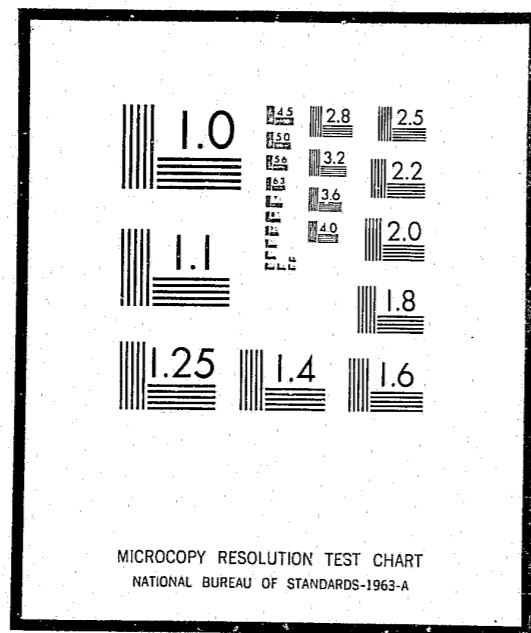


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Exemplary Project Screening and Validation Reports

JUL 1 1976

ACQUISITIONS

Project Candidate:

POLK COUNTY
RAPE/SEXUAL ASSAULT CARE CENTER
(R/SACC)
Des Moines, Iowa

Abt Associates

Cambridge, Massachusetts

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Exemplary Project Validation Report

Project Candidate:

(IA)
POLK COUNTY RAPE/SEXUAL ASSAULT
CARE CENTER

(R/SACC)

Des Moines, Iowa

Submitted to:

Ms. Mary Ann Beck
U.S. Department of Justice
Law Enforcement Assistance Administration
National Institute of Law Enforcement and
Criminal Justice
Washington, D.C.

April 20, 1976

TABLE OF CONTENTS

	<u>Page</u>
1.0 Introduction	1
1.1 Project History	1
1.2 Project Design	2
1.3 Project Operations	4
1.4 Project Organization and Administration	7
1.5 R/SACC Contacts	9
2.0 Selection Criteria	15
2.1 Measurability	15
2.2 Goal Achievement	16
2.3 Efficiency	25
2.4 Replicability	26
2.5 Accessibility	28
3.0 Summary of Major Project Strengths and Weaknesses	29
3.1 Major Project Strengths	29
3.2 Project Weaknesses	29
Appendices	31

1.0 INTRODUCTION

The Polk County Rape/Sexual Assault Care Center (R/SACC) in Des Moines, Iowa offers medical and social supportive services to rape victims, aids law enforcement and criminal justice personnel in the investigation and prosecution of sexual assault offenders and provides the community of Greater Des Moines with public and professional rape education programs. In mid-February 1976 an Abt Associates staff member accompanied by Ms. Ellen Barnett, Director of a Rape Crisis Center in Montgomery County, Maryland and consultant on NILECJ's Prescriptive Package "Rape and its Victims", and Ms. Carolyn Burstein of the National Institute, conducted an on-site visit to this project for purposes of exemplary project validation. During the three day visit, the validation team met not only with project staff but also with representatives of agencies and institutions that have direct contact with the R/SACC, including representatives of the Judiciary, the County Attorney's Office, the Public Defender's Project, the Police and Sheriff's Department, and local area hospitals. Appendix A contains a complete list of persons interviewed and activities observed. Section 1 of this report will present a project overview, including information relative to the project's history, design, and organization, while Section 2 will provide a discussion of the five exemplary projects selection criteria. A summary of the projects strengths and weaknesses will be presented in Section 3 and supporting data, project forms and exemplary application materials can be found in the Appendix.

1.1 Project History

The Polk County Rape/Sexual Assault Care Center is an offspring of the Iowa feminist movement which is largely composed of professional women with established political ties. Many of the movement's leaders were active members of established political and social organizations and interest groups. In 1974, a successful lobbying effort led by an Assistant Attorney General; and chairperson of the Iowa Women's Political Caucus, Roxanne Conlin, resulted in two significant changes in the State's rape law. First, the necessity of producing corroborating evidence before charges could be filed was eliminated, and second, the scope and relevancy of testimony relating to the victim's prior sexual conduct was severely limited.

In order to bring the problems of rape and sexual assault to the attention of the Des Moines community, efforts were then concentrated on organizing a public conference for the purpose of defining major issues and formulating recommendations for preventing and handling rapes in a more efficient and effective manner. Under the direct sponsorship of the Drake University Metropolitan Criminal Justice Center, the Drake University Women's Programs and Des Moines' Mayor's Advisory Board (the Advisory Board's Chairperson is Anne Schodde, who is also Coordinator of the Women's Programs), and with the cooperating sponsorship of a cadre of local political and social organizations, the Mayor's Citizen's Conference on Rape was held in May 1974. Appendix B provides a list of all cooperating sponsors and a conference agenda.

The conference was held over a two day period and was attended by an estimated three hundred members of the Greater Des Moines community. The result of the conference and attendant workshops was a series of recommendations in the areas of law, treatment, education and prevention, and in some cases, the appointment of committees to investigate and implement these recommendations. In fact, many of the resulting recommendations are now either operational or pending, including a change in the uniform jury instructions in rape cases, a redraft of the rape/sexual assault statute and a cancellation of hospital bills (after insurance coverage) for rape victims. Appendix B3 contains a complete list of conference recommendations.

The final, and most significant result of the conference was the formation of a committee to establish a Rape Crisis Center designed to provide assistance to victims by coordinating available legal, public and professional educational efforts in the community. The committee included members of the Mayor's Advisory Board, the County Attorney's office, and the Iowa Crime Commission (the SPA). Funds were sought through the County Attorney's office (largely because funds earmarked for "prosecution" were the most available) and granted by the Central Iowa Crime Commission to the Polk County Attorney's office, under the aegis of the County Board of Commissioners.

By June a non-profit corporation had been formed and steps were taken to seek a Board of Directors to assume control. Based on the demonstrated success of the conference, broad-based community support was the agreed upon model and Board membership became open to virtually any interested organization and/or individual. (See Appendix B4 for letter of recruitment sent to all active public service agencies in Polk County.) Meanwhile, office space (rent-free) was located at the Des Moines Lutheran Hospital, a project co-ordinator was hired and a special sexual assault prosecution unit was formed at the County Attorney's office. Pursuant to a recommendation of the conference this unit was headed by a woman prosecutor, Ms. Karla Fultz, who was also the Co-chairperson of the committee to establish the Crisis Center. In October 1974, with the necessary organizing, staffing, and publicity accomplished, the Polk County Rape/Sexual Assault Crisis Center began operations.

1.2 Project Design

The mandate for the R/SACC is of a dual nature; providing services in the areas of victim support as well as case investigation/prosecution. The primary objective of the Center is to decrease the psychological trauma for victims of sexual assaults, leading to greater rapport and co-operation with law enforcement and prosecutorial agencies and ultimately resulting in an increase in the number of convictions for rape/sexual assault offenses. The R/SACC has approached this task by pursuing the following three goals:

- 1) To increase inter-agency (medical and social) coordination and cooperation to provide more effective and humane services to the victim;
- 2) To increase the sensitivity and effectiveness of criminal justice resources in order to increase reporting clearance, and conviction rates in rape/sexual assault cases;
- 3) To provide a public education program which will:
 - Reduce the risk of sexual assault and prepare potential victims to handle such attacks with a minimum of physical and emotional damage;
 - Educate potential jurors (society in general) regarding the realities of sexual assault and to alter attitudes based upon commonly accepted myths.

The project staff consists of a full-time Project Co-ordinator, a victim contact worker, a secretary and a special prosecutor. The latter is available on an "as needed" basis but is singularly responsible for all rape/sexual assault prosecutions, and, with increasing Center contacts, has become close to full-time.

The Coordinator and contact worker operate from the Center's office located on the fourth floor of the Des Moines Lutheran Hospital. Between the two, they provide twenty-four hour a day coverage through the use of a commercial telephone answering service and an electronic beeper system. Initial victim contact with the Center may come from the victim herself, a friend or relative, or a cooperating agency (medical or law enforcement). Upon contact the staff member meets with the victim and remains with her through all the ensuing processes (medical examination, police interview, meetings with the Special Prosecutor, court appearances, etc.). In so doing, the staff member attempts to lessen the trauma of the incident by providing professional support to the victim during the critical period immediately following the assault. While no "hard" pressure is brought to bear upon the victim to either report the crime (if she hasn't already) or to continue through to prosecution, gentle persuasion is usually applied to recalcitrant victims in the form of promised (and delivered) ongoing support, explanations of civic duty, and a demonstration of the increased quality of law enforcement/prosecutorial efforts.

If the victim does decide to report the assault, the most intensive work for the counselor or victim contact worker begins. The staff member is then present to prepare her and help her in understanding and dealing with the stress of each step. Often, the staff member can also be helpful in aiding law enforcement personnel in securing necessary information. The special prosecutor, as mentioned, handles all elements of the prosecution effort and works closely with both the victim (through the Center), and medical, and law enforcement personnel to stress and secure procedural and evidentiary requirements.

While both the Coordinator and the Victim Contact Worker fulfill the role described above (staying with individual cases from beginning to end) the Coordinator is also responsible for handling Center contacts with other social service agencies. When formal counseling or services beyond these described are either necessary or requested, the Center will refer the victim to the appropriate agency. Close contact with virtually all such agencies is maintained through the broad and active membership of the Board of Directors. The Coordinator is also responsible for overseeing the development and presentation of both public and professional educational activities. However, the bulk of the work in these areas is provided by volunteers (within and without the Board membership) and certain Board committees which are assigned direct responsibility in these areas.

1.3 Project Operations

In each of the three areas of Center concern -- interagency coordination, criminal justice support and public education -- the following activities have been executed or planned during its first year and a half of operations:

1) Interagency Coordination and Co-operation

Medical:

- In conjunction with the Metropolitan Emergency Department Committee* rape treatment procedures that insure medical thoroughness, the psychological well being of the victim and the proper preservation of necessary evidence, were developed. These procedures are currently in effect in Broadlawns Hospital (the city's largest public hospital, it has treated 2/3 of the Center's contacts). Other hospitals have adopted the same or similar policies. A complete copy of the procedures can be found in Appendix C1.
- All county hospitals contact the Center upon notification that either a rape victim is coming or has arrived. The Center's staff member then remains with the victim, if she desires, through the examination and is available to explain the procedures to both her and her family. The R/SACC actively cooperated with medical resources in 101 cases during the first operational year, and was actually present during the medical examination in 96 of these cases.

*This committee is chaired by Dr. Michael Abrams who is also the Director of the Emergency Ward of Broadlawns Hospital, a member of the R/SACC Board of Directors and chairperson of the Board's Long Range Planning Committee.

- Each hospital in Polk County is represented on the R/SACC Board of Directors.
- As part of its professional educational efforts, R/SACC has participated in the in-service training of nurses in all Polk County hospitals.

Social Services:

- Most social service agencies in Polk County are represented on the R/SACC Board of Directors.
- The Board's Victim Service Committee maintains close contact with the program coordinator, providing information and policy direction. As a result, coordination with social service agencies has progressed well. During the first operational year the R/SACC received 42 referrals from 19 agencies and referred 20 victims to other agencies. A complete list is available in Appendix C2.
- In-service training has been provided by the R/SACC to the staff of many community agencies regarding both the physical and emotional needs of victims, and the criminal justice process in rape/sexual assault cases. Participating agencies include Lutheran Hospital, Social Service Staff, Goodwill West, Planned Parenthood, and the Des Moines school nurses.

2) Criminal Justice Support

- Both the Center staff and hospital staff who have benefited from the R/SACC in-service training, have been instrumental in aiding victims in the decision to report and/or prosecute, through their constant support and open approach.
- Once law enforcement is involved, staff members attempt to aid them in gaining the information necessary to investigate the crime properly by acting as a go-between in instances where victims are reluctant to discuss certain topics.
- In an effort to sensitize law enforcement personnel to the trauma associated with rape and to help establish investigatory procedures predicated upon that sensitivity, in-service training has been conducted at the Ankeny (Polk County) Police Department and classes have been conducted at the Des Moines Police Academy.
- Since the R/SACC's inception and the resultant emphasis on "feminizing" the law enforcement process, three local area agencies, the Pleasantville and Ankeny Police Department and the Polk County Sheriff's office, have added female personnel to their rape investigation units.

- The Sheriff's department, as part of its regular procedure, has adopted the policy of notifying the R/SACC through the dispatchers, immediately upon notification of a rape/assault. While the Des Moines police have not yet adopted such a policy in its Standard Operating Procedures, both patrol officers and detectives are familiar with the R/SACC staff and purpose, and many have initiated the procedure.
- The assignment of one prosecutor to handle all aspects of all cases has greatly increased the preparation and quality of rape prosecutions.
- The close working relationship between the victim, through the R/SACC staff, and the single prosecutor has also increased the quality of prosecution efforts and decreased the drop-out rate of initiated cases.
- Cooperation between the prosecutor's office and the hospitals, through in-service training and informal contact has also increased the quality of prosecution through better care and preparation of medical records and other evidence. Also the special prosecutor and coordinator have arranged to make "beeper" contact with physician-witnesses so they need appear in court only when their testimony is taken, thereby avoiding much wasted time and increasing medical/prosecutorial rapport.

Public Education in Prevention and Treatment

- Widespread distribution of bulletin board cards, billfold, enclosures and public service broadcasts have successfully informed the public of the R/SACC's existence and phone number. Additionally, "O" operators are equipped with the number.
- The Community Education Committee of the Board of Directors has developed written materials, reviewed those in existence and is developing a resource library, and has developed vertical files on rape which are used in all county libraries.
- The Supportive Services Committee of the Board of Directors coordinates a speaker bureau that both initiates and responds to contacts for the purpose of making presentations. The resources that have been generated by the Community Education Committee allows presentations to vary with special emphasis directed toward the particular audience. In all cases, presentations include a review and slide show explaining the R/SACC existence and purpose, and discussing the importance of not destroying possible evidence by bathing, douching, clothes washing, etc.

- In May 1976, the R/SACC will co-sponsor a two day conference entitled "Focus on Sex Crimes." The conference is designed to educate professionals working with sex crimes and victim techniques to increase convictions and decrease victim trauma. Speakers will include nation-wide experts as well as members of the R/SACC staff, Board of Directors and the Polk County Prosecutor's office. The tentative agenda is located in Appendix C3.

1.4 Project Organization and Administration

As noted above, the R/SACC is a non-profit corporation governed by a Board of Directors with a very broad community base. The intent is to involve and gain the support of as many organizations and institutions as possible. The philosophy, as stated in the Board Recruitment letter (Appendix B4) is that, "Rape makes no distinctions along political boundaries, and the cooperation of all government units will enhance the effectiveness of the services which the center can deliver." That this endeavor has been successfully accomplished is evident by a glance at Appendix D which is a list of the 69 member organizations. There are also five individual, at-large members.

The Center's executive functions are conducted by the Board's executive committee which meets on a monthly basis with the Program Coordinator (the full Board meets quarter-annually). The rest of the Board members are assigned to particular committees usually with a matching of the committee's function and the agency expertise of its Board representatives. In addition to the Executive Committee, there are ten Board committees whose responsibilities are described in Figure 1 on the following page.

In effect, the Board of Directors through its committee functions, provide the R/SACC with an extraordinarily expert and influential cadre of volunteers. This corps is further supported by members of the Speakers Bureau which, when not members of the Board, are often recruited by them because of some particular expertise. A few examples of the committee/member pairings will provide insight into just how helpful this volunteer staff can be.

- Budget and Finance Committees/representative of Polk County Board of Supervisors
- Intergovernmental Relations/representatives of County D.A., ten police departments, two Mayor's offices and the County Sheriff
- Community Education/Des Moines School District Representative

POLK COUNTY RAPE/SEXUAL ASSAULT CARE CENTER

Committee Functions

Budget & Finance

- determine financial needs of center
- prepare and present budget to board and appropriate funding sources
- supervise accounting procedures

By-Laws

- study and recommend any changes needed to help obtain the objectives of the center

Community Education

- develop policy guidelines and provide direction for program development in relation to community education goals of the center

Inter-Governmental Relations

- provide communication between the center and the governmental units that the committee members represent regarding concerns, needs, and information

Long Range Planning

- determine scope of center's activities regarding:
 - 1 - services to be provided
 - 2 - area to be served
- determine the center's relationship with other agencies and institutions
- explore sources of future funding

Office Facilities

- establish needs and recommend ways to improve appearance of office
- help office staff in any appropriate way as needs arise

Nominating

- recommend slate of candidates for:
 - 1 - 5 members-at-large on board of directors for the following year
 - 2 - officers for the following year

Personnel

- advertise, interview, and recommend hiring of personnel
- develop job descriptions
- establish and implement evaluation procedures
- develop personnel policies and update as needed

Supportive Service

- coordinate the speaker's bureau
- provide volunteer services as needed to support and/or carry out the other goals of the center

Victim Services

- develop guidelines for professional staff regarding:
 - 1 - scope of center's role in dealing with clients
 - 2 - referrals to other agencies or private professionals
- provide resources for professional staff for improving interviewing and counseling skills
- work with the coordinator to develop guidelines for the use of other counselors, part-time staff, and/or volunteers.

- Victim Services/Broadlawns Hospital Representative
- Long Range Planning/Des Moines Mayor's office and an at-large member who is also an Assistant Attorney General.

The full-time non-secretarial R/SACC staff members are both well qualified, experienced and dedicated women. The program coordinator shares victim contact work (on a 24 hour alert basis) with the victim contact worker. In addition, she is responsible for coordinating activities with the special prosecutor and the Board and its committees. The victim contact worker, in addition to her contact and counseling activities has been active with the speakers bureau, and conducts in-service professional training. (It is worth noting that the support provided by the victim contact worker is not limited to either a clinical setting or a clinical nature. Indeed, it oftentimes takes place over coffee at the victim's home or business. This personal, informal approach usually begins during the first encounter at the hospital where the contact worker may arrange to get the victim a clean fresh change of clothing to wear after the medical examination.)

The special prosecutor is highly qualified for her position, as she is regarded as one of the top attorneys in the Prosecutor's office. She is also chairperson of the Inter-governmental Relations Committee and during the R/SACC conception, co-chaired the committee created to form the Center.

Figures 2 and 3 illustrate both the project organization and funding avenues. As noted in Section 1.1, funds were sought through the Iowa Crime Commission's Area office, the Central Iowa Area Crime Commission. The funds are then earmarked for the R/SACC through the sub-grantee, in this case the County Board of Supervisors. Currently the project receives \$23,177 over 10 month cycles 75% of which is SPA funds. The remainder is provided by the County through the Board of Supervisors. As there is no rental cost, the bulk of the funds are designated for staff salaries. Although this funding will cease June 30, 1976, it is fully expected that the County Board of Supervisors will assume the costs.

