

CRIME | Sexual attacks batter more than mind and body

Survivors of rape face long recovery

Nurses seek to ease trauma as victims cope with invasive exams, painful memories, financial fallout.

By LEE HILL KAVANAUGH
The Kansas City Star

Her broken front door is still ajar.

Or maybe it's the kitchen window he shattered to enter.

And now cold air is seeping in, chilling her body.

But she doesn't feel the cold. Shock has a way of twisting reality, stopping time. This rape victim — a composite based on interviews with rape survivors and counselors — might feel relief that she's still alive. Or maybe she's so confused that she prays it was all just a bad dream.

Her shaking hands reach for her phone to call 911, or a friend, or a rape crisis hot line.

As soon as she talks to someone who works with sexual assault victims, she will be told, as gently as possible, that her body is a crime scene.

Don't shower. Don't change. Don't go to the bathroom, drink water or brush your teeth. Evidence could be lost.

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MORE ON MOCSA

■ www.mocsa.org

■ 24-hour crisis line:

816-531-0233 or

913-642-0233

Staffing a hot line takes a lot of volunteers. If you're interested, go to mocsa.org or call 816-285-1376.



DAVID EULITT / THE KANSAS CITY STAR
"When I was in nursing school, we were not taught anything on how to treat rape victims," says Connie Brogan, a forensic nurse at St. Luke's Hospital who has taught hundreds of nurses how to care for rape victims and collect evidence.

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There is always something left behind. No matter how many precautions her attacker took, the experts always find something.

She probably was beaten. Definitely violated. Changed in a thousand ways she'll discover over the rest of her life.

But for now, in the next few hours, the physical violations of her rape will be documented by strangers.

And that's the part few people know about. Although everyone imagines the horror of the crime itself — especially when a serial rapist like the one in the Waldo area is at large — few people know what happens in its aftermath.

Few people realize how many times the victim will have to retell her story. Or the financial hardships she'll endure for months, even years from now.

But she will learn there are dozens of caring people, trained and ready to help, from the police to the nurses to the victim advocates.

Here is a look into the whirlwind of what a victim endures after a rape ends.

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At St. Luke's Hospital, the protocol for a rape victim is well-defined.

She will never wait in the emergency room. Instead, she is ushered immediately into a special room for sexual assault patients.

The room is in the back of the ER, outside the normal patient traffic zone. The walls are a soothing blue. A bright green philodendron spills over a countertop. A poster on the wall is filled with faces of children and adults of all ages and races, all rape survivors — a reminder that rape can happen to anyone, anywhere, and that help is available.

The victim — called a patient within these walls — won't lie on an examination bed, at least not at first. For a while, she is encouraged to just sit in a chair and talk. Forensic nurses will sit at least three feet away to give her space.

This is the beginning of the road back to feeling safe. But first she has to tell strangers what happened.

ASSAULT: Rape victims' medical treatment can be red flag for health insurers

Each time a rape victim retells her story, she relives the horror. So the authorities who need to know what happened try to listen together: A police officer, a detective, a forensic nurse and a volunteer from the Metropolitan Organization to Counter Sexual Assault, known as MOCSA. The volunteer is there as an advocate, offering a silent, caring presence, or even a hand for the victim to hold.

MOCSA opened its doors in Kansas City 35 years ago. It is the area's only rape crisis center, serving both sides of the state line.

Three hundred trained volunteers staff the crisis line around the clock, waiting for what they call "a hospital run," meaning a rape victim is in an emergency room and needs an advocate.

Last year, MOCSA advocates made 490 hospital runs, 15 percent more than the year before. Each advocate brought with her a care package with clothing and a toothbrush. In a few minutes, the patient's own clothing will probably be taken as evidence.

She's about to begin the most invasive medical exam of her life.

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In the 1970s, St. Luke's Hospital recognized that victims of sexual assault need a specially trained nursing staff. Before, someone collecting evidence after a rape would have had only the paper instructions folded inside the evidence kit.

