring an action is, at the time the cause of action accrues, either under the age of 18 years, except for actions against health care providers; or mentally ill,

the action may be commenced within 2 years after the disability ceases, except that when the disability is due to mental illness, the period of limitation prescribed in this chapter may not be extended for more than 5 years.

According to s.893.587, an action to recover damages for injury caused by incest shall be commenced within 2 years after the plaintiff discovers the fact and the probable cause, or with the exercise of reasonable diligence should have discovered the fact and the probable cause of the injury--whichever occurs first.

### **Justification for extensions of statutes of limitation in child sexual abuse cases**

In recent years, many states have adopted extensions to their criminal and civil statutes of limitation for cases of child sexual abuse and in certain other sexual assault cases. Those states have recognized the power imbalance between child victims and the adult perpetrators, who are often family members. Child victims are more easily intimidated by offenders. The position of authority occupied by the perpetrator also enables the offender to confuse the child, by both assuring the child that the sexual conduct is not wrongful, and/or threatening the child with terrible consequences if he or she discloses the activity. This makes reporting of offenses very unlikely.

States also recognize that child victims may suffer memory repression or severe psychological trauma from the nature of the offense. They may even be unaware of the fact that a crime has been committed against them. For all of these reasons, most legislatures have extended the limitations period for pursuing civil action.

### **Most information on this fact sheet taken from:**

"Extensions of the Criminal & Civil Statutes of Limitations in Child Sexual Abuse Cases," National Center for Victims of Crime, 1998  
INFOLINK®: A Program of the National Center for Victims of Crime.



## *Privileged Communications Between Victims and their Advocates/Counselors*

### **WCASA's Position:**

Advocates working in Wisconsin's sexual assault service providers and domestic violence shelters provide a vital role in crisis intervention. Victim advocates are well-trained in medical advocacy, legal advocacy, short term and long term support, prevention and community education. The role of an advocate is to act independently from other systems. Their role is to act as the advocate for the victim or survivor, who is their client.

Because they have such a direct relationship with victims, victim advocates are being summoned and forced to share client records with courts around the state. This ultimately compromises the intent of the relationship between the advocate and the victim/survivor.

WCASA is in strong support of legislation that would give sexual assault and domestic violence victims privileged communication with their victim advocates. This legislation would protect the professional relationship between a victim and her or his advocate and increase the therapeutic benefit of their relationship.

### **What is privileged communication?**

Privileged communication is a legal term barring patient or client information under certain circumstances from being introduced into courtroom proceedings. Privileged communication is not the same as confidentiality, a broader term pertaining to all information gathered during the course of a therapeutic relationship.

### **Why were privileged communication laws written?**

Privileged communication laws were written to encourage and protect certain professional activities. For example, it is believed that the benefits of the stronger therapeutic alliance resulting from the psychologist/patient privilege outweighs the harm caused by withholding some information from being introduced into courtroom proceedings.

The above information taken from "Questions & Answers About Privileged Communications" By Samuel Knapp, Ed.D., Allan M. Tepper, J.D., Psy.D., and Leon VandeCreek, Ph.D.

### **Which professional relationships have privileged communication in Wisconsin?**

According to Wisconsin chapter 905, privilege is given to the following relationships: attorney-client, physician-patient, registered nurse-patient, chiropractor-patient, psychologist-patient, social worker-patient, marriage and family therapist-patient and professional counselor-patient privilege.

### **General rule of privilege, s. 905.04(2)**

A patient has a privilege to refuse to disclose and to prevent any other person from disclosing confidential communications made or information obtained or disseminated for purposes of diagnosis or treatment of the patient's physical, mental or emotional condition, among the patient, the patient's physician, the patient's registered nurse, the patient's chiropractor, the patient's psychologist, the patient's social worker, the patient's marriage and family therapist, the patient's professional counselor or persons, including members of the patient's family, who are participating in the diagnosis or treatment under the direction of the physician, registered nurse, chiropractor, psychologist, social worker, marriage and family therapist or professional counselor.