1.5 R/SACC Contacts

During the period October 8, 1974 (project start date) through January 21, 1976, the Polk County R/SACC had a total of 225 victim contacts. Significant distributions of these contacts are as follows:

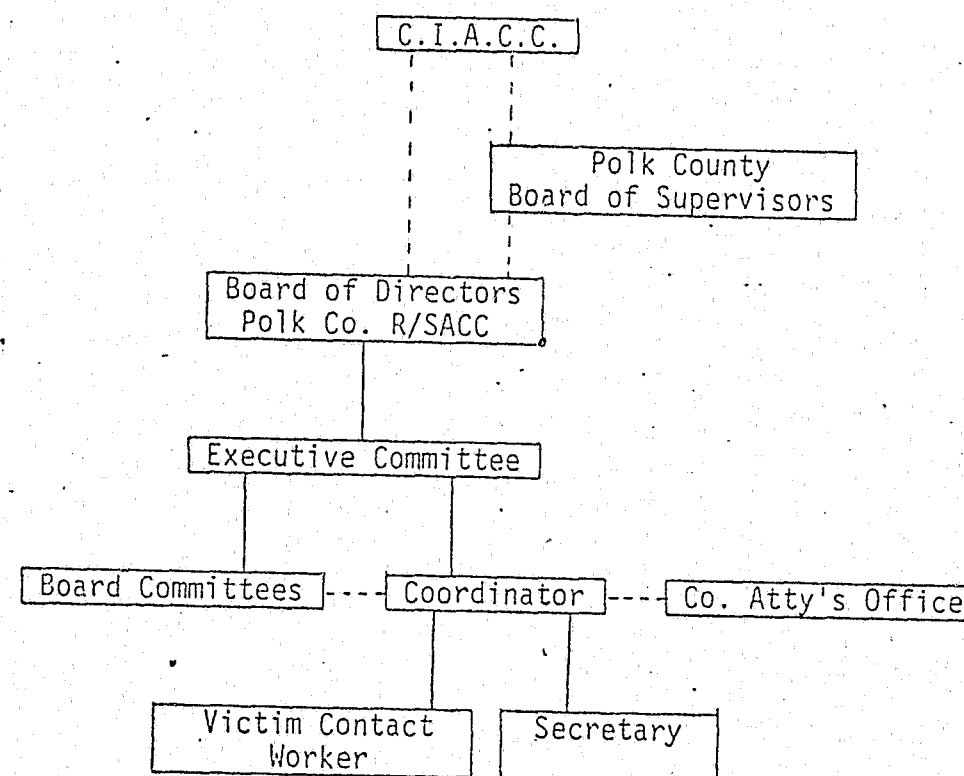
15 Cases with telephone contact only:

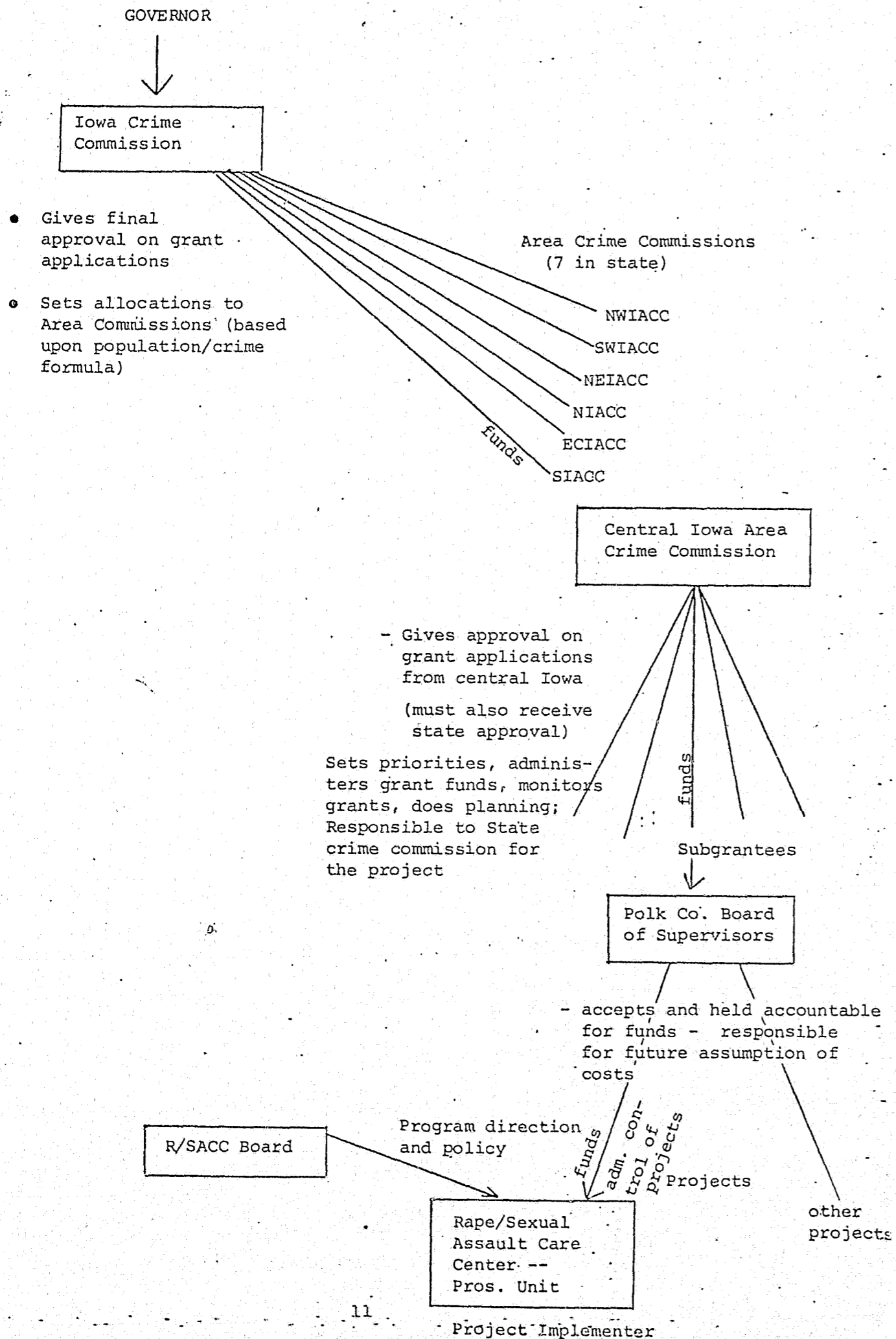
- 5 unreported alleged rapes
- 10 regarding past rapes, threats, pregnancies, etc.

210 Cases with contact beyond initial phone call/counseling

- 110 rapes reported to police or sheriff (8 outside Polk County)
- 18 assaults (with intent or sodomy) reported to police or sheriff

ORGANIZATIONAL CHART POLK COUNTY RAPE/SEXUAL ASSAULT CARE CENTER





- 1 child abuse reported to police
- 1 incest reported to police
- 10 child molest reported to police
- 2 unreported alleged child molest
- 45 unreported alleged rapes
- 7 unreported alleged assaults (with intent or sodomy)
- 3 unreported alleged incest
- 9 counseling only; primarily for victims of past sexual abuse or pregnancy from alleged rape
- 1 counseling advice to nurse of victim outside Polk County
- 3 trial support on earlier cases

Of the 210 cases with which the R/SACC had more than telephone contact, 140 (2/3) were ultimately reported to a law enforcement agency. Of course, many of these were reported to the police prior to R/SACC contact but exact figures are not available.

The following figures, which breakdown the victim service contacts of the above cases, are indicative of the extent to which the R/SACC has cooperated with other Polk County Agencies.

Victim Service Contact Breakdown

- 70 cases - Center-special prosecutor cooperative involvement
- 120 cases - Center-hospital contact
 - 2 cases - Counseling of past victims
 - 2 - Des Moines General Hospital
 - 3 cases - Counselor advised hospital personnel only
 - 1 - Mercy Hospital
 - 2 - Iowa Lutheran Hospital
- 115 cases - Counselor was with victim during examination
 - 75 - Broadlawns Hospital
 - 10 - Des Moines General Hospital
 - 8 - Methodist Hospital and Blank
 - 4 - Northwest Hospital
 - 7 - Mercy Hospital
 - 11 - Iowa Lutheran Hospital
- 128 cases - Center-law enforcement contact
 - 96 - Des Moines Police Department
 - 15 - Polk County Sheriff
 - 4 - Urbandale Police Department
 - 1 - Pleasant Hill Police
 - 3 - West Des Moines Police
 - 1 - Mitchellville Police
 - 1 - Windsor Heights Police
 - 1 - Ankeny Police

- 1 - Cerro Gordo Atty.
- 1 - Clarke County Sheriff
- 2 - Warren County Sheriff
- 1 - Waukee Police (Dallas Co.)
- 1 - Highway Patrol and State Atty.
General's Office

Of the 70 contacts with the County Prosecutor's office, judicial proceedings have been commenced in twenty-seven cases. The status of these twenty-seven case is reported below.

There are five cases in which proceedings have just begun, and all action is still pending. The charges in those cases are:

- Rape - 3
- Statutory Rape - 1
- Assault with intent - 1

In the following seven cases, the defendant pled guilty as charged:

<u>Charge</u>	<u>Sentence</u>
rape	Boy's Training School until 18
statutory rape	10 years
statutory rape	10 years
statutory rape	5 years
criminal sexual psychotic lascivious act with a minor	Mental Health Institute
rape	5 years
rape	10 years

The defendant pled guilty to a lesser offense in the following five cases:

<u>Charge</u>	<u>Plea</u>	<u>Sentence</u>
rape	A & B	30 days
rape	A & B	30 days
assault with intent to rape	A & B	\$100
assault with intent to rape	B & E	10 years
rape	B & E	10 years

Eleven cases have gone to trial, with the following charges, verdicts and sentences:

<u>Charge</u>	<u>Verdict</u>	<u>Sentence</u>
rape	Guilty-rape	20 years
rape of an imbecile	Guilty as charged	25 years
rape	Guilty-rape	20 years
Assault with intent to rape	Guilty as charged	5 years
rape	Guilty-assault	30 days

<u>Charge</u>	<u>Verdict</u>	<u>Sentence</u>
rape	Guilty-rape	15 years
rape	Hung jury-retrial pending	-
rape (3)	Not guilty	-
assault with intent to rape	Not guilty	-

The information contained in this section was gathered through the R/SACC case report file. Each contact (beyond telephone) is assigned a case number and a file is maintained. (A copy of the R/SACC reporting form is presented in Appendix E1.) Also collected on that form are demographic data about both the victim and perpetrator, and information concerning the offense. While all this information is available in Appendix E2, some highlights include the following (Data through October 1975):

- victims (156) range in age from 3-1/2 through 84 years of age, with almost half (46.8%) between 18 through 25.
- offenders (156) (often, victim estimates) range from 14 through 63. While 29.5% of offenders were placed between 18 and 25, 34% were listed as "unknown."
- In 25% of the cases the victim estimated (or it was established) that the offender and the victim were within 2 years of the same age.
- 83.3% of the victims were caucasian, while 53.8% of the offenders were so reported: 25.6% were listed as unknown and 19.2% were listed as black.
- 12.3% of victims lived alone, while almost 2/3, (64.4%) lived either with parents, spouse or conjugal mate.
- In 55% of the cases the victim and offender were strangers. 7% were relatives and 4% estranged mates (husband or living companion).
- The victim was raped in her own home in 29% of the cases. In 23% of the cases, the rape occurred in the offender's vehicle.
- 73% of offenders acted alone.
- 86.5% of the cases were without witnesses.

2.0 SELECTION CRITERIA

Having provided a brief description of the history, goals, operational format and organization of the Polk County R/SACC in Section One, this section discusses evidence of the degree to which the Polk County R/SACC has satisfied the exemplary projects selection criteria.

2.1 Measurability

The Polk County R/SACC has articulated two primary process goals and three measures of outcome effectiveness. The process goals are:

- 1) Providing more effective, less traumatic victim services in rape cases through inter-agency coordination and cooperation;
- 2) Educating the public at large about facts concerning rape, both to reduce the risk of rape and to develop better informed juries.

The measures of project impact on rape and sexual assault cases are:

- 1) Reporting rate
- 2) Clearance rate
- 3) Conviction rate

The project is founded on the premise that attaining the former goals is necessary but not sufficient to produce the latter. It is expected that more personalized, less traumatic victim services will lead to greater victim cooperation with law enforcement and prosecutorial agencies.

The project hopes that through public information it can decrease both the risk of victimization and the psychological trauma and stigmatization associated with being raped. All these victim services demand a degree of independence from the traditional legal system. R/SACC services do not require the victim to cooperate with (or even contact) the police. While the heightened awareness of the project may increase willingness to report rapes to the police, such is not a primary goal, and one might in fact hope for an eventual decrease in the number reported, as the actual number declines under project influence.

A relatively common way to measure the program's success, at least with regard to the outcome goals, is a pre- and post-program analysis of data relating to reporting, clearance and conviction. In fact, such an evaluation has been conducted by the Central Area Iowa Crime Commission. It includes comparison data on all three of the areas in question (see section 2.2). Although these figures are helpful in analyzing the impact of the R/SACC it must be remembered that there are other variables that might also contribute to a change in these rates. The last few years have seen a sig-

nificantly heightened awareness of and increased sensitivity to the problems of rape victims. The very existence of the center, and the convocation of the Mayor's Conference on Rape provide evidence of the extent of public concern. Growing partly from this same concern, and equally coincidental with the founding of R/SACC has been a significant change in the state's rape law. Since it would be impossible to quantify the individual impacts of these variables, the type of pre/post evaluation conducted by the project must be interpreted as measuring the entire ensemble of legal and attitudinal changes which characterized the early 70's. In short, the creation of the R/SACC was not an isolated event and must be viewed in historical perspective. The reader must see R/SACC both as an outgrowth of new attitudes toward rape and as a potential force in changing these attitudes.

Even more difficult to evaluate are those aspects of the program not related to specific criminal justice outcome measures: victim services and public education programs. Follow-up questionnaires which are administered by R/SACC provide some insight into the recipient's perception of the trauma she suffered and the quality of the treatment she received, but of course there is no baseline data. However, together with an assessment of the newly instituted services and procedures, these data are the best available. Similarly, education materials can only be examined for content, quality and outreach potential.

Combining both on-site observations with the available empirical evidence, the next section discusses the project's progress, achievements and future plans as they relate to the articulated goals of R/SACC.

2.2 Goal Achievement

As noted in section 2.1, there is substantial interdependence among the R/SACC's goals. Although most of the following discussion focuses on the outcome goals, we begin with a brief discussion of the project's related process objectives.

2.2.1 Process Goals

- (1) To increase interagency coordination and cooperation in order to provide more effective services to the victims in a less traumatic way.

Prior to the formation of the Polk County R/SACC there was no single place a victim might go to seek counseling, advice or even information regarding her trying ordeal; therefore, the very existence of the center, accompanied by an extensive advertising campaign, was a major step toward achieving this goal. Indications of the change induced by the center can be found in section 1.3 where it is noted that many of the early center contacts involved women who had been the victims of rape years before, but were unable (or unwilling) to seek help or information because there was no particular agency designed to offer such services.

The notion of providing better services to rape victims in a less traumatic way by engaging the cooperation of other agencies and coordinating their activities, is a unique and apparently very effective approach. Instead of attempting to provide all the necessary services that rape victims might need, the R/SACC serves a clearinghouse function -- locating the proper agency and referring the victim to that agency. As a result, the quality and quantity of the Center's services are limited only by the quality and quantity available in the community. In short, it is the best available. The nature and scope of agencies represented on the Board of Directors speaks adequately for the R/SACC's achievements in mobilizing the necessary community support for rape victims. Moreover, the R/SACC's role is not simply that of a referral agent. Through programs and materials generated by the staff and appropriate Board Committees, these agencies are made aware that rape victims have special needs and are further informed of the best ways to meet these needs by the Center's educational materials and in-service training.

The project's victim contact worker provides a 24-hour link between a victim's needs and the services available to meet those needs. She is on call to be present at every stage of the examination and investigation, to answer questions, explain procedures and generally introduce calm and order during the critical period immediately after the assault. While the follow-up questionnaires clearly indicate that Center clients were generally pleased with all of the services the Center provided, there was a near unanimity that the support of the victim contact worker was the most important and most appreciated.

If there is any problem with regard to this particular goal it is the issue of confidentiality. Although the Center promises that all records will remain confidential, recent developments indicate that in some instances it may not be able to comply fully with that guarantee. During two recent cases, defense counsel have subpoenaed the victim's files pursuant to pre-trial discovery procedures. To date the Center has refused to comply but Iowa law seems to compel compliance and it is anticipated that the court will so order. The implications, for the most part, seem confined to those instances where the matter is pursued to trial. However, the Des Moines Police have in the past, asked for anonymous information from the R/SACC even when charges are not pressed nor the incident reported. Whether they will attempt to avail themselves of any rulings in this matter remains to be seen.

On the whole, however, there seems little doubt that the R/SACC has succeeded in both coordinating service activity and decreasing victim trauma. The two major achievements instrumental to this goal are: 1) providing round-the-clock personal contact services to rape victims; and 2) assisting social service agencies in defining and helping a new class of clients with particular needs.

* Iowa law statutorily defines privilege and therefore limits it to the defined instances (i.e., attorney/client; priest/confessant). There is no apparent privilege that the Center can claim, directly or by analogy.

(2) Educating the public at large about facts concerning rape both to reduce risks and to develop better informed juries.

The R/SACC seems to have gained a solid foothold in the community through their public education program. Workshops and training for medical, legal and other professional personnel are reaching important populations in the county. Furthermore, according to Ellen Barnett who evaluated the education materials, the center has accomplished what few other jurisdictions have -- the distribution of literature on rape in the school system. The representation of the Boards of Supervisors of three local school districts on the Board of Directors was extremely useful in reaching this target group. The various educational packets developed for use in the schools seem excellent and have been independently evaluated as being among the best produced by a community crisis center. They include:

- A Teachers Packet which contains cover letter and mini-course outline. Geared toward classroom teaching, the articles deal with all aspects of the crime in a readily understandable manner.
- A Nurses Packet which contains many duplications from the teachers' materials as well as booklets on sex role, birth control and venereal disease.
- A Vertical File for School Libraries which contains duplicates from other packets as well as additional articles and booklets from other rape crisis centers. This file is constantly updated.

In addition to the distribution of materials, the Speaker's Bureau, an important function of the Board of Directors, allows the project to offer speakers to all types of audiences. Excellent audio-visual supports are available to these speakers. Finally, a state-wide conference for professionals, scheduled to occur this spring, is yet another part of R/SACC's community education program.

2.2.2 Criminal Justice Outcome Goals

It is the intention of R/SACC

"To increase the sensitivity and effectiveness of criminal justice resources as it relates to sexual assault cases in order to increase reporting, clearance and conviction rates in rape/sexual assault cases."

As noted above, there is little doubt about the R/SACC's commitment to serving victim's needs; the first and last concern of the contact worker is the individual victim's physical and emotional well-being. However, this is a prosecutorial program, and there can be no mistaking the emphasis put on getting

cases to trial. This, by necessity, requires that first, rapes be reported to the proper law enforcement agency, and second, that the victim cooperate in the investigation in order to optimize the chances of clearance (identification of suspect). The Center's contact with the victim immediately following the rape is expected not only to calm and relax her so that she may suffer less emotional and physical shock but also to increase her rationality and therefore willingness and ability to cooperate actively with law enforcement personnel. The contact-worker assigned to a case will continue to aid and support the victim throughout the investigative and prosecutorial procedures that follow. It is expected that this process will result in greater victim cooperation and persistence, thus leading to increases in reports, clearances and convictions. Each of these measures is discussed below.

(1) Reporting Rate

The Central Iowa Area Crime Commission has completed a first-year evaluation of the Polk County R/SACC which includes pre- and post-program data on reports, clearances and convictions. Table 1, taken in part from that report, depicts rape cases reported to law enforcement authorities in Polk County from 1971 through 1974, and the number of Rape/Sexual Assault Care Center cases reported to law enforcement officials during the first year of program operation.

