

FINAL REPORT OF THE EMERGENCY CAMPUS SUMMIT ON DATE RAPE DRUGS
1999 CAMPUS SAFETY SUMMIT EDITION

AVERTING

The Campus Date Rape Drug Crisis

SEVEN SOLUTIONS FOR
COLLEGES, LAW ENFORCEMENT
AND MEDICAL PROFESSIONALS

Illinois Attorney General Jim Ryan

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Averting the Campus Date Rape Drug Crisis:
Seven Solutions for Colleges, Law Enforcement and Medical Professionals
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Foreword

August 1998

Less than a year ago, the term “date rape drugs” was unfamiliar to the public. Today, media accounts confirm the Illinois State Police alert: Date rape drugs are increasingly prevalent in our state.

Often taken for a cheap (but potentially deadly) high, these drugs — e.g., GHB, Rohypnol, and Ketamine — have an even darker use. Slipped into a drink, they render the victim helpless against rape and erase all memory of the attack.

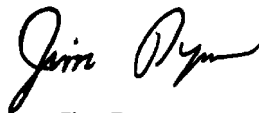
In January, following the seizure of GHB near a university campus, I held the Emergency Campus Summit on Date Rape Drugs. The Illinois State Police and the Illinois Coalition Against Sexual Assault cosponsored the summit.

The materials here emerged from the suggestions and work of summit participants—representatives from colleges, law enforcement, rape crisis centers, medical professions, and public agencies.

These materials are fully developed tools that can be implemented throughout college campuses and surrounding communities. Some of the elements have already been activated. For example, the Illinois State Police have developed a training program on date rape drugs for every officer in the state. The Executive Summary, beginning on page six, will guide you through the use of other aspects of this manual.

Because of the nature and relative newness of date rape drugs, we do not yet know how widespread their use is. We do know, however, that college-age women are the most likely victims of drug-facilitated sexual assault. By committing to leadership, Illinois colleges will help protect young women and help thwart a growing danger before it becomes a tragic epidemic.

On behalf of the summit participants who helped to create this document, thank you for your concern and commitment to the safety and well-being of our young people. I encourage you to begin using these materials today.



Jim Ryan
Attorney General

Notes

Executive Summary

for Deans of Students

How to use this book

The following is a brief overview of each section of the materials. Each summary reviews the goals of the section, included materials, and suggested distribution plans. You can photocopy portions, send disk copies of the CD-ROM, or ask staff to print sections from the Attorney General's Web site, www.ag.state.il.us.

One of the most effective ways to ensure successful implementation of this program is the appointment of a Sexual Assault Response Team (SART). See page 18 for details.

1. Guidelines for Campus Response to Sexual Assault Reports

Goals:

- To serve as a model for universities and colleges to follow in aiding victims of sexual assault
- To remind colleges to invoke their campus disciplinary proceedings for people who possess, use, or deliver date rape drugs
- To standardize the initial response to victim reports of sexual assault

Contents:

- Model Date Rape Drug and Campus Sexual Assault Policy Statements
- Checklists on Policy, Enforcement, Education and Prevention, and Treatment and Support
- Response Procedure for Victims of Sexual Assault
- Date Rape Drug and Sexual Assault Procedure Checklists for the Dean of Students, residence life staff, health center staff, counseling staff, campus police, faculty, staff, and athletic department employees
- Sexual Assault Incident Report
- Rights of the Victim and of the Accused in Sexual Assault Cases

Distribution:

Please distribute this section to any staff or faculty on your campus to whom victims might report a sexual assault. This includes staff in the health center, counseling department, residence halls (including R.A.s), campus police, and the athletic department. Also, please distribute the policy statements to administrators responsible for developing campus policies. More distribution details are in the section introduction.

2. Guidelines for Law Enforcement Response to Sexual Assault Reports

Goals:

- To provide local police departments with standardized guidelines for aiding victims of drug-facilitated sexual assault
- To ensure confidentiality and victim sensitivity
- To assist law enforcement in identifying telltale signs of drug-facilitated sexual assault

Contents:

The guidelines, steps, and procedures in this section will help police officers to better understand the following issues:

- Confidentiality
- Reporting procedures
- Notification to hospitals and rape crisis centers
- Collection of forensic evidence
- Victims' rights
- Interaction with campus police, regardless of pursuit of criminal prosecution

Distribution:

This section will be sent by the Office of the Attorney General to all local police departments in Illinois. All police officers will be trained by the Illinois State Police on how to follow these guidelines. You may wish to contact your campus and local police departments to encourage them to use these materials.