And that wasn't good enough, says Connie Brogan, the forensic nurse behind many of the changes at St. Luke's. "When I was in nursing school, we were not taught anything on how to treat rape victims."

At 56, Brogan sports a head of curly white hair. Her voice is calm and low, her eyes a piercing blue. She is a comforting presence, having taught some 600 nurses these special forensic techniques. Last year, she performed 300 forensic exams.

She knows statistics, numbers, the factual bricks needed for reports and presentations. Forensic nurses will testify in court as expert witnesses. But for Brogan, the most important aspect of her job is remembering to treat these patients with as much compassion as possible. This is what drives her.

Because her eyes have seen the aftermath of the worst rape assaults.

Although the focus has been on the Waldo-area stranger rapes, she says, "I want people to know ... 97 percent of our patients were hurt by someone they knew."

And the worst she's seen come from rapes against the elderly, the very young and some men.

Brogan says she's learned to wait as victims talk, without saying a word. She takes notes of injuries they mention.

Victims aren't required to file a police report. But most do, Brogan says. Most want to do everything they can to stop the attacker.

Brogan waits until everyone is finished with questions. Except for her and the MOCSA volunteer, everyone else leaves. And then Brogan begins.

She tells the victim about the rape collection kit, what it requires her as a nurse to do. She explains the why behind each collection.

This exam is invasive, she warns, even physically painful. But it can help the victim avoid sexually transmitted diseases, unwanted pregnancies and exposure to HIV.

It also might catch the monster who did it.

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Brogan unlocks a medical cart and pulls out one of the paperback book-size cardboard boxes. Inside are several envelopes, test tubes and slides to save blood, protein, skin, hair and microscopic bits of DNA.

The victim's underwear goes into one envelope, even if the woman changed before coming to the hospital. One of her fingers will be pricked to get a "known" blood sample. She'll be asked to urinate into a cup. Thirty-five to 40 hairs on her head will be plucked; the patient's DNA is in the hair's bulb.

Photos will be taken of any trauma. Two oral swabs will be taken from her mouth, and two cheek swabs smeared on a slide. The victim's naked body will be examined under a fluorescent light to check for any protein from the attacker.

"If she's licked, kissed or ejaculated on, we'll find it," says Brogan, who more than once has been surprised by the crime lab. "Sometimes I think we got nothing from an exam only to learn months later, we got the DNA they needed. That makes us happy around here."

The final step is the most difficult: the pelvic exam.

Wherever penetration occurred, the nurse will "paint" a chemical that helps define any lacerations or bruising. A speculum is used to check for additional trauma. Everything in the patient's pelvic area will be swabbed and smeared on slides.

Her pubic hair will be combed, with a paper towel catching anything that falls off. Then, the most painful collection of all: The nurse will pluck 25 pubic hairs.

It is painful, humiliating and necessary, Brogan says.

Sometimes, it is simply too much for the patient to endure, too invasive. And if the patient wants Brogan to stop, she does.

"It's their test," she says, with a shrug. "We try to get as much as we can, in the hopes we'll find something. But they decide."

Finally, the patient is offered a shower, food, something to drink. All are choices for the patient herself, a way for her to feel in control of her life again.

But there is still more for her to endure, more decisions, including some that could affect her for the rest of her life.

Sexual assault patients might be exposed to gonorrhea, chlamydia or syphilis. They might be pregnant. They might have to decide whether they want a drug called Plan B to prevent a pregnancy. They might have been exposed to HIV as well.

Brogan tells her patients they need to carefully consider whether they want their medical insurer to know this. The HIV medicine will flag the insurer about their exposure, possibly about what happened.

Patients have been dropped from health insurance because of this, Brogan says. Insurers sometimes have denied victims' claims, saying their post-traumatic stress, mental health issues or HIV exposure are a pre-existing condition. Statistics bear out that rape victims have increased rates of depression, alcohol abuse and obesity.

"I tell them sometimes it's better to pay it themselves," Brogan says.