Table 1.
Number of Rape Cases Reported
In Polk County

Year	Number	% Change from Prior Year
Pre-R/SACC:		
1971	72	
1972	57	-21%
1973	67	+18%
1974	77	+15%
First year of R/SACC:		
10-8-74 to		
10-13-75	82	+6%

It is not possible to conclude from these data whether any changes have occurred in the reporting rate. No estimate of the frequency of unreported rapes is available for prior years. Moreover, concomitant changes in the legal system and in the feminist movement have had an impact on the current reporting frequency. Figure 1 shows a fairly steady increase over the three years from 1972 to 1975. It is likely that a large portion of this increase is due solely to changes in reporting behavior, although there may also have been an absolute increase in the total number of rapes. In any case, the evidence of the time series is equivocal, since achievement of the project's ultimate goal would result in a decrease in the number of rapes committed (and hence reported).

(2) Clearance

An examination of police clearance rates during the same period tells a somewhat clearer story. Table 2 indicates the rape clearance rates of the Des Moines police department (to which 79% of all reported cases are reported) from 1971 through 1974 and during the project period.

Table 2
Des. Moines Police Department--Clearances on Rape Cases

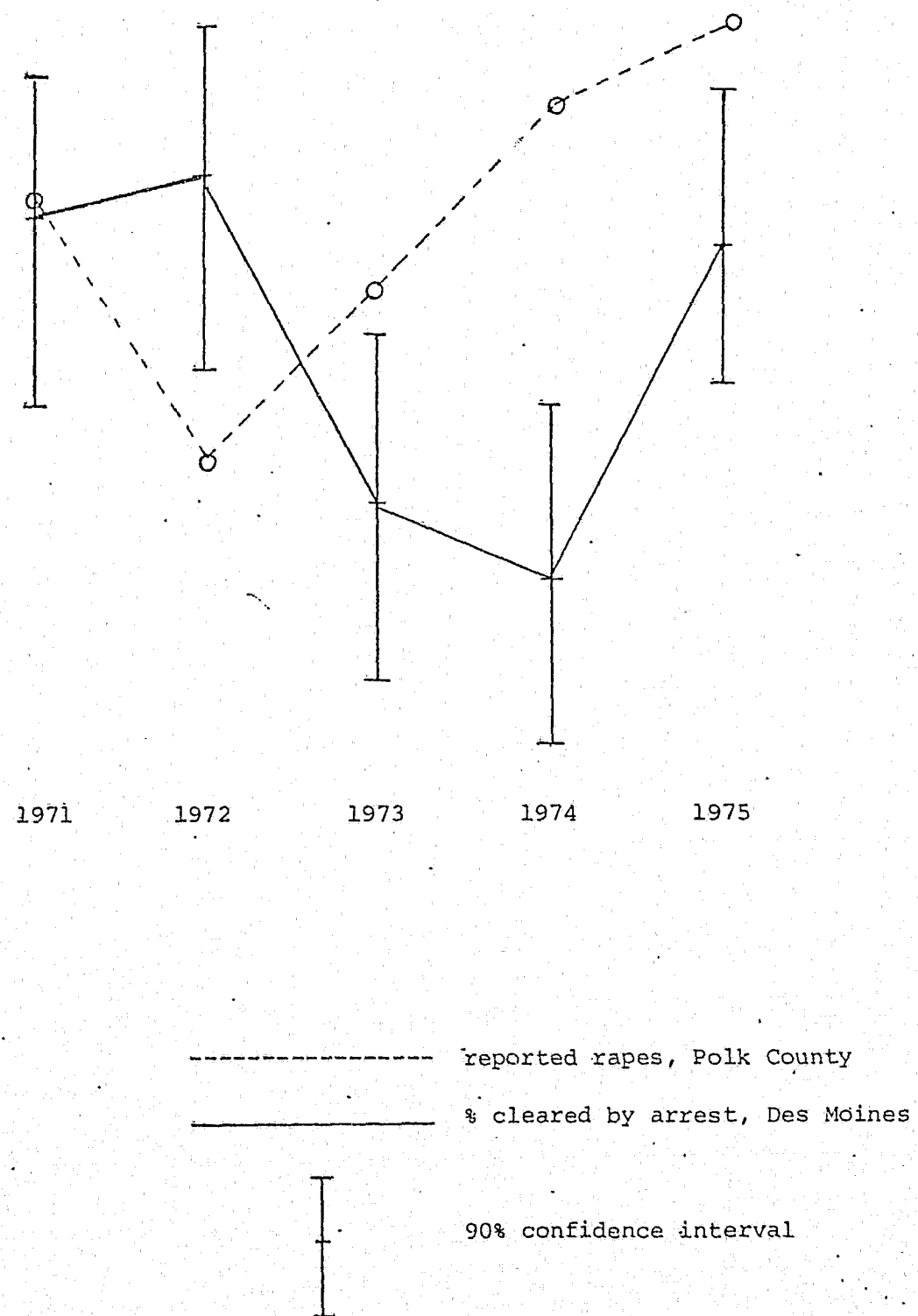
Year	# Cases (excl. unfounded)	# Cleared by Arrest of Exceptional Means	% Cleared
1971	66	47	71
1972	44	32	73
1973	52	28	54
1974	62	31	50
10-74/10-75			
Project Period	58	40	69

The project period shows a significantly higher clearance rate than the preceding year (significant at the 90% level by chi-squared test). As Figure 1 shows, however, the two years preceding the project had clearance rates significantly lower than 1971-72. Compared with all four pre-program years, the 1975 increase is not significant. It is not clear, therefore, whether 1975 or 1973-74 represents the unusual period.

In light of the improved clearance rate, one would expect that the Polk County R/SACC would receive enthusiastic endorsement from local law enforcement personnel. However, this is not entirely the case. The Chief of Police is not particularly impressed with the Center's activities and, in a view shared by his assistant and the members of the detective bureau, indicated his impression that the money would be better spent by hiring more law enforcement personnel, since he believes that aiding victims of rape is not as important as apprehending offenders. Despite this position, none were able to offer any explanation for the increase in clearance rates. Furthermore, while they did not perceive how the R/SACC was helpful in the investigation process, they did not allege a hindrance, although there was some concern as to the Center's knowledge of rapes not reported to the police. However, when this is viewed along with the knowledge that the R/SACC has participated in Police Academy Training and has often been contacted by patrol officers (who are the first to the scene of the crime, the first to interrogate and the most likely to clear the case) it is clear that the actual linkage with the police, although sometimes obscured by rhetoric, is in practice quite good.

The Polk County Sheriff's Department has offered its enthusiastic support. As noted earlier, they have added the task of contacting the R/SACC immediately upon notification of a rape incident to their standard operating procedures. During the on-site visit, the Sheriff and a member of the rape investigation unit (composed of a male deputy and a female staff member) indicated their impression that the Center has been helpful in all phases of the investigation.

FIGURE 1



(3) Convictions

The Polk County R/SACC is a prosecution program, and as expected, has received the endorsement of the County Attorney's office. The primary procedural achievement of this office is the assignment of all cases to the special Prosecutor. This is significant for two reasons. First, the special Prosecutor is a woman. While feminists have debated the issue as to whether such procedures "ghettoize" women into roles from which they cannot ascend, such criticism does not apply here. The woman in question has asked for the assignment and handles other cases in addition to rapes and sexual assaults. Moreover, victims report that they appreciate having a woman involved as prosecutor. Second, the previous procedure involved different assistant prosecutors handling different stages of the cases. Under this system, there was no personalization, little continuity and no opportunity to develop expertise in this area. Many victims have indicated that the constant presence of the prosecutor and her dedication was instrumental in their decision to continue to pursue charges (some even after the grand jury failed to indict). In fact, it was not uncommon to find victims referencing the prosecutor as "My lawyer." Representatives of both the judiciary and the public defender's office noted perceptible improvement in the quality of the case presentation since the special prosecutor has taken charge.

Of course, the ultimate test in the area of prosecution is the number of cases disposed of at either the pleading or trial level and the number of convictions. Figures 2 and 3 compare the outcome of each step of the criminal justice process in pre- and post-project periods. Examination of these charts clearly indicates that the prosecutor's office has been successful on both counts. Compare: charges filed in 76% of cases where the victim is identified, as opposed to only 33% in pre-program (chi square = 13.85, $p < .01$). Conviction rates have also risen dramatically: While only 40% (4 of 10) of those cases tried in the pre-project period resulted in conviction, that figure rose to 65% in the project's first year (chart 2.2.2, chi square = 1.70, (not sig.) and is now up to 82% (18 of 22 with cases pending; chi square = 5.60, $p = .02$).^{*} It has been noted earlier that some major judicial changes have occurred that might also have impacted on these rates. Particularly, these are the change in jury instructions (judges no longer tell juries "Rape is easy to allege, hard to prove and harder to disprove") and new restrictions on testimony regarding prior sexual history. While there is no way of determining how large an effect these have had, neither would seem to have an effect at the initial filing stage (up from 33% - 76% of cases with identified suspects) and neither would affect instances where defendants plead guilty which accounts for 12 of the 18 convictions.

In sum, the available data indicate that there have been more convictions and fewer victim dropouts since the existence of R/SACC. Although there is insufficient control over other variables to assume that the existence of the SACC has brought about these changes, it is reasonable to assume some correlation.

^{*} This figure belies an allegation made by the defender's office that the R/SACC and the prosecutor's office are simply forcing lover's quarrels and non-paid prostitutes to court. Apparently juries (and pleading defendants) don't think so.

FIGURE 2

DES MOINES POLICE DEPARTMENT and POLK COUNTY SHERIFF'S OFFICE
 Rape Cases Reported
 (January, 1973 - April, 1974)

Cases Reported	Identification of Suspect	Filing of Charges	Grand Jury Action or Information Filed	Trial or Plea Outcome
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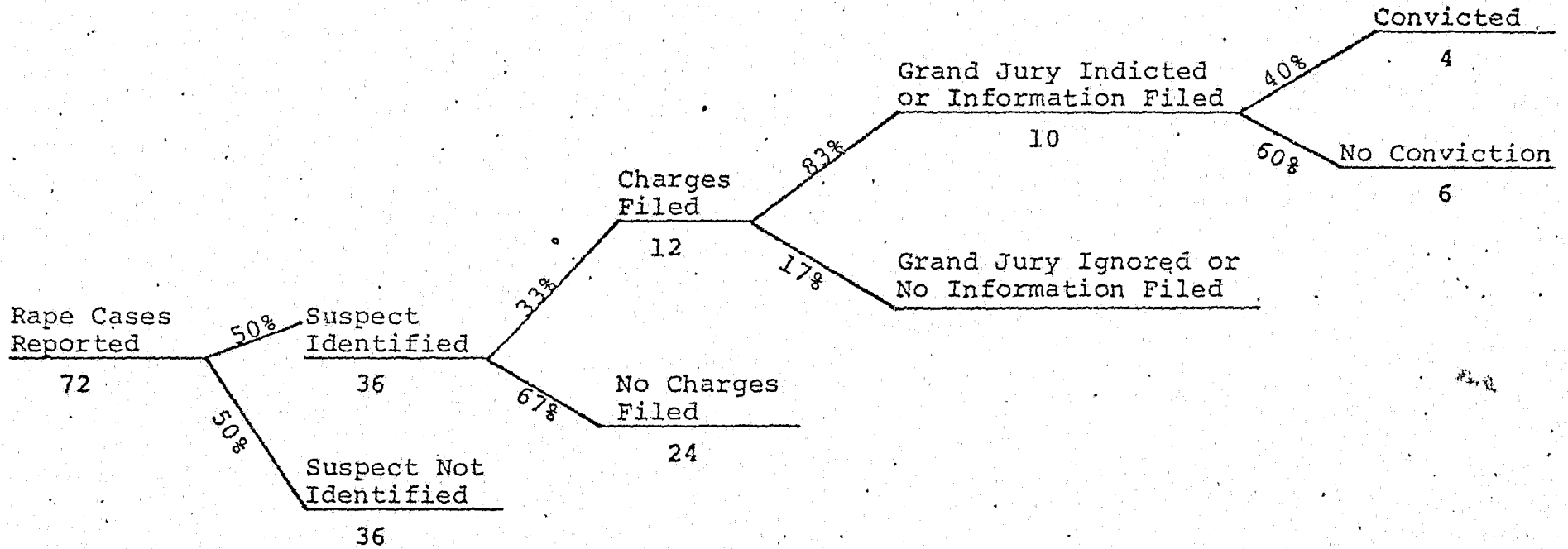
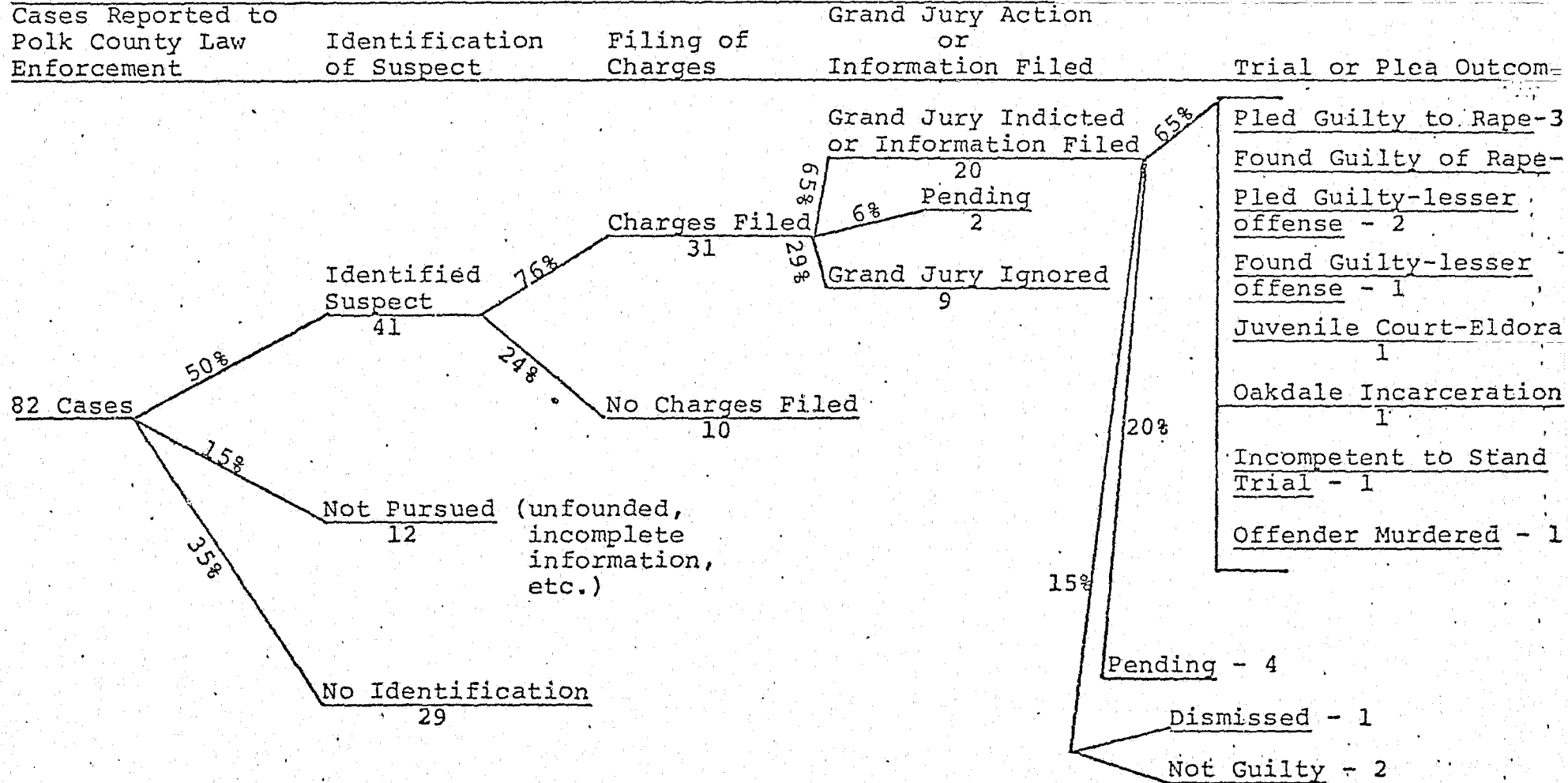


FIGURE 3

Rape/Sexual Assault Care Center
 CRIMINAL CASE REPORT (October, 1974-October, 1975)



2.3 Efficiency

Since the R/SACC has received enthusiastic support from its sponsoring agency (Polk County Attorney's Office) and funding agency (the Central Iowa Area Crime Commission), there have been no problems in procuring the funds necessary to operate the project. Moreover, total annual operating costs have been extremely low as the following budget breakdown will indicate:

SPA funds (CIACC)	13,062.88
State buy-in (cash)	653.14
Applicant Agency Match (cash) (Polk County Board of Supervisors)	<u>3,701.15</u>
	17,417.17*

Two major project characteristics explain the project's low operating costs. First, much of the R/SACC's activities are conducted either by volunteers (i.e., the Board of Directors and the Speakers Bureau) or staff members of other agencies to which the victims are referred. Second, with the exception of the cost of the phone answering service and supplies (17% of the budget) the only direct expenses are salary-related, as office space has been donated by the Lutheran Hospital. Of course it should be added that if contacts increase there will be a need for additional victim contact staff. This is a salaried position and thus would entail a budgetary increase. It should also be noted that the salaries are quite low and would probably have to be increased in any replication attempt. (The Director is currently paid \$10,500 per year.) All indications are that beginning fiscal '76 the project will be fully funded by the Polk County Board of Supervisors as a county agency. (The Board, it might be remembered, is represented on the Board of Directors, and it also sits on the budgetary committee.) The issue of staff salary has yet to be resolved; some increase is, however, expected.

It would be impossible to apply some "cost per item" scheme in estimating the cost/effectiveness of this program due to the difficulty of defining "item," and assigning a monetary worth to services rendered. While some might emphasize the cost per victim served, others might emphasize the cost per offender convicted. While the former is measurable, it does not appear to be a valid yardstick; what is the cost if she is not served? The latter is equally narrow in scope and also impossible to measure monetarily. What costs, social and financial, accrue if he is not convicted? Finally, how can an estimate of rapes that are prevented be established or measured?

* This represents the most recent funding period 7/1/75 to 12/31/75. As this is a six-month period, the project's yearly budget should be estimated at about \$35,000.

In the final analysis we can only ask, how else might that money be spent? The available evidence of increased clearances and convictions, as well as the community involvement generated by R/SACC education programs, would seem to suggest that hiring two more law enforcement personnel, as suggested by the Chief of Police, would not be likely to produce equal or better results.

2.4 Replicability

During the last five years, lawmakers and law enforcers have grown increasingly more sensitive to the issues involved in the investigation and prosecution of rape and other sexual assault offenses. Specific attention has been paid to the treatment (both medically and personally) of the victim. At the same time more and more numbers of the public at-large have begun to realize that rape victims are just that -- victims -- who neither "asked for it" nor, in most cases, had opportunities to escape or defend themselves successfully. Not coincidentally, these attitudinal changes have corresponded to other significant strides in the women's movement.

The heightened awareness of the problem of rape and sexual assault has stimulated significant changes in the law as well as the approaches of related agencies and personnel. Appropriate medical, enforcement and prosecutorial procedures have been stressed and specific guidelines and recommendations drafted.* Additionally, crisis treatment centers for rape victims have been developed in many urban areas.**

The goals of the Polk County R/SACC are in concert with most other rape centers. In fact, either by design or necessity many such centers are confined to the pursuit of a single objective and do not simultaneously oversee the dual objectives of decreased trauma through victim service and increased prosecution through cooperation with law enforcement agencies. Often, the determining factor in a Rape Center's ambition is the degree to which its staff and supporters are "legitimized" in the community's political and criminal justice systems. Identification with radical feminists can easily limit a project's ambitions to that of victim service only. Without question, however, the Polk County effort has generated sufficient support from established community services to enable the project to pursue enforcement objectives as well.