3. Guidelines for Medical Response to Sexual Assault Reports

Goals:

- To provide model guidelines to help hospital/medical personnel aid victims of drug-facilitated sexual assault
- To explain the importance of the Sexual Assault Survivors Emergency Treatment Act
- To describe examination and evidence collection procedures
- To standardize hospital/medical first response to these victims

Contents:

The guidelines in this section will help medical personnel treating a sexual assault victim to better understand the following issues:

- Patient/victim consent
- Information for a medical record
- Victim sensitivity
- Medical examination procedures, including the use of the Illinois State Police Evidence Collection Kit (ISPECK)
- When toxicology screening should be administered
- Explaining to the victim the effects of the drug involved and the lab testing procedures
- Procedures for collecting a urine specimen when sedative drugs are suspected
- Ensuring the privacy of a victim

Distribution:

This section will be distributed to all hospitals in Illinois for use by emergency medical personnel. You may wish to contact your local hospital to encourage them to use these materials.

4. How to Implement a Community Task Force to Comply with the Campus Security Acts

Goals:

- To assist all public schools of higher education in complying with the Illinois and Federal Campus

Security Acts

- To assist your institution in developing a community task force that will provide a coordinated community response to reports of sexual assault

Contents:

- Illinois Campus Security Act
- Federal Campus Security Act
- Ideal Components of a Community Task Force
- Model Task Force Membership
- Task Force Accountability Suggestions

Distribution:

Please distribute this section to the individual on your campus who is in a position to coordinate the development of a community task force. It is suggested that this person be either the Sexual Assault Response Team (SART) Coordinator, as described in Guidelines for Campus Response to Sexual Assault Reports, or the Dean of Students.

5. Campus Education Kit

Goals:

- To provide information and support to help students be safe and protect each other
- To provide women with power, hope, and strength without implying blame
- To provide men with support, power, and care without implying blame
- To support universal condemnation of sexual predation
- To identify protective strategies/behaviors that work to prevent drug-assisted rape

Contents:

- Ten each of a three-series poster set (24"x 30")
- Samples of public education materials, including:
 - Table tents
 - Bookmarks
 - Wallet cards
 - Brochures
- One CD-ROM containing:
 - Campus summit overview
 - Adobe Acrobat Reader software for Windows and Macintosh
 - The complete manual, Averting the Date Rape Drug Crisis: Seven Solutions for Colleges, Law Enforcement and Medical Professionals
 - Quark XPress and Adobe PageMaker files for the public education materials

Distribution:

A limited number of posters and CD-ROMs is still available. Please distribute kit materials to all individuals and groups listed in the Prevention Education distribution list, which is explained inside.

6. Prevention Education: Training Modules for Students

Goals:

- To assist colleges and universities in implementing uniform date rape drug prevention education
- To provide Illinois schools of higher education with the tools needed to prevent the incidence of drug-assisted rape

Contents:

- Recommendations for Curriculum
 - Prevention Curriculum
 - Module 1: An Overview of Rohypnol, GHB, and Ketamine
 - Module 2: What Happens to You
 - Module 3: How to Protect Yourself
 - Module 4: What to Do If You or a Friend are Raped/Sexually Assaulted
 - Module 5: Resources
 - Module 6: Laws
- Module Supplements:
- Templates
 - Handouts
 - Evaluation

Distribution:

It is recommended that this training program be given to Greek advisors, campus advisors, residence hall advisors, and freshmen orientation staff. It is suggested that the local rape crisis center be contacted to assist in the training and to provide local resources. Initially this curriculum should be presented to all classes, freshman through senior, and thereafter to incoming freshmen.

7. Police Training and Data Collection

Goals:

- To offer training to all Illinois patrol officers and campus police to ensure they are familiar with and correctly utilize the recommended law enforcement guidelines for response to drug-assisted rape and drug seizures
- To monitor the known incidents of drug-assisted rape for the purpose of alerting schools and policy makers to developing problems

Contents:

- Police training recommendation
- Data collection sources

Distribution:

A summary report on the prevalence of date rape drugs will be prepared by the Illinois State Police Intelligence Bureau on a quarterly basis. This report will be posted on the Illinois State Police Web site for access by all law enforcement agencies, universities and colleges, and members of the public. Please inform your SART team members, your school rape crisis services, and your campus police force of this.