### **Who may claim the privilege?**

The privilege may be claimed by the patient, by the patient's guardian or conservator, or by the personal representative of a deceased patient. The person who was the physician, registered nurse, chiropractor, psychologist, social worker, marriage and family therapist or professional counselor may claim the privilege but only on behalf of the patient. The authority to do so is presumed in the absence of evidence to the contrary.

### **Why is it important to create privileged communications between sexual assault and domestic violence victims and their advocates?**

When victims do not have privileged communication with their victim advocate, it can hinder the development of an open and trusting relationship. If an advocate is compelled to disclose information while providing services to her or his client, the confidentiality and trust necessary in that relationship is damaged, reducing the advocate's ability to help the victim heal from her or his trauma.



## *Extension of Criminal Statutes of Limitation with the use of DNA Evidence*

### **WCASA Position:**

*WCASA supports legislation that increases prosecutorial options for sexual assault victims.*

*With the improved technology of deoxyribonucleic acid (DNA), the use of DNA testing has become more widespread. As DNA databanks grow, more perpetrators will be identified for prior sexual assaults many years after the crime was reported.*

*State law relating to statutes of limitation must stay updated to match the technology available to identify perpetrators.*

*WCASA strongly supports legislation offered in this session by Rep. Walker that extends the statutes of limitation in sexual assault cases.*

The statute of limitations is the legal amount of time in which a victim/survivor of a crime has to bring criminal charges or a civil suit against a perpetrator.

### **What is current law in Wisconsin?**

Current law in Wisconsin requires the state to prosecute first and second degree sexual assault within 6 years of the date of the crime. The state must prosecute first and second degree sexual assault of a child, as well as repeated acts of sexual assault of the same child, before the victim reaches the age of 31.

### **What are the proposed changes?**

The changes proposed in Rep. Walker's legislation would create an exception to the time limits for prosecuting crimes of sexual assault, sexual assault of a child, and repeated acts of sexual assault of the same child in certain circumstances if the state has DNA evidence related to the crime.

If the state collects DNA evidence related to the crime before the statute of limitations expires and does not link the DNA evidence to an identified person until after the statute of limitations expires, the state may initiate prosecution for the crime within one year of making the match.

### **Other changes proposed in this legislation:**

This bill also increases options available to convicts who claim to have been falsely convicted. This legislation provides an additional avenue to challenge a conviction by the use of DNA testing if 1) the evidence is relevant to the conviction, 2) the evidence is in the possession of the government agency or court, and 3) the evidence was not previously subjected to DNA testing or was tested with a less advanced method than is currently available.

The bill requires courts to order DNA testing of evidence if 1) the person making the motion for DNA testing claims innocence of the crime for which he or she was convicted, 2) the evidence has not been tampered with or testing will reveal whether tampering has occurred, and 3) testing may produce evidence relevant to the person's assertion of innocence.

### **Why doesn't WCASA see a contradiction in supporting a bill that can overturn convictions?**

WCASA supports this use of DNA technology because we believe in the accuracy of the science. When those who are falsely convicted of a crime are behind bars, the true perpetrator may be out on the streets. Overturning a false conviction may lead to the prosecution of the true offender.



## Family Violence Option

### WCASA Position:

The evidence is clear that sexual violence has a lasting impact on the lives of victims. Sexual abuse, particularly at early ages, has been linked to subsequent problems, such as impairments to psychological well-being and mental health, alcohol and other drug abuse, elevated odds of unintended pregnancy, involvement in prostitution, and suicide. Researchers are now making the link between sexual victimization and poverty.

Therefore, WCASA believes it is necessary for our state W2 program to acknowledge this link and provide alternative programming to welfare recipients who have a history of sexual and physical abuse. WCASA is working collaboratively with the Wisconsin Coalition Against Domestic Violence to pass legislation implementing a "Family Violence Option."