Several unique elements of the R/SACC structure have contributed to the Project's operating success. These elements, and their implications for the development of similar centers, are noted below.

* Prescriptive Package on Rape and Its Victims: A Report for Citizens, Health Facilities, and Criminal Justice Agencies, National Institute of Law Enforcement and Criminal Justice, Law Enforcement Assistance Administration, U.S. Department of Justice, November 1975.

** Another such program, The Seattle Rape Reduction Project, will be the subject of an upcoming validation report which will discuss related crisis centers in greater detail.

- The broad-based, non-partisan scope of the Board of Directors and the active involvement of its committees has allowed the Center to become known and respected throughout the community. Furthermore, the Board has been largely responsible for most of the community education activities. It would seem that such a structure could be replicated in a community with the size and stability of Des Moines (201,000 in the 1970 Census). However, in areas of more than 500,000, or with a more transient population, reliance on volunteer support may be more difficult, if not impossible. This is not to say that Des Moines has some unique degree of homogeneity, but only that there is a sense of "home-townness" and community stake that may be limited by size and mobility.
- Since the R/SACC does not engage in any long-term counseling effort but instead acts as a clearinghouse, this type of project must necessarily have strong linkages with appropriate community service agencies. Although this is related to the previous discussion of the Board's role in establishing linkages, community size would be a less limiting factor as larger cities would have a greater abundance of agencies to call upon.
- The R/SACC has also been instrumental in formalizing procedures for medical examinations, police interrogations and prosecution. These changes all appear to be instrumental in gaining the successes achieved in Des Moines in de-traumatizing the process for victims and encouraging them to pursue prosecution. This can be accomplished, as it has in Des Moines, through a Rape Crisis Center willing and able to provide the necessary training and materials. Of course, the agencies themselves can decide to adopt similar procedures and seek out materials or guidance. Whether pursued formally or informally, the only bar is the willingness of appropriate agencies to adopt new procedures sensitive to the concerns of victims of rape and sexual assault. Since most such agencies operate in the public service, this ultimately becomes a political issue. The changes in the state's rape law which preceded the organization of R/SACC were clearly important -- if not critical -- to the success of the project. In other communities, a similar legal framework would certainly assist, and perhaps precondition, the development of a comparable intervention effort.

In short, a community must be disposed to address the issue of rape in a new manner. Given a properly conducive setting, there do not appear to be any unique impediments to the replication of the Des Moines experience. The unique feature of Des Moines is that it has institutionalized procedures.

The "Center" will become an agency of the county and thus itself be institutionalized. However, as a budget item it will appear only as an answering service bill, and salaries for a secretary and two counselors. What will continue at no continuing cost is the personalized procedures in the emergency wards of the county's hospitals, the sensitized interrogation techniques of the county's law enforcers, and the priority treatment accorded rape and sexual assault cases by the County Attorney.

If other communities wish to benefit from the Des Moines approach, substantial materials exist to document the R/SACC's activities. Furthermore, the conference to be held in May will be accompanied by a literature package that will be presented to facilitate replication.

2.5 Accessibility

The project staff, Board members and participating agencies were open and eager to be of assistance during our site visit. All persons contacted were more than willing to meet with the validation team and answer questions about the project with candor. Additionally, materials were readily available upon request. These individuals also indicated that they would be willing to meet with representatives of other programs or communities who have an interest in either developing such a program, or sharing ideas. The seriousness of their intentions is best demonstrated by reference to the conference planned for May of this year (Appendix C3).

3.0 SUMMARY OF MAJOR PROJECT STRENGTHS AND WEAKNESSES

3.1 Major Project Strengths

- The strongest and most unique element of the Center is the depth of involvement of the Board of Directors which provides the R/SACC with approximately 70 very gifted and dedicated volunteers.
- Associated with the strength provided by the Board is the extent to which the R/SACC is linked with community service agencies.
- The priority given rape cases by the County Attorney's office, allowing one staff member free reign and almost full time to pursue these cases, is felt by both the victim, in the personalized treatment she receives, and the offender in the preparation of the case against him.
- The cooperation the R/SACC has established with hospital emergency wards, especially Broadlawn's, has involved the development and implementation of written procedures to insure both sensitive victim treatment and the preservation of important evidence for future prosecution.
- The 24-hour phone and contact service provided by the two staff members insures that every rape victim will speak to and, if she desires, be accompanied by, competent understanding professional help within minutes of the incident.
- The quality of the education materials and the extent of their dissemination have and will continue to contribute to the demythification of rape.
- The low cost of the project must be considered a strength. Through dedication, perserverance and judicious allocation of resources, the project exists for practically the cost of three salaries.
- Since the inception of R/SACC there have been more convictions and fewer victim drop-outs.

3.2 Project Weaknesses

- Currently, the major weakness lies in the lack of rapport with the county's largest law enforcement agency, the Des Moines Police Department. While this has not translated into non-cooperation on the line level, it has thwarted issuance of written Standard Operating Procedures regarding the Center (as with the Sheriff's Department). This weakness has also prevented the staffing of the rape detective team with a woman officer despite the desire of one to be assigned.
- Recent developments in prosecutorial access to victim files while not, itself, a "weakness" will most likely force the staff to reconsider its record-keeping procedure and promises of confidentiality. This could have some negative effects.
- Although there have been more convictions and fewer victim dropouts since the inception of R/SACC, the evidence of increased rape reports and clearances is somewhat equivocal.

APPENDICES

- Appendix I: Exemplary Project Recommendation
- Appendix II: Memorandum to M. Beck from C. Burstein re Validation Visit
- Appendix A: Schedule
- Appendix B1: Mayor's Citizens' Conference on Rape: List of Sponsors
- Appendix B2: Mayor's Citizens' Conference on Rape: Agenda
- Appendix B3: Mayor's Citizens' Conference on Rape: Recommendations
- Appendix B4: Polk County Rape/Sexual Assault Care Center: Letter of Recruitment
- Appendix C1: Broadlawns Polk County Hospital: Policy on Rape
- Appendix C2: List of Referrals to and from Other Agencies
- Appendix C3: "Focus on Sex Crimes" Conference Agenda
- Appendix D: Member Organizations of the R/SACC
- Appendix E1: R/SACC Reporting Form
- Appendix E2: Victim, Offender and Incident Characteristics Cases Reported to Polk County Rape/Sexual Assault Care Center



MISSION [REDACTED]
3125 Douglas Avenue • Des Moines, Iowa 50310 • Phone 515/281-3241

December 1, 1975

Mr. Michael Lamson
Law Enforcement Assistance Administration
U. S. Department of Justice
436 State Avenue
Kansas City, Kansas 66101

RE: Exemplary Project Consideration

Dear Mike,

Enclosed please find material necessary for considering the Polk County Rape/Sexual Assault Care Center an exemplary project. Presumably, the only element missing for consideration is an endorsement from the LEAA Regional Office. Trish MacRae Harlow, Associate Director of the Central Iowa Area Crime Commission, has informed me that revised statistics will be available in January.

Your endorsement and attention to this matter will be appreciated.

Sincerely,

Clair R. Cramer

Clair R. Cramer
Courts Specialist

CRC:kk

Enclosure



EXEMPLARY PROJECT RECOMMENDATION

I. Project Description

1. Name of the Program

POLK COUNTY RAPE/SEXUAL ASSAULT CARE CENTER

2. Type of Program (ROR, burglary prevention, etc.)

Courts - Victim Support and Systems Improvement for Sexual

3. Name of Area or Community Served

Polk County

(a) Approximate total population of area or community served

294,449 total population in county

(b) Target subset of this population served by the project (if appropriate)

No. Served	Period	Population
99 victims	10-1-74 -- 4-15-75	NA

4. Administering Agency (give full title and address)

Polk County Board of Supervisors
Samuel Anania, Chairman
Polk County Courthouse
Des Moines, Iowa 50309
Phone: 1-515-284-6080

(a) Project Director (name and phone number; address only if different from 4 above.)

Same as above

(b) Individual responsible for day to day program operations (name and phone number) (over)

Ms. Corinne Whitlatch, Coordinator-Rape/Sexual Assault Care
Center, 700 E. University, Des Moines, Ia. 50314--515-283-5666

5. Funding Agency(s) and Grant Number (agency name and address, staff contact and phone number)

Central Iowa Area Crime Commission
1221 Center, Suite 2
Des Moines, Iowa 50309
Contact: Ms. Trish MacRae Harlow-1-515-283-1521

(over)

Grant #702-75-04-7700-33-03

6. Project Duration (give date project began rather than date LEAA funding, if any, began)

Project began September 18, 1974

4. b)

Ms. Karla Fultz, Special Prosecutor
Polk County Attorney Office
Polk County Courthouse
Des Moines, Iowa 50309
1-515-284-6093

5. Iowa Crime Commission

3125 Douglas
Des Moines, Iowa 50310
Contact: Mr. Clair Cramer-1-515-281-3241

7. Project Operating Costs (Do not include costs of formal evaluation if one has been performed. See Item 8)

Breakdown of total operating costs, specify time period:

	9-18-74--6-30-75* (over)	7-1-75--12-31-75* (over)
Federal:	\$17,383.06	\$13,062.88
State:	712.70	653.14
Local:	5,081.66	3,701.15
Private: **	(over)	(Special prosecutor time contributed at no charge not included in total or local contribution)
Total:	\$23,177.42	\$17,417.17

Of the above total, indicate how much is:

(a) Start-up, one time expenditures: \$1,381.00

(b) Annual operating costs: \$34,834.00 (on an annual basis)

(A complete budget breakdown should be included with the attachments to this form)

8. Evaluation Costs (Indicate cost of formal evaluation if one has been performed)

Total Cost	Time Period	Principal Cost Categories
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9. Continuation. Has the project been institutionalized or is it still regarded as experimental in nature? Does its continuation appear reasonably certain with local funding?

The project will be continued through December, 1976 with LEAA funding and an increasing proportion of local funding (40% local funds for calendar year 1976). Complete funding by Polk County after federal funds are depleted looks very positive due to the success of the project.

* The reason for short grant periods is the specific availability of federal funds within specific fiscal years. The next grant will come from FY '77 funds, available in November, 1975.

** A local hospital contributes office space, remodeling and furnishings, while many other services (consultation, design of public education materials, etc.) are donated by volunteers. No estimate of these items is made for the budget.

II. Attachments. Please attach the following:

Attachment A - Program Review Memorandum

(See attached narrative)

This memorandum should contain the following elements:

1. **PROJECT SUMMARY** - brief statement of the project's objectives and methods of operation.

2. **CRITERIA ACHIEVEMENT** - explanation of the degree to which the project meets each of the five Exemplary Project criteria listed below. Be as specific as possible, using the questions that follow each criterion as a guide.

(a) **Goal Achievement.** The project must demonstrate overall effectiveness in the achievement of significant criminal justice objectives.

(1) Has the project contributed significantly to the reduction of a specific crime or crimes, or produced measurable improvement in the operations and quality of the criminal justice system?

Note: To respond to this criterion, please list each project goal. Under each, cite what you consider to be appropriate evaluation measures. Then describe what evidence actually exists to support your achievement in this area, for example:

Goal: To increase the employment prospects of employees.

Measures: No. of anticipated job placements
Percentage of time employed during the first year after release.

Outcomes: Number of actual placements.
Number employed full time for the first year
Number employed for 50 percent of the first year, etc.

(2) To your knowledge has the project been generally more successful than other projects which address the same problem?

(b) **Replicability.** The project must be applicable and adaptable to jurisdictions other than the one in which it is operating.

(1) Does the project address a problem of reasonably common concern?

(2) Does adequate documentation exist to permit a general understanding of the project's methodology and operations?

(3) Are there special features that appear principally responsible for the project's success, e.g. concept, methodology, administrative expertise, staff commitment? If superior administration and commitment are the chief factors, to what extent is the program likely to be replicable without these factors?

(4) What are the restrictions, if any, on size and type of community (e.g., urban vs. rural) for which the program would be appropriate?

(c) **Measurability.** The achievements of the project must be capable of being objectively measured.

(1) Is the project still in operation and has it been operating for a long enough time to test its utility? (e.g., at least one year).

(2) Has the project been evaluated? Please list all efforts, both prior and current, as well as those in the planning stages:

Evaluation Activity	Evaluator	Duration	Available Documents
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Prior

Current

Planned

(3) If there is no formal evaluation procedure, is there objective evidence that the program's goals are being achieved? If so, what is the evidence?

(d) **Efficiency.** The costs of the project must be reasonable.

(1) Is there evidence that the project has been cost beneficial, i.e., did the benefits derived from the project justify the expenditures of time, money, and manpower that went into it?

(2) Were other, cheaper, or more expensive projects considered as ways of addressing the problem?

(e) **Accessibility.** An outside group of validators must be able to examine the project in detail. If the project is designated exemplary, law enforcement and criminal justice personnel from other locales who may be interested in undertaking similar programs must be able to visit the project and to consult with responsible project staff.

(1) Is the agency agreeable to having the project submitted for evaluation, publicity, and visitation?

(2) Is it reasonably certain that the project will continue to exist so that evaluators may collect data; the project can be publicized; and the project can be visited by those who learn of it through the Exemplary Projects Program?

3. **OUTSTANDING FEATURES** - indication of the most impressive feature(s) of the project.

4. *WEAKNESSES* - frank statement of those areas of project operation that could be improved. (It is assumed that a project will not be recommended if there are critical program weaknesses).

5. *DEGREE OF SUPPORT* - indication of the degree of local support, e.g., criminal justice officials, local government officials, citizen groups, the news media.

Attachment B - Endorsements

Each LEAA funded project should have a written endorsement from the appropriate SPA and LEAA Regional Office. Endorsements from other sources may be attached if available.

Attachment C

For LEAA funded projects, attach a copy of the grant application(s), all annual progress reports, and the most recent quarterly reports. If a formal evaluation has been undertaken, this report should also be attached.

For non-LEAA funded projects attach a complete budget breakdown and such progress and evaluation reports as may be available.

Exemplary Projects Advisory Board

State Planning Agency Directors

Norman E. Mugleston, Executive Director
New Mexico Governor's Council on
Criminal Justice Planning

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National Criminal Justice Information
and Statistics Service

Ronald Trethric
Region 9 - San Francisco

James Vetter
Region 8 - Denver

Our thanks to the former members:

William T. Archey
Nick Pappas

ATTACHMENT A

PROGRAM REVIEW MEMORANDUM

1. Project Summary

Objectives:

1. To increase interagency coordination and cooperation to provide more effective services to the victim in a less traumatic way. This involves a coordination and upgrading of services provided by medical, law enforcement, social service and prosecution resources, through the vehicle of the Rape/Sexual Assault Care Center.
2. To increase the sensitivity and effectiveness of criminal justice resources as it relates to sexual assault cases in order to increase reporting, clearance rates and convictions in sexual assault cases.
3. To provide a public education program which will reduce the risk of sexual assault and prepare potential victims to handle such attacks with a minimum of physical and emotional damage.
4. To educate potential jurors (society in general) regarding the realities of sexual assault, and to alter attitudes based upon commonly accepted myths (i.e., women cannot be raped against their will).

Method of Operation:

The project consists of a full-time Coordinator, two full-time Victim Contact Workers, a part-time secretary and a Special Prosecutor, whose services are contributed to the project on a close-to-full-time basis by the County Attorney. The Coordinator and Victim Contact Worker are available 24-hours per day through a beeper system, and are contacted by either the victim, a friend or relative, or agency (hospital, police department, etc.) at point of entry into the system. The Center staff (Coordinator or Victim Contact Worker) then meet the victim and are with the victim through the entire process (medical exam, police interviews, meetings with the Special Prosecutor, court appearances, etc.) in order to provide support to the victim and assist the criminal justice personnel in securing needed information. No pressure is applied to the victim to either report the incident or to follow through on prosecution; however, the increased personal contact and support provided by the Center staff, and the increased quality of prosecution, have resulted in most victims pursuing criminal justice action. The Special Prosecutor handles all elements of the prosecution from start to finish. The Coordinator and Special Prosecutor have worked with medical and law enforcement personnel to stress procedural and evidentiary requirements. The Coordinator handles coordination of victim support services from social service agencies and assists the victim in dealing with the trauma of the incident and the subsequent criminal justice processes.

ATTACHMENT A
(Continued)

The Center staff also handles a wide variety of public education efforts, supplemented by a corps of volunteers. Training sessions for agency and criminal justice personnel are a shared responsibility of the Center staff and the Special Prosecutor.

2. Criteria Achievement

a. Goal Achievement

(1) Measurable Impact

During the first four months of the grant, significant progress has been made in the areas of inter-agency coordination and cooperation, the provision of services to victims, criminal justice responses to sexual assault victims, community education, and organizational development/administration.

I. Interagency coordination and cooperation

Coordination and cooperation between the Sexual Assault Care Center and medical, law enforcement, social service and prosecution resources provides more effective services to the victim in a less traumatic manner.

A. Medical Resources

GOALS

The goals of the Sexual Assault Care Center, in relation to medical services, are as follows:

1. To obtain the most accurate and complete medical evidence and testimony possible by:
 - a. reviewing hospital procedures for treatment of rape victims and recommending revisions which would create a standard procedure. Authority has been granted the Center to do such by the Metropolitan Emergency Department Committee and the review is in process;
 - b. insuring that the consent for release of information slip is signed in appropriate cases;

in process: determining why and where delays in getting this information to the prosecutor occurs and implementing improvements;
 - c. in process: prepare hospital personnel as potential witnesses by preparing an information sheet to be given examining physicians outlining what would be expected of them if the case would go to trial;

- d. insuring that possible evidence-bearing clothing be made available for police investigation;
 - e. educate potential victims and counsel initial contact victims regarding importance of not destroying possible evidence by bathing, douching, etc.;
2. To lessen the trauma of the examination for the victim --
- a. Most Polk County hospitals contact the Center whenever a rape case is coming or arrives and the Coordinator or Victim Contact Worker is present during the examination to comfort and support the victim and explain to her and her family what is happening.
 - b. Recognizing that the purpose of much of the exam is to obtain legal evidence, the elimination or reduction of costs to the victim is a desirable goal. Two hospitals have recently eliminated fees for victims that have contact with the Center.
 - c. An effort to sensitize hospital personnel to the physical and emotional needs of rape victims is being implemented. An inservice for nurses at Broadlawns was conducted in November and nursing inservices were conducted at Lutheran Hospital and Des Moines General Hospital in January.

ACCOMPLISHMENTS

Significant progress has been made in reaching these goals. The coordinator of the Rape/Sexual Assault Care Center meets regularly with the Metropolitan Emergency Department Committee, and each Polk County hospital has representatives on the Rape/Sexual Assault Care Center Board

of Directors. The coordinator has developed procedural recommendations for the Metropolitan Emergency Department Committee. (See Attachment I). These recommendations are now incorporated within existing procedures. The Sexual Assault Care Center has also been actively engaged in training for medical personnel. Training has already been conducted for the Broadlawns, Lutheran and Des Moines General nursing staff, and the Association of Medical Assistants to Private Doctors.

The coordinator has also met with the Public Health Nurses' Director of the State Department of Health regarding utilizing those nurses for follow-up in cases outside of Polk County.

In addition, two Polk County Hospitals, Des Moines General and Iowa Methodist have instituted a policy of eliminating fees remaining after insurance billing for those sexual assault victims who accept service from the Rape/Sexual Assault Care Center.

The Iowa Senate has placed an amendment on the Criminal Code Revision to require that treatment for rape victims be paid out of county funds.