But the cost for the HIV prophylactic is \$2,800, exorbitant for some.

If the patient can't afford it, "our hospital pays it for them," Brogan says. But not every hospital does.

The last thing that Brogan does before the patient leaves the hospital is to make sure she has a secure place to stay.

Whether from fear, or because their assailant has not yet been caught, most sexual assault victims don't want to return to their homes.

Forensic nurses like Brogan know the shelters where they can go to be safe.

But it will be a long time before they will truly feel safe.

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Today she speaks with confidence, a 37-year-old woman with a good career and a new husband. (She agreed to speak with *The Star* if her name was not used.)

She refers to herself not as a victim, but as a survivor.

Twelve years ago, she was raped. She was leaving work early in downtown Kansas City, about 2:30 p.m. on a beautiful day. As she unlocked her SUV, a man approached her, asking for directions. He overpowered her and pushed her into the passenger seat. While driving, he beat her with his right fist, telling her to take her clothes off or he would kill her. He parked somewhere and assaulted her.

She was seeing stars. She thought, *If I pass out, he'll kill me.*

They started driving again. When she had a chance, she unlocked her door and dived out

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onto Seventh Street Trafficway in Kansas City, Kan., naked and screaming.

In the first hours after the attack, she says, she felt dazed.

"They caught the guy hours after it happened. But for a while, I was too scared to go home by myself."

Although she tried to get back to her normal life as quickly as she could, she has struggled with issues that haunt her. "I still do goofy things," she says.

She can't get into an elevator without visualizing someone attacking her. Nor can she run on a jogging track if a man begins jogging there, too.

For years, she couldn't take a walk alone, or open a window in her house, or ride in a car with the window down.

Sometimes still she cries on her commute to work after months of not thinking about what happened.

Sometimes she still dreams about it.

"Every day, it's a part of your life, a part of who you are. Details fade ... and the anger does go away. Living with fear was a change in my life."

"Now, it's a part of my day." She is hypervigilant, she says. "It's my coping mechanism."

The Waldo area rapes dredge up memories. She hurts for the new rape victims.

RAPE: Financial burdens are heavy

THE NUMBERS

17.7 million U.S. women — 1 out of 6 — have been the victim rape or attempted rape.

9 of every 10 rape victims are female.

Although **about 80 percent** of all victims are white, minorities are somewhat more likely to be attacked.

Source: National Institute of Justice and Centers for Disease Control and Prevention (1998 and 2003)

EFFECTS OF RAPE

Worldwide, victims of sexual assault are:

3 times more likely to suffer depression.

13 times more likely to abuse alcohol.

26 times more likely to abuse drugs.

4 times more likely to contemplate suicide.

Source: World Health Organization

HOSPITAL PROGRAMS

Although any hospital can collect evidence and treat patients with rape collection kits, the Metropolitan Organization to Counter Sexual Assault recommends these hospitals for their SANE (Sexual Assault Nurse Examiner) programs:

- Hospitals in the St. Luke's system
- Overland Park Regional Medical Center
- Shawnee Mission Medical Center
- University of Kansas Medical Center
- North Kansas City Hospital
- Truman Medical Center
- Children's Mercy Hospital

something.

A lot of victims sleep on their couches for years. Many sell their homes, or their cars — wherever the rape occurred.

The 37-year-old survivor sold her SUV as quickly as possible after her rape, sold it even while it was still in the repair shop, hours after the crime. "The thought of getting into it again was something I couldn't bear," she says.

Some costs can be recovered from state crime victim compensation programs, if the victims take all the right steps. Missouri and Kansas require an adult sexual assault victim to

file a police report within 48 hours after the crime, and they require the victim to cooperate with both the police and the prosecutor.

But it can take months to be reimbursed, and it requires filing complicated forms.

"No one ever thinks about the costs the victim absorbs," says Jessie Funk, a MOCSA volunteer. "If they did, communities wouldn't be raising money to increase the reward to catch the rapist; they'd be raising money to give to the victims."

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