L. Legislative Recommendations

Also in this report is a list of the legislative recommendations made at the January Summit. They are listed on pages 109 to 111. You will note that the Legislative Task Force has made progress in each area. The Task Force met again in September to draft additional legislation for the 1999 General Assembly.

A. Appendix

The Appendix contains 4 elements:

- Additional information on the most common date rape drugs
- A summary of Illinois law on date rape drugs
- A summary of Illinois stalking law
- The SafetyNet LAS 100 Facilitators Manual, a document used in the University of Illinois at Chicago program on alcohol, rape, and personal safety issues

About the Summit

On January 26, 1998, over 350 people gathered in Springfield for the Emergency Campus Summit on Date Rape Drugs. Their purpose was to discuss the use of date rape drugs on or near college campuses and to help formulate possible solutions to this problem. Cosponsoring the event with Attorney General Jim Ryan were the Illinois State Police and the Illinois Coalition Against Sexual Assault. Representatives from universities, law enforcement agencies, rape crisis centers, and medical facilities throughout Illinois attended. This meeting brought together professionals with diverse experiences and perspectives regarding resolving the problem of sexual assault.

The summit was a response to several criminal indictments by the Office of the Attorney General relating to the sale and distribution of Gamma Hydroxybutyric Acid (GHB) in December 1997. The Attorney General called for a swift response from concerned Illinois groups and individuals. He asked those who attended the summit to work for a collaborative multilevel solution that would prevent this problem from becoming a crisis.

In the morning session of the summit, participants learned about date rape drugs from each of the different disciplines represented. Experts presented information on the use and effects of GHB, Rohypnol, and Ketamine and the difficulties in prosecuting crimes involving these drugs. Rape crisis advocates described the complexities of a victim's experience and the incidents encountered by Illinois' thirty rape crisis centers. Participants also learned about the complexities of laboratory analysis and what one California university is doing to protect its students.

The afternoon session consisted of six breakout groups, each representing one of the main areas of concern. The session included:

1. What police, hospitals, and campuses need to do when responding to victim reports
2. What laws are needed
3. How to implement the Illinois Campus Security Act
4. What prevention measures can be taken
5. Reporting issues and public fears

Each breakout session was comprised of representatives from all disciplines. Participants proposed solutions and developed pledges. In the concluding session, group leaders shared their pledges. From those reports, five task forces were formed to carry out the agreed-upon pledges.

Following the summit, many participants proved their commitment by leading or joining one of the task forces. At a follow-up meeting of the task force chairs and the summit steering committee, Attorney General Jim Ryan asked the task forces to complete their projects within ninety days. All agreed to the time frame and have completed their projects. Each chapter of this manual represents the work of one task force.

Illinois does not yet have a date rape drug crisis, but left unchecked, the potential exists. With the cooperation of all Illinois colleges, law enforcement, hospitals, and community agencies, we will be able to maximize the safety of college students. Hopefully, this manual will be of help.

Notes

Guidelines for First Response to Sexual Assault Reports

Introduction

Goal of Guidelines for First Response to Sexual Assault Reports

These guidelines are designed as models for universities and colleges, law enforcement, and medical personnel to follow in aiding victims of sexual assault. They contain procedures, model policies, and checklists to help you standardize your first response to sexual assault victims.

How to Maintain these Guidelines

These guidelines are being distributed to campus administrators, local police departments, and local hospitals in Illinois. These are helpful tools that describe each discipline's policy and the process of what to ask and do when encountering a victim of sexual assault, with special emphasis on incidents involving date rape drugs.

Guidelines for Campus Response to Sexual Assault Reports

We recommend you distribute each part of the Guidelines for Campus Response to Sexual Assault Reports to the following people as specified below:

Date Rape Drugs and Campus Sexual Assault Policy Statements outline model policies for dealing with campus sexual assault and a zero tolerance for the presence of date rape drugs in the college community. Also included is a model for creation of a Sexual Assault Response Team (SART) on campus. As Dean of Students, please distribute these policy statements among those administrators on your campus responsible for developing campus policies so they can incorporate them into your existing policies on sexual assault.

Checklists on Policy, Enforcement, Education and Prevention, and Treatment and Support are checklists to use in evaluating your current campus policies to ensure that the Date Rape Drugs and Campus Sexual Assault Policy Statements are implemented. As Dean of Students, please distribute these checklists to those administrators on your campus responsible for developing campus policies.