The Rape/Sexual Assault Care Center worked cooperatively with medical resources on 33 of the 54 cases which had contact with the Center. Three of those cases involved assistance to medical personnel concerning their handling of victims, two cases involved counseling of past victims, and in 28 cases, the coordinator or victim contact worker was with the victim during the medical examination. While most of the cases involved Broadlawns hospital, case cooperation in at least one instance is recorded for each of the hospitals in Polk County. Cooperation from the Polk County hospitals has certainly been noteworthy, and it would seem to indicate that the program is filling a definite need of hospital personnel.

PROBLEMS

As indicated under the "Accomplishments" section, the Rape/Sexual Assault Care Center - medical aspect of the program is progressing relatively smoothly. Additional work is needed, of course, in increasing the awareness of potential victims, law enforcement officers and the medical community of the need to secure the medical evidence as soon as possible after the assault. In addition, in-service training will continue with medical personnel in the areas of testimony, evidence, and the physical and emotional needs of victims.

One problem area appears to revolve around the private physician's reluctance to handle rape victims, and this may relate to the concern about having to appear in court. This also has an impact, then, on the ability of some hospital emergency rooms to provide services if they rely upon the private physician to actually conduct the examination. There have been a limited number of cases where a victim was shuttled from one hospital to another before an examination could be accomplished. Since there are a large number of private physicians in Polk County whose patients could be potential victims, it would be an impossible task to educate each one in the needs of the victim and the requirements regarding testimony. Therefore, it appears more feasible to continue working through the hospitals themselves to resolve the problem.

B. Social Services Resources

GOALS

The goals of the Rape/Sexual Assault Care Center, in relation to the provision of social services to rape and sexual assault victims are as follows:

1. In effect: to lessen victim trauma during the immediate post crisis period --

- a. Community-Telephone-Counseling, Inc. provides, under contract with the Center, a 24-hour telephone counseling service using trained and supervised personnel to provide initial counseling and/or implement immediate contact with Center personnel;
- b. provides, through the physical presence of the female coordinator of victim contact worker, to the victim (and family and friends as needed) support and information:
 - 1) during the hospital examination; 2) in making the decision to report the assault, and 3) during the contact with law enforcement bodies. Advice or information is frequently obtained from the special prosecutor via telephone.
2. In effect: to ease the victim's return to normalcy of life --
 - a. offer availability to victim, family and friends of Center's counseling and informational services, and complete a follow-up phone call or visit;
 - b. insure appropriate medical follow-up regarding possible and actual venereal disease and pregnancy;
 - c. provide appointment counseling when requested and informal counseling during all contacts;
 - d. refer victim to other social service agencies when requested or needed; assist the victim in arranging that contact.
3. In effect: to support the victim/family through the criminal justice procedures by --
 - a. keeping her informed of the progress of the case and accompanying her during all phases - hearings, depositions, etc.
 - b. facilitating contact with and confidence in the special prosecutor;

- c. helping her to understand, accept the need for, and be able to give testimony, especially regarding the sensitive areas of consent and details of the sexual offense.
- 4. In effect: to assist and inform case workers of other agencies in their work with clients who become victims of sexual assault --
 - a. counseling advice from the coordinator and/or criminal justice information from the special prosecutor.
- 5. In effect: provide counseling, advice and information to those of sex-stress situations and past sexual assaults that have no criminal justice relevancy.
- 6. In effect: through community education, open the subject of sexual assaults to enlightened public and professional discussion.
- 7. In effect: develop the Board of Directors' knowledge of an awareness of areas where victim services can be improved and effect implementation; such as elimination of fees for medical examination.

ACCOMPLISHMENTS

Many of Polk County's social service professional agencies and community organizations have representatives on the Center's Board of Directors. The Victim Services Committee of that Board has been meeting regularly, provides information and direction to the coordinator, and is in the process of writing policy regarding victim services. All Center services are free to clients and the confidentiality of these clients is protected. (See Attachment II).

Attachment III provides statistical information concerning services provided to clients of the Rape/Sexual Assault Care Center.

Coordination with social services agencies appears to be progressing well, with cooperative efforts indicated between the Rape/Sexual Assault

Care Center and eleven agencies on fourteen cases. In addition, nine victims were referred to other agencies for continuing assistance. Twelve cases involved counseling by the coordinator or victim contact worker with the victim or close family member. While the Rape/Sexual Assault Care Center staff receives continuing consultation from the members of the Victim Services Committee regarding victim counseling needs and approaches, the counseling goal of the Rape/Sexual Assault Care Center is to deal with the immediate crisis situation and to minimize the stresses of the aftermath of a sexual assault; in other words, to attempt to return the victim to her pre-assault state. Any on-going counseling needs which are not directly related to the assault, are handled by referral to other professionals. The most intensive work for the center involves those cases where the victim pursues prosecution due to the additional stresses of that experience.

The Rape/Sexual Assault Care Center coordinator and victim contact worker also provide in-service training for staff of community agencies regarding the physical and emotional needs of victims, the criminal justice process as it relates to sexual assault and rape prevention. Training has been conducted thus far for Planned Parenthood and a group of school counselors. Indirect benefit to community agencies is seen through the contact between the coordinator and the community agency representatives on the Victim Services Committee. Both in-service training and materials concerning rape and dealing with sexual assault victims have been provided to counselors with Community Telephone Counseling, Inc.

PROBLEMS

While not seen as necessarily a problem, the Rape/Sexual Assault Care Center Board has determined that a major effort must be made in the area of public education, both in terms of the public and community agencies. During the second year of operation a greater proportion of time and resources will be devoted to this aspect of the program.

C. Law Enforcement Resources

All Polk County Law Enforcement agencies have representatives on the Center's Board of Directors.

GOALS

The major goals of the Rape/Sexual Assault Care Center in relation to law enforcement are as follows:

1. To increase the reporting of appropriate cases of sexual assault:
 - a. in effect: build a public image which will bring about public confidence in law enforcement contact; this is a function of the coordinator and victim contact worker with advisory assistance from the special prosecutor.
 - b. in effect: provide the victim who has not yet reported, the information and support she needs to make the appropriate decision. This is a function of the coordinator and victim contact worker with advisory assistance from the special prosecutor.
 - c. in effect: provide support, counseling, medical assistance and/or referral to other social service agencies for those victims of sex-stress situations that are not criminal assaults.

2. To increase identification, arrest and convictions of those guilty of sex crimes:
 - a. in effect: insure the best possible medical evidence; see medical progress report for details.
 - b. in effect: increase the cooperation of the victim/chief witness by being with the victim and her family during criminal justice contacts and giving her the support and information necessary to lessen her trauma so that she can give the most complete information throughout the criminal justice process.
 - c. in process: increase the coordinator's, victim contact worker's and special prosecutor's knowledge of evidence through a planned session with identification personnel of the Des Moines Police Department.
 - d. in process: increase the knowledge and sensitivity of law enforcement personnel in their work on sex crime cases. An in-service sponsored by the Polk County Sheriff and initiated by the West Des Moines Police, for suburban and county law enforcement personnel, presented by the Coordinator, special prosecutor and medical doctor, is planned.

This goal could be best accomplished if initial Center contact occurred at the same time as the initial law enforcement contact with the victim.

3. To develop more complete knowledge of aspect of sex crimes -
 - in effect: by developing, in cooperation with the Central Iowa Area Crime Commission, a substantial body of statistical information.

4. To feminize the criminal justice process in its contacts with female sexual assault victims through the use, wherever possible, of female law enforcement personnel and through the intervention of the female Rape/Sexual Assault Care Center staff.

ACCOMPLISHMENTS

The Rape/Sexual Assault Care Center has received a great deal of cooperation from the media in its community education effort. In addition, a number of public education materials have been developed or secured for public use by the Center. These materials are reviewed in the evaluation section entitled "Community Education."

The Rape/Sexual Assault Care Center has been very successful in its goal of increasing the reporting of sexual assault cases in Polk County.

The following chart depicts rape cases reported to law enforcement authorities in Polk County from 1971 through 1973, and the number of Rape/Sexual Assault Care Center cases reported to law enforcement officials during the first three months of program operation.

<u>Year</u>	<u># Rape Cases Reported in Polk Co.</u>	<u>% Change</u>
1971	72	--
1972	57	-21%
1973	67	+18%
First 3 months of project (10-8-74 to 12-31-74) (Rape/Sexual Assault Care cases)	24	+37%
Polk County only	(96 est. for 1 yr.)	

This goal has been accomplished through cooperative Rape/Sexual Assault Care Center - law enforcement efforts whereby the victim is provided with the information and support needed to make the decision of whether or not to report the incident. In each case reported by Rape/Sexual Assault Care Center clients to law enforcement officers, the coordinator or victim contact worker was with the victim during the detective's interview. This support is seen as a major factor in the victim's willingness to report the incident.

The Rape/Sexual Assault Care Center staff attempts to assist both the victim and the law enforcement officer in securing the most complete information possible at the least cost to the victim in terms of trauma. This involves both the consolidation of interviews, so the victim does not have to go over the details repeatedly and the role of the coordinator as a "mediator" occasionally between the victim and police, explaining to the victim why the information is needed and providing support to the victim throughout the interview.

In order to accomplish this goal, a number of steps have been taken. The coordinator attended the symposium: "Rape -- Research, Action and Prevention" in January of 1975, which dealt in part with law enforcement procedures and evidentiary requirements (see Attachment V). In addition, both the coordinator and victim contact worker have received assistance in procedural, identification and evidentiary requirements from the Des Moines Police Department and Polk County Attorney's Office. In-service training, sponsored by the Polk County Sheriff and initiated by the West Des Moines Police Department, is being planned for suburban and county law enforcement personnel. The Rape/Sexual Assault Care Center coordinator, special prosecutor and a physician will present the workshop.

The Rape/Sexual Assault Care Center is making some progress toward its goal of being notified at the time of the first contact with law enforcement agencies. As of December, 1974, the Polk County Sheriff instructed his dispatchers to notify the Center at the time of initial calls concerning sexual assault. The Des Moines Police Department, which handled 19 of the 24 cases reported to law enforcement agencies in Polk County, does not yet procedurally contact the Center at the time of the initial contact. Police-Center cooperation initiates at the hospital and is in effect during the detective interview and thereafter. The Rape/Sexual Assault Care Center coordinator and victim contact worker have been meeting with Chief Nichols, will be appearing before roll call at the department, and have developed the written material relating to procedures included in Attachment VI.

Since 79% of the cases reported to law enforcement agencies have been reported to the Des Moines Police Department, an indicator of project success in increasing the identification and arrest of rape suspects would be a comparison of rape clearance rates at the Des Moines Police Department before and during project implementation. The following chart indicates clearance rates on rape cases by the Des Moines Police Department from 1971 through 1974 and during the project period (October, 1974 - February, 1975).

1971 - 1974 and October, 1974 - February, 1975

Des Moines Police Department - Clearances on Rape Cases

Year	# Cases (excl. unfounded)	#CBA or exceptional means	% Cleared
1971	66	47	71%
1972	44	32	73%
1973	52	28	54%
1974	62	31	50%
10-74 -- 2-75 Project Period	23	20	87%

It will be noted that there has been a significant increase in clearances during the project period of the Rape/Sexual Assault Care Center. Of the 24 Rape/Sexual Assault Care Center cases which were reported to the Polk County Law Enforcement Agencies, 71% involved identification of the suspect.

PROBLEMS

Three areas requiring additional attention have been identified.

1. Closer coordination with law enforcement so that the Rape/Sexual Assault Care Center staff is involved in the initial law enforcement interview. This has been seen as particularly necessary in cases where the victim is reticent to give all the pertinent information (resulting in the loss of some evidence) due to embarrassment. Continued attention is being given to this aspect.

2. Designation of one or more investigators at the Des Moines Police Department to work closely with the Center coordinator and special prosecutor on rape cases. While manpower limitations would have to be overcome to reach this goal, the designation of a specific liaison, such as is the case with the Polk County Attorney's Office, would allow for closer, more effective cooperation between the three agencies.

3. Training for law enforcement officers on procedural and evidentiary requirements. This is particularly critical as it relates to medical evidence and the timing involved.

D. Prosecution Resources

A special prosecutor from the Polk County Attorney's Office has been designated specifically to work on sexual assault cases in cooperation with the Rape/Sexual Assault Care Center coordinator and other medical, law enforcement, etc. resources. The special prosecutor, initially assigned to work on a part-time basis with the project, is now working almost

full-time with the project.

GOALS

The goals of the project, in relation to prosecution, are as follows:

1. To increase identification, arrest and convictions of those guilty of sex crimes:
 - a. in effect: insure the best possible medical evidence; see medical progress report for details.
 - b. in effect: increase the cooperation of the victim/chief witness by being with the victim and her family during criminal justice contacts and giving her the support and information necessary to lessen her trauma so that she can give the most complete information throughout the criminal justice process.
 - c. in process: increase the coordinator's, victim contact worker's and special prosecutor's knowledge of evidence through a planned session with identification personnel of the Des Moines Police Department.
 - d. in process: increase the knowledge and sensitivity of law enforcement personnel in their work on sex crime cases. An in-service, sponsored by the Polk County Sheriff and initiated by the West Des Moines Police, for suburban and county law enforcement personnel, presented by the coordinator, special prosecutor and medical doctor, is planned.
2. To feminize the criminal justice process in its contacts with female sexual assault victims:
 - a. in effect: a female coordinator or victim contact worker works with all known sexual assault victims having law enforcement contact.

- b. in effect: a female special prosecutor works on all cases where her attention is appropriate.
- c. in effect: encourage, verbally and through providing the experience of working with female Center personnel, law enforcement authorities to utilize and/or establish female police persons.

ACCOMPLISHMENTS

The special prosecutor and Rape/Sexual Assault Care Center staff have worked very closely and cooperatively together. Through this close interaction the following benefit has been derived:

1. The Rape/Sexual Assault Care Center coordinator has been able to provide much needed support to the victim through the prosecution phase. Some victims who would not have shown up or even agreed to testify, have done so because of the physical presence and support of the coordinator throughout the process. While the prosecutor must attend to the needs of the case, the coordinator can attend specifically to the needs of the victim.
2. The coordinator has also been able to provide additional information and insight to the special prosecutor concerning the case, and to alert the special prosecutor concerning the development of problems of a non-legal nature which may affect the prosecution.
3. The special prosecutor has been able to give the coordinator insight into what builds a strong case, so that the coordinator can assist the victim in understanding and adjusting to those realities. As an advocate for the victim, the coordinator can help her accept the limitations of the system without feeling that the system has rejected her.
4. Through her relationship with the victim, the coordinator is able to follow-up on aspects of the case where further information is

necessary. The coordinator may also assist the county attorney's investigator in securing needed medical records, etc.

5. The coordinator may also be called to testify on behalf of the witness. This can be helpful both in the sense of having a sophisticated person on the stands and in having someone who has been a witness to all of the investigative interviews, etc. Often, a sophisticated or "good witness" can have a major impact on a case.

6. The special prosecutor and coordinator are able to work with the victim and witnesses prior to appearance in court so that all the parties involved know exactly what to expect during the proceedings.

Cooperative special prosecutor/coordinator action was involved in 21 cases, while seven cases involved special prosecutor involvement.

Attachments VII and VIII depict the criminal justice status of each rape case handled by the Center and the special prosecutor.

The following charts compare the outcome of each step of the criminal justice process for rape cases reported to the Des Moines Police Department and Polk County Sheriff's Office from January, 1973 through April, 1974 (pre-project period) and for cases handled by the Center and the special prosecutor from October 8, 1974 through February 12, 1975.

CHART A HERE

CHART B HERE

As can be seen by comparing the two charts, the "drop-out" rate of rape cases in the criminal justice process decreased from 94% prior to the project to 63% during the project period. During just the four months of the project, six (6) suspects have been convicted and six (6) cases are pending, versus only four convictions during the 16-month period covered by Chart A.

PROBLEMS

While there has definitely been an improvement in the handling of criminal rape cases, there are still many problems facing the prosecution and the victim in obtaining a conviction. The major problem is convincing the jury that a criminal rape did, in fact, take place, and that the offender should be found guilty of that offense. It would appear from those cases which have been ignored by the Grand Jury, or have actually gone to trial, that proving that the rape occurred is only the first step. The following circumstantial issues seem to play a large role in preventing the suspect from being found guilty of rape even when the forcible sex act has been proven:

1. The issue of voluntary exposure to the risk of rape. The jury seems to question any case where the victim has voluntarily placed herself in a situation where a rape could occur. This is particularly seen when the victim, not suspecting that she may be raped, voluntarily gets into a car with the offender, or lets the offender into her apartment (or goes into his apartment). This is seen as a factor even if the victim is accompanying someone with whom she would not expect a sexual relationship to develop (i.e., neighbor, relative), but particularly where there is a dating relationship implied, even if it is a blind date or first date. While there may be adequate physical evidence that a forcible rape has occurred (bruises, handcuffs, cuts, etc.), there seems to be a feeling among jurors that accepting a date, or being alone with a man voluntarily implies willingness to engage in sexual relations with that man. The fact that she was not willing to engage in sexual relations, or that the forcible sex encounter contained elements of brutality and/or perversion, seem to be only secondary since she was "asking for it." Until the citizenry, who make up the pool of prospective jurors, accepts the fact that every date

does not and should not involve sex, and that a woman should have a right to refuse sex without having to avoid contact with men entirely, this problem will prevail. Until that time, every woman who allows herself to be alone with a man, whether it be a neighbor, friend, co-worker, client, acquaintance or date, will be an open target for sexual assault.

2. The issue of lifestyles. While Iowa law does not permit the victims past sexual behavior to be brought up in court, the jury's perception of the victim's life style still plays a large role. A woman who comes across on the witness stand as "hard" has little chance of gaining the sympathy of the jury. The victim who was brutally raped at a party, while her "friends" did nothing to help her, will be condemned for her choice of friends, and for even being at the party. A woman who is divorced is less likely to be believed than a woman who is "happily married." Certainly if the rape occurred at a bar or tavern the jury will question why she was there to start with.

Again, the jury, while reacting to their own acquaintances in a totally different manner, are prone to judge the victim harshly if there is a single issue which indicates that she is not the epitome of the "all-American girl."

3. The issue of believability. Any indication of emotional instability (mental health center client, seeing a private psychologist, breaking down after the assault, etc.) on the part of the victim will jeopardize a conviction, as will any indication that the victim has lied in any part, no matter how insignificant, of her testimony.

4. The issue of resistance. Even though resistance to the rape will often result in more brutal treatment, and could result in death, jurors are less likely to believe that a rape was a forcible act if the

victim does not have injuries to show for it. Jurors expect the victim to try to get away from the rapist, and are suspicious if she does not, even when the offender has verbally or physically threatened the victim against such action. The experience of the Center has shown that the intense fear felt by the victim is often an immobilizing factor. It is also a well-known psychological fact that persons react differently to fear; while some women may by nature fight or flee, others would not and could not respond in that manner. A further issue here is the feeling of jurors that there is a major qualitative difference between rapes which involve only the sex act and those that involve physical or emotional brutality. Because there is currently no legal differentiation between these two offenses, jurors may be less likely to convict a rapist who was involved only in the forcible sex act.

5. The issue of fear. Fear on the part of the victim also has the effect of causing some victims to refuse to press charges or to testify. In almost every case, substantial threats are made against the victim (and occasionally her family) indicating that if she reports the rape the threats will be carried out. Two of the victims did leave town, hence were not available to appear before the Grand Jury. Other victims who do press charges and testify must deal with their fear not only during the trial, but following the trial if the offender is not sentenced to a secure facility (i.e., one suspect was found not guilty, one was given probation and one was sentenced to only 15 days in the county jail). In these cases, the offender does have the opportunity to carry out his threats.