### Sexual abuse and poverty—making the link

Sexual abuse is an experience that affects a survivor's life in many ways. The following is only a partial list of possible aftereffects survivors may experience for years into their adult life:

- Low self-esteem
- Self-blame, guilt
- Vulnerability toward revictimization
- Depression
- Difficulty sustaining relationships and building trust
- Alcohol or drug problems
- Anxiety, the need for control in relationships
- Post-traumatic stress reactions
- Eating disorders
- Dissociative reactions
- Sexual dysfunctions
- Flashbacks and bad memories

From one-third to 50% of all rape victims will develop Rape-related Posttraumatic Stress Disorder (RR-PTSD) sometime in their lifetimes. (John Hopkins School of Public Health, 2000 and National Center for Victims of Crime and Crime Victims Research and Treatment Center, 1992.)

Women exposed to childhood abuse also have elevated odds of unintended pregnancies because of the effects of childhood abuse and household dysfunction on women's sexual behavior. Teens who had been either sexually or physically abused were approximately twice as likely to have been pregnant, and those who had experienced both sexual and physical abuse were about four times as likely to have had a pregnancy. Since early pregnancy increases

the likelihood of entry into public assistance, the link between sexual violence and entry into W2 is very real.

--"Women Exposed to Childhood Abuse Have Elevated Odds of Unintended First Pregnancy as Adults," Family Planning Perspectives, Volume 32, No. 1, January/February 2000

--"Adolescent Pregnancy and Sexual Risk-Taking Among Sexually Abused Girls," Family Planning Perspectives, Volume 29, No. 4, August/September 1997

Information taken from a fact sheet from the NOW Legal Defense and Education Fund called "The Family Violence Option."

### An Overview of the Family Violence Option

The Personal Responsibility and Work Opportunity and Reconciliation Act of 1996 (PRWORA) eliminated the federal entitlement to welfare and replaced it with a block grant called the Temporary Assistance for Needy Families (TANF). It also imposed numerous new requirements for recipients, including a 60 month lifetime limit and a strict work mandate. The law contains a critically important provision called the Family Violence Option (FVO).

### What is the Family Violence Option and why is it important?

The Family Violence Option (FVO)<sup>1</sup> is a provision which gives states the option of waiving requirements and increasing services to families suffering from violence without being penalized financially. States which choose the option can screen applicants for domestic violence and sexual abuse while maintaining confidentiality, make referrals to counseling and other supportive services, and provide "good-cause waivers" from TANF program requirements.

The FVO is important because inflexible time limits may make it more difficult for victims to escape the abuse and to establish economic independence. The temporary waivers under the FVO are intended to allow victims the time needed for a successful transition off of welfare by allowing flexibility in complying with work and job training requirements.

The FVO also allows states to waive child support cooperation requirements for domestic violence victims. Without these waivers, a recipient has to identify the father of her children and supply other information required by the state in order to qualify for TANF benefits. This can be dangerous for a battered woman since violence may increase when a legal action is taken against an abuser.

Endnotes: 1 The Family Violence Option is contained in Sec. 402(a)(7) of P.L. No. 104-193





## Child Visitation Centers

### **WCASA Position:**

When a child is sexually assaulted by a parent or caregiver, the child not only has to deal with the traumatic aspects of the sexual assault, but also the impact of the assault on the family.

For a variety of reasons, it may be found that it is in the best interest of the child to continue having contact with the abusive parent, while at the same time, needing to be sure that the child is safe. Child visitation centers, staffed by highly trained individuals, can provide a safe, supervised location for such visits.

Child visitation centers can also serve as a safe transfer location between two parents when there are allegations about spousal abuse, including marital rape.

WCASA will work collaboratively with the Wisconsin Coalition Against Domestic Violence on the passage of legislation which would allocate funding toward child visitation centers.

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[Information taken from "The Co-occurrence of Intimate Partner Violence Against Mothers and Abuse of Children"  
--National Center for Injury Prevention and Control]

### **What are Child Visitation Centers?**

The primary goal of child visitation centers is to prevent the dangers associated with unsupervised visitation and the transfer of children between custodial parents.