Response Procedure for Victims of Sexual Assault is a procedure that provides a caring and effective institutional response to the student who reports having been sexually assaulted. As Dean of Students, please keep a copy of the procedure for yourself and distribute copies among the appropriate university/college staff (particularly Residence Life, Health Center, Counseling Center, and Campus Police) so they can properly assist victims of sexual assault.

Date Rape Drugs and Sexual Assault Procedure Checklists were created to ensure the Response Procedure for Victims of Sexual Assault is being followed. As Dean of Students, please distribute these checklists to the departments that will receive the Response Procedure for Victims of Sexual Assault.

College Faculty, Staff, and Athletic Department Employees Date Rape Drugs and Sexual Assault Procedure is a procedure designed to inform all faculty, staff, and athletic department employees of how to respond to a report of sexual assault and/or the possession, use, administration, or sale of date rape drugs within the college community. As Dean of Students, please distribute this procedure to the above individuals.

Sexual Assault Incident Report is designed to facilitate communication between Sexual Assault Response Team (SART) members about sexual assault allegations and should be completed by any administrator, faculty, staff, or SART member who speaks with a victim of date rape drugs and/or sexual assault about the incident. This report should be returned to the campus's SART coordinator, a position explained in the attached materials. As Dean of Students, please distribute this report to the above individuals.

Rights of the Victim and of the Accused in Sexual Assault Cases lists the possible rights of persons involved in campus date rape drug and sexual assault judicial proceedings. As Dean of Students, please distribute this list to the SART members for training faculty and staff on how to educate students on their rights with regards to sexual assault incidents. Please distribute the list also to those administrators on your campus responsible for developing campus judicial policies and procedures. This list may also be distributed to Resident Assistants.

Guidelines for Law Enforcement Response to Sexual Assault Reports

The Guidelines for Law Enforcement Response to Sexual Assault Reports will be distributed to all the local police departments in Illinois. All police officers will be trained by the Illinois State Police on how to follow these guidelines. Police officers should follow the introduction on conducting a successful investigation, consider potential investigation difficulties unique to drug-facilitated sexual assault, follow the steps and procedures when working with victims of sexual assault, and follow the investigation procedures outlined in these guidelines. As referred to in the guidelines, a sample consent form for the release of toxicology evidence to the appropriate law enforcement agency is provided. Hospitals will provide this form for the patient to sign when appropriate.

Guidelines for Medical Response to Sexual Assault Reports

The Guidelines for Medical Response to Sexual Assault Reports will be distributed to all hospitals in Illinois. These recommended guidelines are for emergency medical personnel to follow in the treatment of sexual assault victims. Hospital/medical personnel should follow the examination, billing, and evidence collection procedures along with following the information provided on how to obtain victim consent for medical treatment and evaluation.

Guidelines for Campus Response to Sexual Assault Reports

Introduction

Goal of the Guidelines for Campus Response to Sexual Assault Reports

The Guidelines for Campus Response to Sexual Assault Reports are to serve as a model for universities and colleges to follow in aiding victims of sexual assault. Additionally, they are designed to remind colleges and universities to invoke their campus disciplinary proceedings for people who possess, use, or deliver date rape drugs. This section contains procedures, model policies, and checklists to assist not only campus administrators, but also faculty, staff, and campus judicial committees, in providing a standardized campus first response to victims of sexual assault. As part of this standardized response, a Sexual Assault Response Team (SART) should be established on each campus to provide emergency and follow-up services to victims of sexual assault within the college community. SART members would be comprised of representatives from: Health Service, College and/or Community Police, Counseling and Student Development, Residence Life Staff, Student Judicial Office, and On-Campus or affiliated Off-Campus Rape Crisis Center. A SART coordinator, Dean of Students, or Chief Student Affairs Officer should be designated by the campus to review and file the Sexual Assault Incident Reports and to be available to provide support and assistance to victims.

How to Maintain these Guidelines

As Dean of Students, we recommend you distribute each part of the Guidelines for Campus Response to Sexual Assault Reports to the following people as specified below:

Date Rape Drugs and Campus Sexual Assault Policy Statements outline model policies for dealing with campus sexual assault and a zero tolerance for the presence of date rape drugs in the college community. Also included is a model for creation of a Sexual Assault Response Team (SART) on campus. As Dean of Students, please distribute these policy statements among those administrators on your campus responsible for developing campus policies so they can incorporate them into your existing policies on sexual assault.