In an effort to educate prospective jurors, and alter existing attitudes about rape victims, the project, during its second year of funding, will place more emphasis on public education.

II. Administrative Progress

A. Board of Directors

The governing board is composed of 70 representatives from 64 Polk County organizations. A five-member Executive Committee meets at least once a month. All Board members are members of a committee. Functions of each committee are outlined below. The Community Education, Finance and Budget, Personnel, Supportive Services Committee and Victim Services Committees are functioning. The Nominating, By-Laws and Office Facilities Committees are not yet operating. The Inter-Governmental Relations Committee members will operate as communications liaisons for their respective governmental bodies rather than as a functioning committee.

B. Committee Functions

By-Laws -- study and recommend any changes needed to help obtain the objectives of the Rape/Sexual Assault Care Center.

Finance and Budget -- establish budget needs; establish insurance needs; recommend future funding sources.

Nominating -- recommend slate of candidates for officers for the following year.

Office Facilities -- establish needs and recommend ways to improve appearance of office; help office staff in any appropriate way as needs arise.

Personnel -- advertise, interview, and recommend hiring of personnel; develop job descriptions and review performance; research need for any increase in staff.

Inter-Governmental Relations -- provide communication between the Rape/Sexual Assault Care Center and the governmental units that the committee members represent regarding concerns, needs and information.

Community Education -- develop materials for Rape/Sexual Assault Care

Center (i.e., brochure); review printed or visual material and recommend if applicable for use by Center; help develop resource library; initiate publicity via mass media.

Supportive Services -- develop Speakers' Bureau; initiate contacts for

Speakers' Bureau and schedule speakers; coordinate orientation of board members and Speakers' Bureau; coordinate workshops sponsored by the Center; develop resource persons for student information requests.

Victim Services -- develop guidelines for coordinator regarding: a) scope

of Center's role in dealing with clients, b) determining referrals to other agencies; provide resources for coordinator and/or designated counselors in improving interviewing and counseling skills; work with the coordinator to develop guidelines for the use of other counselors, part-time staff, and/or volunteer.

C. Staff and Volunteers

The staff is composed of a full-time coordinator, the special prosecutor (in-kind cooperation with the Polk County Attorney), a secretary for 20 hours per week, and a part-time victim contact worker. The response from the community for the Center's services has been extensive; and the hiring of the victim contact worker and the special prosecutor's increased release of time for sex crime cases beginning January 1 did much to relieve the excessive demands on the staff.

Volunteer utilization has primarily been limited to the work of Board members in their committee functioning. Volunteer participation will be developed in two areas:

1. as trained members of the Speakers' Bureau, most will also be Board members;
2. victim counseling in appropriately limited situations -- guidelines are being prepared by the Victim Services Committee.

D. Facility

A three-room office has been donated by Lutheran Hospital and has been in use since October 31st. The remodeling has now been completed. Much of the contact with victims, of course, takes place in other locations (i.e., hospital, home, police department).

III. Public Education Progress

GOALS

The goals of the public education aspect of this project are as follows:

1. To build an image of the Center and the criminal justice system which will bring about public confidence and result in the reporting of many more incidents of sexual assaults;
2. To open the subject of sexual assault to enlightened and informed public discussion. To educate and alter attitudes toward sexual assault victims of the public (prospective jurors);
3. To develop an education program aimed at reducing sex crimes and preparing potential victims to handle such attacks with minimum physical and emotional damage;
4. To increase the knowledge and sensitivity of criminal justice and medical personnel in their work on sex crimes cases.

ACCOMPLISHMENTS

The Board of Directors has established two committees which will address public education efforts:

Community Education Committee, whose functions are

1. to develop written materials and recommend distribution;
2. review printed and visual materials;
3. develop a resource library;
4. initiate mass media publicity.

Supportive Services Committee, whose functions are

1. to develop and train a Speakers' Bureau;
2. initiate and schedule speaking appearances;
3. reply to student information requests.

Professional education, medical and law enforcement, is the responsibility of the coordinator and special prosecutor.

The following community education activities have taken place:

1. Publicity effort for the opening of the Center --
 - a. public service broadcasts (30-second spots) on nine radio stations (four had copy provided; five were audio-taped by the coordinator) and one TV station (audio-taped by coordinator);
 - b. News interview with the coordinator, four for radio and one for TV;
 - c. phone talk show, one-hour program with the coordinator and special prosecutor;
 - d. stories were sent to eight suburban newspapers;
 - e. news story appeared in the Des Moines paper.
2. Brochure has been developed and printed; other written materials are being prepared. See Attachment IX.

3. Mass media --

Dec. 18, 1974 -- Hawkeye Cable TV - "Fem Forum" - half-hour panel discussion with the coordinator, special prosecutor and a victim. This video tape has been purchased by the Iowa Women's Political Caucus for continuing use.

Dec. 27, 1974 -- KCCI-TV - "Mary Brubaker Show" - half-hour panel discussion with the coordinator, special prosecutor and a victim.

Dec. 27, 1974 -- KCCI-TV evening news - interview with the coordinator.

4. Public speaking appearances -

1 Grand View College convocation

1 Drake University class

6 high school classes

3 meetings of women's social service groups

5. At the request of Planned Parenthood, the Community Education Committee will preview and recommend a film on rape for purchase by Planned Parenthood and used by both agencies.

6. Nov. 20, 1974 inservice training for nurses at Broadlawns Hospital. Inservices at Des Moines General and Lutheran Hospital in January, 1975. Suburban police inservice is in planning stage.

PROBLEMS

The initial grant did not have adequate resources and manpower built in to place a strong emphasis on community education. Additional resources were built into the second grant, both in terms of materials and manpower.

SUMMARY

The Sexual Assault Care Center grant has shown significant progress in the areas of inter-agency coordination and cooperation, victim services provision, criminal justice processing of sexual assault cases, organizational development and community education. While much of the project is designed to assist the sexual assault victim, the most significant progress, in relation to LEAA goals, is the 37% increase in reporting of rape cases and the decrease of case "dropout" from 94% to 63%.

While the number of present cases is not large enough to do a valid statistical study of victims, offenders and circumstances surrounding sexual assaults, it is felt that the sample will be of sufficient size by the fall of 1975 to complete such a study. Initial discussions have already been held regarding the possibility of utilizing students from Iowa State to process the data.

ATTACHMENT A
(Continued)

(2) Relative Success of the Project

The Polk County project appears to be generally more successful than other projects which have addressed the same problem due to the combination of victim-support services and increased effectiveness of the criminal justice process. It appears that other projects of a similar nature have concentrated either upon victim support or criminal justice activity to the exclusion of the other component. This is also the only project known to the author which provides full-time as opposed to volunteer victim-support services, and this is critical in terms of credibility of Center staff with criminal justice and medical personnel (in other words they know who they are referring the case to, and who will be working with them on the case).

b. Replicability

(1) The project addresses a problem of reasonably common concern; however, when considering work load and cost effectiveness, it would have to be limited to urban areas and communities experiencing a significant problem with sexual assault.

(2) Yes

(3) Certainly the methodology of this project contributes significantly to its success. The joint support of the County Attorney's Office and the community helped to prevent the hostility between the Center and the criminal justice system which has been seen in some similar projects. The fact that a significant emphasis was given initially to establishing rapport with, and referral policies between the Center, hospitals and criminal justice agencies is significant. Of course the ability of the Center staff and Special Prosecutor to relate to victims, interested citizen groups and criminal justice personnel effectively is a key factor, as is the level of commitment of the Special Prosecutor and the willingness of the County Attorney to allow her to devote close to full-time efforts to sexual assault prosecution. The Center Board, which incorporates a wide range of citizen group and professional representatives, has been helpful in facilitating policy development between agencies.

(4) The only restrictions regarding type of community would be that rape and sexual assault be a significant problem in that community. This would limit it primarily to urban and some collegiate communities.

c. Measurability

1. Yes (one year in September)
2. Yes

ATTACHMENT A
(Continued)

	<u>Evaluation Activity</u>	<u>Evaluator</u>	<u>Duration</u>	<u>Available Document</u>
Prior	CIACC Evaluation (on-site, case studies, data, etc.)	Trish Harlow	2 mos.	Yes
Current	Jury attitude study	Karla Fultz, Special Prosecutor	On-going	Not yet Available
Planned	CIACC Evaluation -- October, 1975	Trish Harlow	1½ mos.	To be Available

d. Efficiency

(1) While the costs of the overall System did not decrease, the cost "savings" are seen as the following:

- a) Cases which previously "dropped out" of the criminal justice system, are now resulting in convictions. In a 16-month period prior to the project, only four convictions resulted, with only one of those being a conviction for rape (original charge). During the first five months of the project, six convictions resulted, with three of those being for rape (original charge). At this time (July, 1975) more defendants are pleading guilty to rape, saving the cost of jury trial, and more trials are resulting in guilty verdicts on the original charge (two guilty verdicts on rape in one week during the second week in July). This cost savings, in terms of a decrease in unsuccessful criminal justice efforts, and an increase in apprehension and conviction of offenders is difficult to measure. A side benefit, however, of the conviction of offenders, is the protection of potential victims from the acts of specific offenders.
- b) While no dollar amount can be placed on it, the victim support services, which simply were not available previously, would appear to be both valuable and cost effective. The support services are also a key to the victim's willingness and ability to pursue prosecution.

(2) The utilization of volunteers for victim-support services was considered. However, feedback from hospital and criminal justice personnel indicated the need for continuity and a specific person with whom they could develop a trusting and professional relationship. The full-time staff is seen as a key to the cooperation received from medical and criminal justice resources.

ATTACHMENT A
(Continued)

e. Accessibility

- 1) Yes
- 2) Yes

3. Outstanding Features

- a) The credibility of the project with both citizen groups (including feminist organizations) and criminal justice agencies.
- b) The substantial contribution to the project by local and private groups (Special Prosecutor supplied by County Attorney, space, furnishings, etc. by local hospital, consultation on cases by the victim services committee, public education efforts by volunteers, major media coverage, etc.)
- c) The research potential of the project regarding victim characteristics, attack variables, public attitudes, barriers to successful prosecution, etc.
- d) The current and potential impact of the project on the sensitivity of the criminal justice system to the victims of sexual assault, and the public awareness of the realities of sexual assault.

4. Weaknesses

As indicated in the evaluation of the project in March of 1975, the major weakness of the program to this point has been the public education aspect. With the addition of a second staff member to divide the victim-support and liaison responsibilities, significantly more effort will be given to public education and development of workshops for medical and criminal justice personnel.

5. Degree of Support

Significant support for this project is evidenced by the following:

- a) Major media coverage of the project including a four-part series on the major news network in Des Moines, two major stories in the Register and Tribune beyond normal news coverage of the project, coverage in the State Crime Commission Newsletter, appearance of the Coordinator and Special Prosecutor on talk shows, "Fem Forum," "Mary Brubaker Show," public service announcements, etc.
- b) Significant increases in cases being referred to the project.
- c) Contributions to the project by private sources and citizens.

Memorandum

DATE: February 23, 1976

TO : Mary Ann Beck, Chief
Model Program Development Division

FROM : Carolyn Burstein CB
Model Program Development Division

SUBJECT: Site Visit for Validation of Polk County Rape/Sexual Assault Care Center

The purpose of this site visit was to observe the process of validating a program which has applied for exemplary status. I accompanied Paul Cirel of Abt Associates and Ellen Barnett, Director of Montgomery County Rape Crisis Center who served as a consultant to Abt Associates. We spent three 15 hr. days querying everyone associated with the project about its origin, development, operations, management, relation to the law enforcement and criminal justice system, assistance to rape victims, and impact in the community. During the course of our validation we met in separate sessions with the following persons associated with the Rape Center:

Corinne Whitlatch, Carole Mead - Director and Victim Advocate of the Center
Karla Fultz - Special Prosecutor of Rapes for Polk County
Ray Fenton - Polk County District Attorney
Roger Olson and staff - Polk County Offender Advocate Office
Judge Bound - Polk County District Court
Chiefs Wendell Nichols and Douglas Teale - Chief and Deputy Chief of Des Moines Police Dept.
Lieutenant Harlan and Sargeant Fitzgerald - Detectives, Criminal Investigation Division, Des Moines Police Dept.
John Jones - Research and Planning, Des Moines Police Dept.
Richard Clemens - Polk County Sheriff
Shirley Reynolds - Polk County Criminal Investigation Division
Roxanne Conlin - Assistant Attorney General for the State of Iowa and Chairperson of Iowa Women's Political Caucus
Trish Harlow - Evaluator, Central Iowa Crime Commission
Anne Shoddy - Drake University Women's Law Center
Dr. Mark Abrams - Director, Emergency Room and Outpatient Clinic, County Hospital
6 members of the Executive Committee and Board of Directors - Rape/Sexual Assault Care Center

One recent rape victim who was aided by the Rape Center

In addition to interviewing the above-named persons, we attended a community education training program offered at Drake University under the auspices of the Rape/Sexual Assault Care Center and also witnessed a deposition of testimony offered by the Director of the Rape Center in preparation for an upcoming trial.

The single most impressive fact about the Polk County Rape Center is the cooperation and coordination existing among all groups that come into contact with the rape victim, viz. the patrol officers, detectives, hospital personnel, county prosecutor and victim advocates. This close working relationship facilitates all procedures for the rape victim who in turn, is more willing to follow through with prosecution. The special prosecutor who handles all aspects of the adjudication of rape is enthusiastic in her support of the Center since she attributes the willingness of the victim to cooperate in the prosecution to the support offered by the Rape Center. It is difficult to prove that the Rape Center has caused a change in attitudes regarding rape among the groups involved, but the statistics gathered since the inception of the Center in October, 1974, indicate an increase in reported rape, a significant increase in the prosecution of rape, and an even greater increase in the rate of conviction, both guilty pleas as charged and guilty verdicts at trials. These changes are at least partially due to legislative changes in the 1974 Iowa Criminal Code which disallows any irrelevant testimony involving the victim's past sexual history and no longer requires corroborative evidence beyond that of the physical evidence and testimony of the victim herself. Despite the fact that these were major hurdles to overcome, in the opinion of the prosecutors and many of the victims, the perseverance of the chief witness (the victim) has been more important. And this has been due to the women in the Center who assisted them throughout the long process, helped them overcome their embarrassment and regain their self-confidence.

One unique feature of the Polk County Rape Center and perhaps the major reason for its success is its acceptance by all the organized citizen groups throughout the county. This was achieved by opening membership on the Rape Center's Board of Directors to a representative of each interested organization in the County. Consequently, all law enforcement agencies, hospitals, nurses' associations, medical societies, boards of education, library associations, religious groups, women's groups, minority groups, etc. are represented on the Rape Center's Board of Directors and have a stake in its success. These groups are actively involved in the Center's numerous committees and provide entrée to every institution. For example, the Center's extensive education work has been carried out with the cooperation of the press,

the media, the police academies, nursing schools, medical schools, secondary schools and colleges and with the resources and assistance provided by the citizens' groups on the Board of Directors. Since everyone has a stake in the Center's success it is "their" center and not merely an appendage of a radical women's group.

A perusal of the files and records of the Center as well as interviews with staff and third parties attest to the competence, efficiency, and dedication of the women who work with the Center. The Center's success, however, is not wholly attributable to its personnel, otherwise the project would be difficult to replicate. It appears that at least part of its success is dependent on its grass-roots community support, the result of its open structure.

Not all groups were unanimous in their support of the Center. The Chief of the Des Moines Police Dept. thought the Center's annual budget of \$21,000 could be better spent on the salary of another D.M. P.D. investigator since aiding victims of rape was not as important as apprehending the offender. Even conceding that victim cooperation is necessary for prosecution, Chief Nichols still maintained that from his perspective investigation was the primary function in need of support. This, of course, says more about his attitude toward victims of crime than it does about the work of the Center. Interestingly, this attitude is not carried over into the work environment because the patrol officers and detectives cooperate and work well with the Center. Whereas many Centers are stymied by the lack of cooperation with law enforcement agencies, there is enough community pressure on Chief Nichols that he cannot allow his personal attitudes to influence the practices of the department in this respect. The only other group who criticized the Center was the Public Defenders Office. There we encountered what I consider to be a case of professional jealousy. They look upon the Center as their bête noire simply because they have been on the losing end of nearly all the rape cases. They maintain that the Center is merely an appendage of the Prosecutor's Office since the Director of the Center and the Prosecutor work so closely together in priming the victim for trial. They had no comments, however, on the guilt of the offenders sentenced during the past year or on the strategy of the Prosecutor whom they concede is extremely competent. Their views speak for themselves.

Within a few weeks the validation report on the program should be completed by Abt Associates. I am looking forward to the professional opinion of the consultant who is familiar with dozens of rape centers. I should think that any rape center which has the same community support as the Polk County Center would succeed despite minor deficiencies.

APPENDIX A

SCHEDULE

February 18

- morning: -Meet with Center Director and Special Prosecutor
-Attend pre-trial discovery proceedings
- afternoon: -Meet with the victim contact worker
-Visit the Center offices
-Meet with the County Attorney
- evening: -Dinner with the Board's Executive Committee
-Attend Community Education Program at Drake University Law School

February 19

- morning: -Meeting with representative of SPA
-Meeting with criminal court judge
-Meeting with Polk County Sheriff and representative of the Sheriff's rape investigation staff
-Meeting with the Chief of Police and Assistant Chief
-Meeting with the Police Statistical Department representative
- afternoon: -Meeting with Public Defender Attorneys
-Meeting with the Director of the Metropolitan Emergency Department Committee
-Afternoon meeting with the Center Director at the Center office
- evening: -Meet with Assistant Attorney General

February 20

- morning: -Meeting with the Police Crimes Against Persons Units
-Meeting with rape victim (Center client)
- afternoon: -Lunch with long-range planning committee

APPENDIX B1

MAYOR'S CITIZENS' CONFERENCE ON RAPE

SPONSORS: Drake University, Metropolitan Criminal Justice Center
Drake University, Women's Programs, University College
Mayor's Office, Des Moines, Iowa

COOPERATING SPONSORS:

American Association of University Women, Des Moines Branch
Broadlawn's Polk County Hospital
Catholic Council for Social Concerns, Des Moines
Child Guidance Center, Des Moines
Church Women United, Des Moines
Des Moines Area Ministerial Association
Des Moines Area Religious Council
Des Moines City Council
Des Moines Commission on the Status of Women
Des Moines Federation of Women's Clubs
Des Moines Police Department
Des Moines Public Schools, Dept. of Community and Adult Education
Drake University, United Campus Ministry
Drake University, Women's Law Caucus, Law School
Greater Des Moines Chamber of Commerce, Women's Bureau
Interdenominational Ministerial Alliance, Des Moines
Iowa Children's and Family Services
Iowa Civil Liberties Union, Women's Equality Committee
League of Women Voters, Des Moines
Planned Parenthood of Iowa
Polk County Association for Mental Health, Inc.
Polk County Attorney's Office
Polk County Bar Association
Polk County Medical Society
Polk County Sheriff's Office
Polk County Women's Political Caucus
United Way Board, Planning Division, Des Moines
Y.W.C.A., Des Moines

MAYOR'S CITIZENS' CONFERENCE on RAPE

Monday, May 6th, 1974 — Drake University — 8:00 P.M.

Free and Open to the Public

Tuesday, May 7th, 1974 — Johnny & Kay's Hyatt House — 9:00 A.M. - 3:30 P.M.