Possible dangers include domestic violence, kidnapping, substance abuse, and child abuse, including child sexual abuse.

Supervised Visitation Centers assist families that have experienced threats of violence, domestic violence, child abuse, instances or threats of parental abduction, drug abuse, or charges of any of these. The supervised visitation centers are designed to maintain the contact between the accused parent and the children while the court tries to determine what exactly should be done. Supervised visitation centers also function as places where parents can visit children who have become wards of the state.

Violence against mothers by their intimate partners is a serious risk factor for child abuse.<sup>(1)</sup> Conversely, mothers of abused children are at higher risk of being abused than mothers of non-abused children.<sup>(2)</sup>

Child visitation centers are widely accepted by communities and the courts for their role in maintaining family relationships and reducing family violence. Therefore, WCASA strongly supports making additional funding available to encourage further development of child visitation centers around the state.

1. Stark E, Flitcraft A. *Spouse Abuse* (p. 142) in *Violence in America: a Public Health Approach* Eds. Rosenberg and Fenley: Oxford University Press, 1991.
2. McKibben L, DeVos E, Newberger E. Victimization of Mothers of Abused Children: A Controlled Study. *Pediatrics* 1989;84:531-535.
3. Wright RJ, Wright RO, Isaac NE. Response to battered mothers in the pediatric emergency department: a call for an interdisciplinary approach to family violence. *Pediatrics* 1997;99:186-192.
4. Peled E. The battered women's movement response to children of battered women: a critical analysis. *Violence Against Women* 1997;3:424-446.



## Anti-Bullying and Peer Mediation Curriculum

### **WCASA Position:**

WCASA believes in the importance of preventing sexual violence. Whereas a wide variety of research is available indicating the relationship between bullying behavior in children and sexually violent and inappropriate behavior in later life, WCASA will work collaboratively with WEAC, the Wisconsin Educational Association Council, in the passage of their legislative initiative to require school boards that provide instruction in human sexuality and related subjects to provide instruction in anti-bullying behavior and peer mediation.

[Information taken from "Bullying and Sexual Harassment in Schools" by Lisa Walls, Committee for Children]

Research indicates that bullying is a serious form of aggression, which if left unchecked, can have long-lasting consequences. Whether they are participants or bystanders, all students feel the effects of bullying.

Short-term effects on bullied children include peer rejection, further bullying, emotional distress, and academic problems. Children who experience prolonged bullying can become chronically fearful and anxious. Other long-term consequences can include significant erosion of a child's self-esteem and self-confidence. In extreme cases, a severely bullied child may be at an increased risk for suicide or for acting out violently.

Witnesses to bullying, or bystanders, feel powerless, frightened, upset, and uncomfortable when they see other children victimized.

### **The Link Between Bullying and Sexual Harassment**

Researchers call sexual harassment the "older cousin to bullying" (Stein & Sjostrom, 1994, p. 106). In fact, the lines between bullying and sexual harassment continue to blur. The 1999 Supreme Court decision *Monroe vs. Davis*, in which the Supreme Court said that schools could be responsible for student-to-student sexual harassment, began with two students who were only in the fifth grade.

According to *Quit It!—A Teacher's Guide on Teasing and Bullying*, by Merle Froschl, Barbara Sprung, and Nancy Mullin-Rindler, "We do not think that sexual harassment is an appropriate term to use with young students. But behavior such as sexual harassment does not spring up abruptly in adolescence or adulthood. The antecedents of peer-to-peer sexual harassment in schools may very well be found in teasing and bullying in the early grades."

The American Association of University Women (AAUW) conducted a landmark survey of 1,632 students in grades 8-11. An astonishing 85% of girls, and 76% of boys reported experiencing some kind of harassment. The milder forms included looks, jokes, graffiti on bathroom walls, and comments about body parts. The more severe forms were physically intrusive: being grabbed or brushed up against in a sexual way. Thirty-one percent of girls experienced harassment "often," compared to only 18% of boys. Thirteen percent of girls and 9% of boys reported being "forced to do something sexual at school other than kissing" (AAUW, 1993, p. 10).