Checklists on Policy, Enforcement, Education and Prevention, and Treatment and Support are checklists to use in evaluating your current campus policies to ensure that the Date Rape Drugs and Campus Sexual Assault Policy Statements are implemented. As Dean of Students, please distribute these checklists to those administrators on your campus responsible for developing campus policies.

Response Procedure for Victims of Sexual Assault is a procedure that provides a caring and effective institutional response to the student who reports having been sexually assaulted. As Dean of Students, please keep a copy of the procedure for yourself and distribute copies among the appropriate university/college staff (particularly Residence Life, Health Center, Counseling Center, and Campus Police) so they can properly assist victims of sexual assault.

Date Rape Drugs and Sexual Assault Procedure Checklists were created to ensure the Response Procedure for Victims of Sexual Assault is being followed. As Dean of Students, please distribute these checklists to the departments who will receive the Response Procedure for Victims of Sexual Assault.

College Faculty, Staff, and Athletic Department Employees Date Rape Drugs and Sexual Assault Procedure is a procedure designed to inform all faculty, staff, and athletic department employees of how to respond to a report of sexual assault and/or the possession, use, administration, or sale of date rape drugs within the college community. As Dean of Students, please distribute this procedure to the above individuals.

Sexual Assault Incident Report is designed to facilitate communication between Sexual Assault Response Team (SART) members about sexual assault allegations and should be completed by any administrator, faculty, staff, or SART member who speaks with a victim of date rape drugs and/or sexual assault about the incident. This report should be returned to the campus's SART coordinator, a position explained in the attached materials. As Dean of Students, please distribute this report to the above individuals.

Rights of the Victim and of the Accused in Sexual Assault Cases lists the possible rights of persons involved in campus date rape drug and sexual assault judicial proceedings. As Dean of Students, please distribute this list to the SART members for training faculty and staff on how to educate students on their rights with regards to sexual assault incidents. Please distribute the list also to those administrators on your campus responsible for developing campus judicial policies and procedures. This list may also be distributed to Resident Assistants.

Date Rape Drugs And Campus Sexual Assault Policy Statements

The following policy was developed by the Attorney General's Campus Response Task Force on Date Rape Drugs with the cooperation of higher education institutions, law enforcement, victim advocacy groups, and medical community in Illinois. It is offered as an example policy that may be used by institutions as they develop their individual policies.

Campus Sexual Assault

The college is a community of trust whose existence depends on strict adherence to standards of conduct set by its members. Sexual assault is a serious violation of these standards and will not be tolerated.

Sexual assault is defined as sexual contact without consent and includes: intentional touching, either of the victim or when the victim is forced to touch, directly or through clothing, another person's genitals, breasts, thighs, or buttocks; sexual intercourse without consent whether by an acquaintance or a stranger; attempted sexual assault; oral sex or anal intercourse without consent; or sexual penetration with an object without consent. To constitute consent, a person must freely give an agreement to the sexual conduct in question. To constitute a lack of consent, the acts must be committed either by force, threat of force, intimidation, or the victim's inability to give informed consent due to the use of alcohol and/or sedative drugs including GHB, Rohypnol, Ketamine, and other date rape drugs.

The college encourages all members of the college community to be aware of both the consequences of sexual assault and the options available to survivors. The college urges survivors to seek assistance using any appropriate resources.

A student or any member of the college community charged with sexual assault can be disciplined under the college's conduct code and may be prosecuted under Illinois criminal statutes. Even if the criminal justice authorities choose not to prosecute, the campus can pursue disciplinary action. This disciplinary action could result in dismissal from the college.

Zero Tolerance

The college hereby adopts a "zero tolerance" policy towards the possession, use, administration, or sale within the college community of date rape drugs, including GHB, Rohypnol, Ketamine, and similar sedative illegal drugs that can be given to people without their knowledge.

This "zero tolerance" policy towards the presence of date rape drugs in the college community encompasses sororities, fraternities, residence halls, and events sponsored by university organizations at other on- or off-campus locations. Violation of the policy may result in the suspension of organizations that sponsor events at which offenses occur as well as the expulsion of any offender from the residence halls. Individuals and/or organizations suspected of the possession, use, administration, or sale of date rape drugs will be immediately reported to appropriate law enforcement authorities for investigation. Additionally, campus judicial action may be pursued against individual students if the conduct meets the standards of the campus judicial process.