Registration Fee, \$4 — includes lunch

I. OPENING SESSION

8:00 P.M. Monday Evening, May 6th — Meredith 101, Drake University

Introduction The Honorable Richard Olson, Mayor
City of Des Moines

Ms. Ann Schodde, Chairperson, Mayor's
Advisory Board; Coordinator, Women's
Programs, Drake University

RAPE: The National Scene

The adverse nature of rape laws; how
rape affects the victim; how rape affects
all women.

The Honorable Willie Whiting
Associate Circuit Court Judge
Cook County, Illinois

I. MORNING SESSION

8:00- 9:00 Tuesday, May 7th — Johnny & Kay's Hyatt House
Registration & Coffee

9:00-12:00 **RAPE: An Iowa Problem**

Introduction The Honorable Richard Olson, Mayor
City of Des Moines

The Iowa Rape Law

The current statute — requirements for
prosecution, jury instructions, conviction
rates, proposed changes in the
criminal code.

Ms. Roxanne Conlin
Assistant Attorney General

Ms. Minnette Doderer
State Senator
Iowa City, Iowa

The Rape Victim — A Panel Discussion

What happens under the current law — Police investigation procedures, medical
evidence required for prosecution, and medical treatment of the victim.

Panel Moderator — Dr. Marilee Fredericks, Director, Child Guidance Center, Des
Moines

Dr. M. Abrams, Director, Outpatient Services, Broadlawns Polk
County Hospital

Chief T. Teale, Asst. Chief, Criminal Investigation Division
Des Moines Police Department

Ms. Catherine Hoard, Attorney and Research Consultant
Metropolitan Criminal Justice Center
Drake University

A Rape Victim — unidentified

Assisting the Victim

An alternative — Effective prevention
measures, community education and
development of a Rape Crisis Center.

Ms. Margaret M. Post, Indianapolis
News; Chairperson, Women United
Against Rape, Indianapolis, Indiana

LUNCH Johnny & Kay's Hyatt House

III. AFTERNOON SESSION

1:30- 3:00

RAPE: Defining Areas of Needed Change

WORKSHOP I — THE IOWA LAW

Criminal Code revision, assistance to the victim, court procedures, cooperation
between police and the courts.

Resources Ms. Ruth Harkin, Story County Attorney
Mr. Ray Fenton, Polk County Attorney
Ms. Roxanne Conlin, Assistant Attorney General
The Honorable Leo Oxberger, District Court Judge, Des Moines
Ms. Josie Gittler, Prof. of Law, University of Iowa, Iowa City, Iowa

Chairperson Ms. Alice McKee, Exec. Director, Iowa Commission on the Status of Women

Recorder Ms. Louise Noun, Board member, Iowa Civil Liberties Union

Catalyst Ms. Willie Glanton, Attorney, Des Moines

WORKSHOP II — THE RAPE VICTIM

Reporting procedures, police investigation procedures, cooperation between hospi-
tal personnel and private agencies aiding the victim, and an effective alternative
for assistance to the victim.

Resources Ms. Rita Huber, Rape Crisis Center, Iowa City, Iowa
Ms. Shirley Alkin, Staff, Planned Parenthood of Iowa
Ms. Virginia Hatcher, Director, Admissions & Social Service, Broadlawns Polk
County Hospital
Mr. Robert Beener, Patrolman, Uniform Div., Des Moines Police Dept.
Ms. Marie Hart, Staff, YWCA, Des Moines

Chairperson Ms. Barbara Madden, Board member, Pres. Elect, Planned Parenthood of Iowa

Recorder Ms. Elizabeth Turner, Advisory Board, Citizen's Conference on Rape

Catalysts Ms. June Taylor, Executive Director, YWCA, Des Moines
Dr. Sally Hacker, Sociologist, Drake University

WORKSHOP III — COMMUNITY EDUCATION

Assaults on women; measures needed to reduce hazardous conditions in the city;
educational efforts in the public schools, businesses and community organizations;
self-defense for women.

Resources Ms. Margaret McCollum, Des Moines City Council
Ms. Carolyn Huckle, Chairman, Crime Alert, Des Moines
Dr. John McCaw, Des Moines School Board; Professor of Religion, Drake University
Ms. Ione Baal, Supervisor, Guidance, Counseling and Testing, Des Moines Public
Schools

Chairperson Ms. Deanna Lehl, Co-Chairman, Legislative Study Group, American Assoc. of
University Women; Faculty, Montessori School, Des Moines

Recorder Ms. Barbara Gatewood, Lobby Chairman, Iowa Division of American Assoc. of Uni-
versity Women

Catalyst Ms. Ann Kenworthy, Past President, Junior League; Chairman, Planning Division,
United Way, Des Moines

IV. CLOSING SESSION

3:00- 3:30

RAPE: Recommendations for Action from Citizen Participants

Resources Ms. Willie Glanton, Attorney, Des Moines
Dr. Sally Hacker, Sociologist, Drake University
Ms. Ann Kenworthy, Past President, Junior League; Chairman, Planning Division,
United Way, Des Moines

Chairperson Ms. Betty Durden, Director
Women's Programs, Drake University

MAYOR'S CITIZENS' CONFERENCE ON RAPE

SPONSORS:

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Mayor's Office, Des Moines, Iowa

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Broadlawn Polk County Hospital
Catholic Council for Social Concerns, Des Moines
Child Guidance Center, Des Moines
Church Women United, Des Moines
Des Moines Area Ministerial Association
Des Moines Area Religious Council
Des Moines City Council
Des Moines Commission on the Status of Women
Des Moines Federation of Women's Clubs
Des Moines Police Department
Des Moines Public Schools, Dept. of Community and Adult Education
Drake University, United Campus Ministry
Drake University, Women's Law Caucus, Law School
Greater Des Moines Chamber of Commerce, Women's Bureau
Interdenominational Ministerial Alliance, Des Moines
Iowa Children's and Family Services
Iowa Civil Liberties Union, Women's Equality Committee
League of Women Voters, Des Moines
Planned Parenthood of Iowa
Polk County Association for Mental Health, Inc.
Polk County Attorney's Office
Polk County Bar Association
Polk County Medical Society
Polk County Sheriff's Office
Polk County Women's Political Caucus
United Way Board, Planning Division, Des Moines
Y.W.C.A., Des Moines

MAYOR'S CITIZENS' CONFERENCE
on RAPE

Monday, May 6th, 1974

8:00 p.m.
Free & Open to the Public
Meredith Hall 101
Drake University
Des Moines, Iowa

Tuesday, May 7th, 1974

9:00 a.m. - 3:30 p.m.
Registration Fee, \$4—
Includes lunch
Johnny & Kay's Hyatt House
6215 Flour Drive
Des Moines, Iowa



Dear Citizen:

It has been brought to my attention that our community needs to give more consideration to the problem of rape. Some early research data indicates that this crime is increasing at a significant rate on both the local and national level.

I am hereby inviting you to attend a Mayor's Citizens' Conference on Rape.

The purpose of the conference is to give representative citizens of Des Moines an opportunity to discuss the problem of rape in our city. The discussions should include the difficulties involved in reporting rape, the treatment of rape victims by medical and police authorities, and the procedures involved in prosecuting rape cases in the courts. The responsibility of those participating in the conference is to make specific recommendations for ways in which these crimes can be prevented, as well as recommendations to county and city authorities for ways of more efficient and effective handling of rape cases.

I hope you will plan to attend.

Sincerely yours,

Richard E. Olson

Richard E. Olson
Mayor
Des Moines, Iowa

Women's Programs
Drake University

Metropolitan Criminal
Justice Center

MAYOR'S ADVISORY BOARD

- Ms. Roxanne Conlin
Assistant Attorney General
Chairperson
Iowa Women's Political Caucus
- Ms. Betty Durden
Director, Women's Programs
Drake University
- Dr. Marilee Fredericks, Director
Child Guidance Center
Des Moines
- Ms. Willie Stanton
Attorney
Des Moines
- Mr. Ray Guzman
Director, Metropolitan Criminal Justice Center
Drake University
- Dr. Sally Hacker
Sociologist
Drake University
- Ms. Virginia Hatcher, Director
Admissions & Social Service
Broadlawn Polk County Hospital
- Ms. Barbara Madden
President Elect
Planned Parenthood
- Dr. John McCaw
Des Moines School Board
Professor of Religion, Drake University
- Ms. Margaret McCollum
Des Moines City Council
- Ms. Alice McKee
Executive Director
Iowa Commission on the Status of Women
- Ms. Louise Noun
Iowa Civil Liberties Union
- Mayor Richard Olson
City of Des Moines
- Ms. Ann Schodde
Coordinator, Women's Programs
Drake University
- Mr. Thomas Teale
Assistant Police Chief
Des Moines Police Dept.
- Ms. Elizabeth Turner
Practicum Instructor
School of Social Work
University of Iowa
- Mr. Sam Wise
Sheriff
Polk County

RECOMMENDATIONS FROM

MAYOR'S CITIZENS' CONFERENCE ON RAPE, MAY 7, 1974

Des Moines, Iowa

WORKSHOP No. 1 RAPE and the LAW

The community, including local and county governmental units, should work to:

1. Change uniform jury instruction to eliminate prejudicial references.
2. Provide public money to pay for the medical and rehabilitation expenses of the rape victim.
3. Urge a legislative review of the penal code and sentencing structure with regard to crimes of sexual abuse.
4. Upgrade law enforcement personnel and the County Attorney's staff, including special training for persons handling the specific problems of rape and sexual abuse.
5. Recommend to the board of the Law Enforcement Academy that its structure be changed to include representatives from other disciplines (such as psychology, sociology, etc.), women, and members of minority groups.
6. Recommend to the Iowa Crime Commission that its structure be changed to include representatives from other disciplines, women, and members of minority groups.

WORKSHOP No. 2 EFFECTIVE TREATMENT for the RAPE VICTIM

The community police and medical procedures for assistance to the rape victim should include:

1. Immediate medical treatment for the victim before any investigative procedures are initiated by authorities.
2. One designated place for medical care of the victim where confidentiality is guaranteed and the victim has the freedom to decide whether or not to report to authorities; a cooperative effort to develop and provide effective and sensitive treatment to rape victims at all hospitals; immediate legal assistance, medical care and counseling available to the rape victim.
3. Initial contact with authorities who are specifically trained in dealing with sex crimes; a special squad, including women members, with specific training in handling sex crimes.
4. A police questionnaire which has been shortened to eliminate any irrelevant and unnecessary questions, and a reporting procedure requiring only one interview so the victim is not subject to repeated questioning.
5. A trained counselor available for help at any time at a central phone number. This might be done through an established Rape Crisis Center or through an existing community agency which would provide counselors and serve as a clearing house for complaints of victims.

Recommendations continued

2.

6. Individual and/or group support counseling available to the victim and her family after the initial incident.

The City of Des Moines should support a comprehensive "funded" plan that would include measures for education, prevention, self-defense education, and revision of the laws concerning rape.

The County Attorney's Office should hire women prosecutors to serve on its staff.

The Mayor should set up a women's task force on rape to coordinate and implement a comprehensive community program aimed at all aspects of the problem.

WORKSHOP No. 3 COMMUNITY EDUCATION and PREVENTION PROGRAMS

The community should develop education programs which:

1. Provide training in self-defense, including attitudinal, physical and legal aspects, for both boys and girls in school physical education classes.
2. Provide school classes in health, sex education, and possibly human relations taught by carefully selected and trained teachers. Make family life education classes co-educational at all levels.
3. Publicize available community resources for crime prevention and education such as "Crime Alert" through the use of mass media, mailings, bumper stickers, and billboards. Bring to the public's attention the facts about the crime of rape.
4. Set up a future conference dealing with the psychological implications for the rape victim and the rapist.
5. Provide more adult education programs on the subject of assault and rape and establish a community advisory board to disseminate information to parents and teachers.
6. Support federal legislation, HR 10848 and SF 2422, which would create a National Rape Crisis Center.

The community should initiate prevention programs which:

1. Eliminate present trends toward diminished lighting in parking lots because of the energy crisis.
2. Increase bus service past 6:15 p.m., 24 hours a day, 7 days a week.
3. Boycott products whose commercials and advertisements use women as sex objects.
4. Work toward attitude changes so that both authorities and citizens treat the victim fairly regardless of her profession, social position or marital status.
5. Establish block watchers in cities and farm watchers in rural areas. (Such programs are often referred to as Neighborhood Watch Programs.)

POLK COUNTY RAPE/SEXUAL ASSAULT CARE CENTER

voting will take place on the items listed in the enclosed agenda.

Sincerely,

Sandy Emas

Sandy Emas
Temporary Chairperson
Polk County Ad Hoc Comm.
on the Rape/Sexual Assault
Care Center

Ann Schodde

Ann Schodde
Chairperson
Mayor's Advisory Board

In May of this year a broadly based Citizens' Conference on Rape was held in Des Moines, out of which came many creative responses to solving this pervasive problem. Foremost among them was the creation of the Polk County Rape/Sexual Assault Center, a nonprofit corporation designed to provide assistance to victims by coordinating a total effort of law enforcement, medical, legal and community people. When fully operational the Center will provide a comprehensive set of services to deal with problems of sexual assault. In June, a group of citizens from the Conference and officials from the Mayors office, County Attorney's office, and the Iowa Crime Commission met to begin the funding and incorporation processes

The preliminary steps have been accomplished. We have been granted provisional funding and have become legally incorporated. Before our grant from the Central Iowa Crime Commission can be finally approved, however, a community based Board of Directors must be convened and receive legal responsibility from the incorporators. These Board members will direct the actual operations of the Rape/Sexual Assault Care Center. We are facing an early September deadline from the funding agency. Because the federal monies to be used for this project will revert to the federal government if unexpended, it is crucial that we meet the grant application deadlines.

Our bylaws call for representative(s) to the Board to be appointed by the mayors of cities and towns in Polk County. We hope that will send representative(s) to serve on the Board. Rape makes no distinctions along political boundaries, and the cooperation of all governmental units will enhance the effectiveness of the services which the Center can deliver. If you are interested in appointing representative(s) to the Board, will you please return the card enclosed for your convenience?

A general meeting of all Incorporators and Board Members will be held on September 5, 1974, at Iowa Lutheran Hospital in the Nurses Auditorium at 7:30 p.m. At this meeting the incorporators will transfer legal authority to the Board, and

BROADLAWNS POLK COUNTY HOSPITAL

POLICY ON RAPE

September 23, 1975

Another order to establish a uniform procedure for handling patients, who are seen in the Emergency Department complaining of having been raped, the following policy is established.

Definition: Simply defined, rape is the unlawful carnal knowledge of a female without consent by compulsion, through force, threats, or fraud. Proof of actual penetration into the body is sufficient to sustain an indictment for rape. The mere entrance of the penis into the vulva or between the labia majora is sufficient to constitute penetration.

PROCEDURE UPON ARRIVAL AT HOSPITAL

A patient claiming to have been raped should be examined as soon as possible after arrival at the hospital. Rape victims will be given priority to be seen first. The following shall be noted and recorded:

1. A history containing the name of the patient, the time, date and place of the alleged assault.
2. A signed consent for examination of the patient. If the victim is a minor, the consent form must be signed by the parents or legal guardian.
3. An examination of patient in her clothes, entering a description of disarray, disorder or other unusual aspects of the hair, clothing, stockings or footwear.
4. A general physical examination of the patient completely disrobed. Make a detailed written report of each finding at the time that it is made. Have a relative of the patient, a policewoman and/or a nurse present. All persons present shall sign name and identity at end of report on physical examination.
5. If possible, have the pathologist present to help collect laboratory samples. If the pathologist himself is not available, obtain signed receipts for all specimens, the receipt to be signed each time the specimen changes hands.
6. The following items or specimens should be obtained if possible:
 - a. Pictures of the victim revealing pertinent injuries or other information possibly admissible in court.
 - b. Foreign hair. Place in clean envelope, seal and label as to source.

c. Seminal stains.

- (1) Liquid should be smeared on slide, dried and sent to pathology with notation to look for spermatozoa.

~~(Gram stains should be done the same way.)~~

- (X) 1 - Dry slide is to be sprayed with Protixx for Pap Smear for sperm
- (2) Dry seminal stains may be cut away from pubic hairs and examined later; those upon the thigh may be moistened with clean saline and then smeared on glass slides.

- (3) Vaginal swab or washing of vaginal wall with saline for further examination - to look for viable sperm right after pelvic examination - hanging drop and note results on chart.

d. Liquids should be placed in test tubes for evaluation of presence of acid phosphatase.

e. Employ a Wood's lamp on the perineum, thighs and labia for fluorescence. Record findings.

f. Do a Thayer-Martin of the vaginal contents and cervical area for possible gonorrhea.

g. Blood stains should be obtained for precipitation and agglutination tests to be compared with those of the blood of the victim and suspect.

h. RPR if not done within past 6 months.

i. Routine culture for candida if indicated.

j. Other medical tests as indicated i.e. pap smear.

When all samples have been obtained the vagina may be irrigated with normal saline to remove any potential spermatozoa which have not entered the cervix.

7. The history should include the date of the victim's last menstrual period and she should be instructed to return for follow-up care and observation for possible pregnancy, venereal disease or psychiatric care.

8. Social Service Referral: Social Worker contacts an outreach worker who visits the patient in their home or residence.

- Viable sperm with motility die within 4 hours (on the average).

- Acid phosphatase is stable up to 13 hours after intercourse (Intra or Extra Vaginally).

(X) - The permanent dry slide is kept indefinitely. (Pap Smear Preparation) (Sperm intravaginally can persist intact for 4 days.

DES MOINES, IOWA

TO: ALL EMERGENCY DEPARTMENT NURSES
 FROM: SUE SHAW, RN., HEAD NURSE, ED
 SUBJECT: RAPE CASE PROCEDURES AND POLICY

According to the "Policy on Rape", a receipt is to be signed each time specimens from a rape case changes hands. A form has been developed to cover this particular policy. Please follow the procedure as outlined below.

1. The laboratory will provide cartons with the necessary test tubes, slides, etc., for the particular specimens and each are to be labeled.
 - a. One swab in a test tube for acid phosphatase (add 1 ml saline please)
 - b. One swab in a test tube for routine culture (G.C. culture, see below)
 - c. ~~Two~~ slides in a brown envelope for smears for examination for sperm cells. *(Dry slide & Prot. x like paper smear + send to cytology)*
 - d. One swab in a test tube that serves as an extra if it's needed
 - e. A brown envelope to hold hair, stains, etc., which the physician may request saving.
2. Label each specimen according to the special receipt form, filling in patient's hospital number and name, labeling smears and placing them in the brown envelope when dry.
3. The physician will give the specimens directly to the ED nurse. She delivers all specimens and cultures to the laboratory technician on duty.
4. Each person handling the specimens must note date and time, and sign their name in the proper order on the special receipt card. The card is to be stapled to the carton the specimens leave the ED.
5. A locked box will be provided in the ED for the times the specimens cannot be delivered immediately to the laboratory. The GC culture will be placed in the candle jar until delivered to the laboratory. The GC culture cannot be left in the candle jar for more than a one hour period. When the ED nurse is unable to leave the ED and deliver the specimens to the laboratory (ie: only RN on duty), she will call the laboratory technician on duty to inform them the rape specimens are finished. The ED nurse will mark the time lab is called, the person in lab talked to, and sign her name on the back of the special receipt card. The laboratory technician will be responsible for going to the ED and taking the specimens to the laboratory. The laboratory technician will pick up the specimens in the ED only when the ED nurse is unable to deliver the specimens to the laboratory.
6. Upon receipt of the specimens and culture in the laboratory, the laboratory staff member will check each specimen to notice proper labeling and identification. He will check the smear to see if they are labeled. He will take the GC culture (if one has been inoculated in the ED using Thayer-Martin Chocolate plate) to the Microbiology lab and put it in the CO₂ incubator. He will set up the routine culture at the same time if one has been ordered. He will lock the smears and the test tube for acid phosphatase

Rape Case Procedures and Policy Con't. Page 2

in the laboratory office. He will leave a note in the chemistry lab on the "Hold" clip, saying there is a specimen in the locked cupboard awaiting processing.