The inappropriate behavior had a more significant impact on the girls. A greater percentage of female students described feeling less confident, more self-conscious, shamed, and embarrassed. Young women can be so affected by harassment that their grades drop. In the AAUW survey, one in four girls said they stayed home from school or cut class because of sexual harassment (AAUW, 1993, p. 15).

As with bullying, schools are ultimately responsible for creating an environment free of sexual harassment. If school administrators fail to deal directly with bullying and sexual harassment and punishing those responsible, they can find themselves in the midst of a lawsuit.

### **Working to Prevent Sexually Violent Behavior**

Empirical evidence supports the effectiveness of school-based programs that combine adult training, skill practice for children, schoolwide rules pertaining specifically to bullying, and increasing parental awareness of the problem. Teaching assertiveness, empathy, and emotion management to children promotes their social & emotional development.

### **References**

- American Association of University Women. (1993). *Hostile hallways: The AAUW survey on sexual harassment in America's schools*. Harris/Scholar-tic Research.
- Stein, N., & Sjostrom, L. (1994). *Flirting or hurting? A teacher's guide on student-to-student sexual harassment in schools*. Washington, DC: National Education Association.



## Mental Health Parity

### **WCASA Position**

*Sexual assault victims experience a great deal of physical and emotional trauma as the result of their victimization. While every person reacts differently to a sexual assault, it is very common for sexual assault victims to require crisis intervention and/or short term or long term counseling.*

*WCASA supports legislation that would equalize mental health insurance coverage with physical health insurance coverage because it would increase the options available to sexual assault victims in their healing process.*

Information below is taken directly from "Rape Related Post Traumatic Stress Disorder," and "Trauma of Victimization," published by the National Center for Victims of Crime

**INFOLINK** ©: A Program of the National Center for Victims of Crime.

### **Overview**

The trauma of victimization is a direct reaction to the aftermath of crime. Crime victims suffer a tremendous amount of physical and psychological trauma. The primary injuries victims suffer can be grouped into three distinct categories: physical, financial and emotional.

There are certain common underlying reactions that a victim will undergo either in the immediate hours or days after the sexual assault. Frequent responses to a sexual assault include, but are not limited to shock, numbness, denial, disbelief, anger, and, finally, recovery.

Every victim's experience is different, and the recovery process can be extremely difficult. It can take a few months or years -- or an entire lifetime -- depending upon the variables involved. This is why crisis intervention and supportive counseling play a significant role in helping victims recover.

### **Rape related post traumatic stress disorder**

The U.S. Census Bureau estimates that there are approximately 96.3 million adult women in the United States age 18 or older. In a recent study entitled

"Rape in America: A Report to the Nation," by the National Center for Victims of Crime and the Medical University of South Carolina Crime Victims Center, 13 percent of American women surveyed had been raped and 31 percent of these rape victims developed RR-PTSD. The study showed that with 683,000 women raped each year in this country, approximately 211,000 will develop RR-PTSD each year.

In their attempts to cope with RR-PTSD symptoms, many victims may develop major depression. The above mentioned report indicates that rape victims are three times more likely than non-victims of crime to have a major depression episode. Rape victims are 4.1 times more likely than non-crime victims to contemplate suicide. In fact, 13 percent of all rape victims actually attempt suicide, which confirms the devastating and potentially life threatening mental health impact of rape.

In attempting to cope with the above symptoms, drug and alcohol consumption are likely to be used in the victim's attempt to gain relief from these symptoms. Compared to non-victims of crime, rape victims in the report mentioned above are 13.4 times more likely to have two or more major alcohol problems; and twenty-six times more likely to have two or more major serious drug abuse problems.

As sexual assault victims work to deal with the trauma of their victimization, it is becoming more and more important to have options available in their healing. Mental health parity in insurance coverage would partially achieve this goal.