7. The next working day, all tests will be processed; the receipt card will be signed by the laboratory personnel involved.
8. G.C. cultures are to be inoculated at the time the patient is examined. Thayer-Martin Chocolate plates are available in the ED refrigerator.

Sept. ~~1944~~ 1945

APPENDIX C2

42 cases - Center-social service agency contacts
(referral from or cooperation)

- 2 - Iowa Children & Family Services caseworkers
- 4 - Mercy Hospital social worker
- 1 - Lutheran Hospital nurse regarding psychiatric patient
- 1 - Methodist Hospital social worker
- 1 - Child Protective Service caseworker
- 2 - Polk Co. Department of Social Services caseworkers
- 4 - Public school counselors
- 2 - Child Guidance Center psychologist
- 2 - Private attorney
- 3 - Private doctor
- 2 - Polk Co. Mental Health Caseworker
- 1 - Adapt
- 2 - Area College Nurse
- 1 - Iowa Runaway Service caseworker
- 1 - Referred by Des Moines Human Rights Commission
- 1 - Referred by marriage counselor
- 1 - Referred by Public Health Department
- 2 - Referred by Planned Parenthood
- 1 - Referred by Roadside Services for the Elderly
- 1 - Referred by Women's Corrections facility
- 1 - Referred by private attorney
- 1 - Referred by Adapt counselor
- 1 - Referred by CeComp counselor
- 1 - Referred by Goodwill West counselor
- 1 - Referred by Iowa Comm. for Status of Women

23 cases - Center suggested referral to other agencies and
assisted client in making contact

- 1 - R. Conlin (I.W.P.C. & Iowa Human Rights Comm.) and
L. Noun (N.O.W. and Iowa Civil Liberties Union)
- 6 - Planned Parenthood
- 2 - Child Guidance Center
- 5 - Polk County Mental Health Center
- 1 - Broadlawn Psychiatric Department
- 1 - Private psychologist
- 2 - Legal Aid
- 2 - Family Services
- 2 - Child Protective Service
- 1 - Omaha Women's Center

CONTINUED

1 OF 2

ROOM RESERVATION

APPENDIX C3

FOCUS ON SEX CRIMES

Name _____
 Address _____
 City _____ State _____ Zip _____
 Registration fee (includes manual) \$30.00
 Meals (lunch, dinner and breakfast) 12.00
 (\$17 after April 15) \$42.00

Name _____
 Address _____
 Organization _____

Make check payable to Focus on Sex Crimes
 Send to: Polk County Rape Care Center
 700 East University
 Des Moines, Iowa 50316

Room for _____
 Ramada Inn
 525 3rd St.
 Des Moines, Iowa 50309

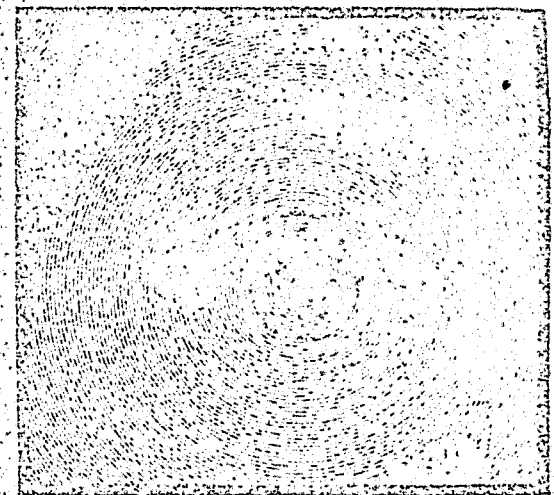
PURPOSE AND SCOPE OF THE CONFERENCE

The purpose of this 1 1/2 day program is to educate professionals working with sex crimes and victims in techniques which will increase the convictions of those accused and lessen the trauma for the victim. Although the program will focus on Iowa's laws and the needs and resources of small communities as well as urban areas, it is also of value to out of state persons. A manual with full information sections on law enforcement, prosecution, medical needs and counseling victims will be included.

Agenda — Thursday, May 6th

8:00 - 9:00 a.m.	Registration & coffee Welcome: Ray Fenton, Polk County Attorney Introductions: Corinne Whittlatch, Coordinator, Polk County Rape Care Center "RAPE — The Victim and the Criminal Justice System" Keynote address Dr. George Kirkham, Florida State School of Criminology Professor and Author of "From Professor to Police Officer"	2:30 - 5:00 p.m.	General Session: SEX CRIMES AND THE COMMUNITY A SURVEY OF PUBLIC ATTITUDES Det. Asa Steen, Director, Kansas City Metropolitan Organization to Counter Sexual Assault
9:45 - Noon	General Session: THE CRIME THE VICTIM AND THE CRIME — A DESCRIPTION OF TYPICAL & ATYPICAL CASES Corinne Whittlatch, Coordinator, Polk County Rape Sexual Assault Care Center THE EVIDENCE — WHEN AND WHAT CHARGES SHOULD BE FILED Karla Fultz, Asst. Polk County Attorney, Special Prosecutor of Sex Crimes WHEN THE VICTIM IS A CHILD Harold Young, Asst. Iowa Attorney General and specialist in child abuse Questions and discussion	5:00 - 6:00 p.m. 6:00 - 6:45 p.m. 6:45 p.m.	DEVELOPING COOPERATION Carole Meade, Victim Contact Worker, Polk County Rape Care Center. RAPE AND THE MINORITY COMMUNITY Tom Spencer, Iowa Law Enforcement Academy PREVENTION EDUCATION Carolyn Huckle, Crime Alert Esther Walter, Education Director, Planned Parenthood of Iowa Discussion and Questions Break Cash Bar Dinner Speaker "FROM PROFESSOR TO POLICE OFFICER" Dr. George Kirkham, Florida State School of Criminology Professor
Noon - 1:00 p.m.	Buffet luncheon		
1:00 - 2:15 p.m.	Workshops 1. TRIAL STRATEGY Karla Fultz, Asst. Polk County Attorney, Special Prosecutor of Sex Crimes 2. CRISIS INTERVENTION: WHAT TO DO AND HOW TO TRAIN YOUR DEPARTMENT Sgt. Carolen Bailey, Sex-Homicide Unit, St. Paul Police Department 3. COUNSELING THE VICTIM AND HER FAMILY Carole Meade, Victim Contact Worker, Polk County Rape Care Center Dr. Patrick Sullivan, Clinical Psychologist, Private Practice, Des Moines Darlene Slicker, Asst. Director of Public Health Nursing, Iowa State Department of Health	Agenda — Friday, May 7th 8:00 - 9:00 a.m. Coffee and rolls 9:00 - 11:30 a.m.	General Session: GETTING AND PRESENTING THE EVIDENCE INTERVIEWING THE VICTIM OF SEXUAL ASSAULT Sgt. Carolen Bailey, Sex-Homicide Unit, St. Paul Police Department Det. Asa Steen, Director, Kansas City Metropolitan Organization to Counter Sexual Assault THE MEDICAL EVIDENCE: GATHERING, INTERPRETING AND TESTIFYING LEGAL NEEDS AND PATIENT CARE Dr. Michael Abrams, Emergency Department Director, Broadlawns Hospital WHEN THE VICTIM IS A CHILD Dr. Fred Aldrich USING THE BCI RAPE KIT Michael Rohberg, Asst. Director, Bureau of Criminal Investigation PREPARING WITNESS TO TESTIFY Dr. Abrams, Karla Fultz and Corinne Whittlatch Closing discussion and questions
2:15 - 2:30 p.m.	Refreshment break	11:30 - 12:00	

focus on



SEX CRIMES

Polk County Rape Care Center
700 East University
Des Moines, Iowa 50316

An intensive, informative
1 1/2 day conference for:

- Prosecutors
- Police Officers
- Medical, Mental Health and Social Service Personnel

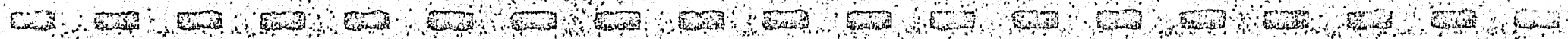
Ramada Inn
929-3rd St.
Des Moines, Iowa 50309

COOPERATING AGENCIES:

- Bureau of Criminal Investigation
- Central Iowa Area Crime Commission
- Des Moines Area Community College
- Drake College of Continuing Education
- Iowa County Attorney's Association
- Iowa Law Enforcement Academy
- Prosecuting Attorney Training Coordinator Council

May 6 & 7
Ramada Inn
Des Moines, Iowa

Co-sponsored by
the Polk County Rape/Sexual
Assault Care Center and
the Office of Polk County Attorney



APPENDIX D

Member Organizations of the R/SACC

THE BOARD OF DIRECTORS

REPRESENT:

A A U W

Allcoona Police Department

Ankeny Police Department

Black Women's Political Caucus

Broadlawn Polk County Hospital

Catholic Social Services

Chamber of Commerce, Women's

Bureau

Church Women United

City of Des Moines

City of West Des Moines

Clive Police Department

College of Osteopathic Medicine

& Surgery

Community Telephone Counseling, Inc.

Council of Ministers, Drake University

Crime Alert

Des Moines Area Community College

Des Moines Area Religious Council

Des Moines B.P.W.

Des Moines Child Guidance Center

Des Moines Community Development

Program, Central Advisory Board

Des Moines Fed. of Women's Clubs

Des Moines General Hospital

Des Moines Human Rights Commission

Des Moines Ind. School District

Des Moines Police Department

Des Moines-Polk Co. Assn. of Med

& Psych. Social Workers

Des Moines-Polk Co. Health Dept.

Drake University, Women's Programs

Drake Women's Law Caucus

Insurance Women of Des Moines

Iowa Children's & Family Services

Iowa Department of Social Services

Iowa Lutheran Hospital

Iowa Methodist Hospital

Johnston Police Department

Members at Large

Mental Health Assn. of Polk Co.

Mercy Hospital

Mitchellville Police Department

Model Cities Neighborhood Prime

Service Area Board

Nat'l Conference of Christians & Jews

National Organization for Women

Northwest Hospital

Pilot Club of Des Moines, Inc

Planned Parenthood of Iowa

Pleasant Hill Police Department

Polk County Attorney's Office

Polk County Board of Supervisors

Polk County Dept. of Social Services

Polk County Medical Society

Polk County Mental Health Center

Polk County Sheriff's Office

Polk County Women's Political Caucus

Public Health Nursing Association

Quota Club

Snyder Consolidated School District

Southeast Polk School District

Temple Sisterhood

Thereth Israel Women's League

Tiny Tot Child Care, Inc

Town of Polk City

United Way Planning Division

Urbandale Police Department

Urbandale School District

W D M Community School District

West Des Moines Opportunity Center

West Des Moines Police Department

Windsor Heights Police Dept.

YWCA

Zonta Club

APPENDIX E1

REPORT ON CASE # _____ Type _____

date and time of assault _____

contact flow _____

duration and reason if delayed _____

reported _____ to _____

suspect apprehended _____ charges filed _____

grand jury hearing _____ trial or plea _____

OFFENSE

initial contact with offender _____

location of offense _____

nature of offense _____

use of force _____ weapon _____

other crimes involved _____ evidence _____

other information _____

VICTIM

age _____ race _____ appearance _____

living conditions _____

injuries _____ physical condition _____

support to victim from important others _____

other information _____

OFFENDER

age _____ race _____ relationship to victim _____

age difference _____ physical condition _____

other information _____

CENTER CONTACT

initial contact _____
hospital _____
detective interview _____
followup _____

MEDICAL CONTACT

hospital _____ doctor _____
other information _____

LAW ENFORCEMENT CONTACT

agency _____ C.I.R. _____
detective contact _____
other information _____

SPECIAL PROSECUTOR INVOLVEMENT

CRIMINAL CASE INFORMATION

EXPLANATION OF CASE TERMINATION

ADDITIONAL NOTES

APPENDIX E2

Attachment VI

VICTIM, OFFENDER AND INCIDENT CHARACTERISTICS CASES
REPORTED TO
POLK COUNTY RAPE/SEXUAL ASSAULT CARE CENTER

This data is based upon 169 cases from November of 1974 through November of 1975.

Most data on twelve cases is not available since they were telephone contacts only, relating to the following issues:

- 3 cases--previous rapes
- 2 cases--consultation with professionals about how to handle rape of a client
- 7 cases--consultation with clients re: problems stemming from sexual abuse where the incident was not the focus.

Victim Age Characteristics

Range: 3½ years to 84 years

<u>Age</u>	<u>Number</u>	<u>Percent</u>
Under 10	9	5.8
11-13	9	5.8
14-17	46	29.5
18-25	73	46.8
26-34	10	6.4
35-44	3	1.9
45+	4	2.6
Unknown	2	1.3
TOTAL	156	100 %

76.3%

Attachment VI (continued)

Offender Age Characteristics

Range: 14 to 63

<u>Age</u>	<u>Number</u>	<u>Percent</u>
14-17	20	12.8
18-25	46	29.5
26-34	24	15.4
35-44	2	1.3
45+	11	7.1
Unknown*	53	34.0
TOTAL	156	100 %

*Many are listed as unknown since victims were not pressured by the Polk County Rape/Sexual Assault Care Center to describe the offender in detail.

<u>Victim Race</u>	<u>Number</u>	<u>Percent</u>	<u>Offender Race</u>	<u>Number</u>	<u>Percent</u>
White	130	83.3	White	84	53.8
Black	11	7.1	Black	30	19.2
Indian	3	1.9	Indian	1	.6
Spanish-American	1	.6	Spanish-American	1	.6
Oriental	0	0	Oriental	0	0
Unknown	11	7.1	Unknown	40	25.6
TOTAL	156	100 %	TOTAL	156	100 %

<u>Victim Appearance</u>	<u>Number</u>	<u>Percent</u>
"Hard"	1	.6
"Seductive"	9	5.8
Attractive, not "seductive"	37	23.7
Child	9	5.8
Average	63	40.4
Unknown	37	23.7
TOTAL	156	100 %

Attachment VI (continued)

<u>Victim Emotional Condition</u>	<u>Number</u>	<u>Percent</u>
Average	84	57.5
Child	8	5.5
Some problems emotionally Under treatment	38	26.0
Other type disability (i.e., retardation, blind,, etc.)	6	4.1
Unknown	9	6.2
Unknown	1	.7
TOTAL	146	100 %

<u>Victim Support from Others</u>	<u>Number</u>	<u>Percent</u>
None	9	6.2
Poor	26	17.8
Some	50	34.2
Strong	55	37.7
Unknown	6	4.1
TOTAL	146	100 %

<u>Victim Family Relationship</u>	<u>Number</u>	<u>Percent</u>
No family in area	16	11.0
Close family	39	26.7
Average	46	31.5
Some problems within family	23	15.8
Major family problems, or removed from family (i.e., group home)	12	8.2
Unknown	10	6.8
TOTAL	146	100 %

<u>Victim Residence</u>	<u>Number</u>	<u>Percent</u>
With parent or step-parent	69	47.3
With other relative/foster parent	7	4.8
With spouse or boyfriend	18	12.3
With children (no adult males)	15	10.3
With roommate (no adult males)	11	7.5
Institution or group home	4	2.7
Living alone	18	12.3
Transient	2	1.4
Unknown	2	1.4
TOTAL		100 %

Attachment VI (continued)

<u>Victim/Offender Age Difference</u>	<u>Number</u>	<u>Percent</u>
Offender more than 10 years younger than victim	7	4.8
Offender 5-10 years younger	3	2.1
Offender 2-5 years younger	2	1.4
Within 2 years of same age	37	25.3
Offender 2-5 years older	11	7.5
Offender 5-10 years older	13	8.9
Offender 10-15 years older	10	6.8
Offender over 15 years older	22	15.1
Unknown	41	28.1
TOTAL	146	100%

<u>Interpersonal Relationship--Victim/Offender</u>	<u>Number</u>	<u>Percent</u>
Relative (not living with)	9	5.9
Relative (living with) or foster parent	2	1.3
Estranged husband or boyfriend	6	3.9
Living companion (boyfriend)	1	.7
Friend	2	1.3
Occasional date or boyfriend	2	1.3
Blind or first date	4	2.6
Neighbor	11	7.2
Other acquaintance (i.e., co-worker, friend of friend, etc.)	32	20.9
Stranger	84	54.9
TOTAL	153	100 %

<u>Initial Victim/Offender Meeting Place</u>	<u>Number</u>	<u>Percent</u>
Broke into or forced way into victim's home	24	16
In victim's home (by ruse)-assault ensued	10	6.7
Forced way into victim's car or attacked in parking lot	9	6
Victim attacked while walking outside	21	14
Victim forced to accompany (weapon or physical force)	7	4.7
Offender used ruse to get victim to accompany (i.e., said he would take her home)	15	10
Date ensuing from tavern acquaintance	3	2
Stranger at same party as victim-attack took place there	2	1.3
Hitchhiking	7	4.7
Neighbor, acquaintance, relative, date, etc.	51	34
Unknown	1	.7
TOTAL	150	100 %

Attachment VI (continued)

<u>Location of Rape</u>	<u>Number</u>	<u>Percent</u>
Victim's house	45	28.8
Victim's car	7	4.5
Other house	23	14.7
Offender's car or vehicle	37	23.7
Outdoors--poorly lit and deserted	22	14.1
Street or alley	9	5.8
Parking lot or ramp	4	2.6
Other public place	1	.6
Other private place	1	.6
Unknown	7	4.5
TOTAL	156	100 %

<u>Time of Day</u>	<u>Number</u>	<u>Percent</u>
8 pm - Midnight	31	20
12 am - 6 am	53	34.2
6 am - Noon	15	9.7
Noon - 6 pm	21	13.5
6 pm - 8 pm	15	9.7
Unknown or unreported	20	12.9
TOTAL	155	100 %

<u>Use of Force</u>	<u>Number</u>	<u>Percent</u>
None	4	2.6
Threats (verbal)	45	28.8
Beating/physical force	54	34.6
Weapon	38	24.4
Unknown (i.e., child or not reported)	15	9.6
TOTAL	156	100 %

<u>Type of Rape</u>	<u>Number</u>	<u>Percent</u>
Solo	114	73.1
Partner (participant or observer)	22	14.1
Group (participant or observer)	14	9.0
Unknown (i.e., child)	6	3.8
TOTAL	156	100 %

Attachment VI (continued)

<u>Witness to Incident</u>	<u>Number</u>	<u>Percent</u>
No witness (except offenders)	135	86.5
Witnessed by small child	3	1.9
Witnessed by someone who could testify	16	10.2
Unknown	2	1.3
TOTAL	156	100 %

<u>Injuries to Victim</u>	<u>Number</u>	<u>Percent</u>
Unknown	27	17
None	73	46
Slight (cuts, bruises, etc.)	48	30
Moderate (require doctor's attention)	8	5
Severe (require hospital attention, stitches, etc.)	4	3
TOTAL	160	100%

ATTACHMENT A
(Continued)

- d) Unanimous approval by the Polk County Board of Supervisors to support a second grant to the project.
- e) Continued support of the Polk County Attorney in supplying the services of the Special Prosecutor.
- f) Positive evaluation of the program from follow-up reports filled out anonymously by victims.

ATTACHMENTS RELATE TO SECTION 2 (a) (1) OF ATTACHMENT A

END