Date rape drugs can be odorless, tasteless, clear liquids that can produce seizures, render a person comatose, or result in other unpredictable side effects. They have been termed "date rape" drugs because individuals who unknowingly ingest such drugs can temporarily lose consciousness or otherwise be rendered helpless to attack. Federal law now adds a minimum of twenty years to a rape sentence if date rape drugs are used in the commission of a sexual assault.

Top Priority: Protecting the Health & Safety of the College Community

The college places the highest priority on protecting the health and safety of the college community. Additionally, the college has an obligation to abide the laws of the community of which it is a part. While activities covered by the laws of the community and those covered by the rules of the college may overlap, the community's laws and the college's rules operate independently and do not substitute for each other. The college may pursue enforcement of its own rules whether or not legal proceedings are underway or are prospect, and may use information from third party sources, such as law enforcement agencies and the courts, to determine whether college rules have been broken. The college will make no attempt to shield members in the college community from the law, nor would it intervene in legal proceedings on behalf of a member of the community. Victims of a crime will be informed of their right to report the crime to the local police. Membership in the college community does not exempt anyone from local, state, or federal laws, but rather imposes the additional obligation to abide by all of the college's regulations.

Campus Judicial Proceedings

The college should implement necessary procedures for referral of date rape drug incidents to the appropriate campus judicial process. The college is responsible for clearly defining the grounds for any proceeding and/or any sanction resulting from the possession, use, or delivery of date rape drugs. The college should invoke serious disciplinary measures against students who violate the zero tolerance policy.

Creation of a Sexual Assault Response Team (SART)

We recommend that your college create a Sexual Assault Response Team (SART). SARTs are created to provide emergency and follow-up services to victims of sexual assault within the college community. All such services are confidential. We recommend that the Dean of Students or Chief Student Affairs Officer be designated the SART coordinator. The SART membership should include but not be limited to the following:

Health Service – Provides medical treatment and/or referral to community hospital as necessary and medical follow-up as needed.

College and/or Community Police (if police are sworn officers) – Provide investigation of reported incidents of date rape drugs and/or sexual assault allegations by interviewing the victim and collecting on-site evidence; conduct follow-up investigation for possible prosecution.

Counseling and Student Development – Provides face-to-face counseling and follow-up support for the victim; support during the medical examination and police investigation; and support and counseling for secondary victims, such as friends and relatives of sexual assault victims.

Resident Life Staff – Provide victims with referrals for medical treatment and counseling and referrals to law enforcement, rape crisis centers, and student judicial offices; assist students in arranging for temporary or permanent housing assignment change to reduce likelihood of contact between victim and alleged perpetrator.

Student Judicial Office – Provides administrative review of the campus sexual assault policy including the zero tolerance policy on the possession of illegal date rape drugs; when appropriate, issues a temporary sanction to assure victim's safety; provides for a disciplinary hearing for alleged offender.

On-Campus or Affiliated Off-Campus Rape Crisis Center – Provides 24-hour access to Counselor/Advocates for crisis intervention; in-person and/or telephone counseling and follow-up support for victims and secondary victims; support during medical examination, police investigation, and legal proceedings; and referral services.

Each SART office shall complete a Sexual Assault Incident Report (see sample) which provides college officials with immediate information about an allegation or incident involving date rape drugs and/or sexual assault within the college community. The Sexual Assault Incident Report must be completed in a manner which would not foreseeably compromise the privacy of the victim. The completed report forms shall be forwarded to the designated campus official (Dean of Students/Chief Student Affairs Officer/SART Coordinator) for review and file maintenance purposes. The SART Coordinator may share information from these forms with other SART offices for planning/team coordination purposes. The college has the option of appropriately using some of the data gathered from these forms for government reporting requirements. In these cases, the data are used to determine prevalence, and confidentiality is always respected.

This SART guideline stresses that college personnel (faculty, staff, or athletic instructors) other than SART officers who receive a report of a sexual assault allegation are expected to refer victims of date rape drugs and/or sexual assault to the designated campus official (Dean of Students/Chief Student Affairs Officer/SART Coordinator), who will then inform the victim of available support services and law enforcement issues.

Checklist on Policy

This is a model checklist intended for campus administrators to use in evaluating their current campus policies and determining if the following has been incorporated into their sexual assault policies.

- G Does the campus have policies that are in compliance with the Federal Campus Security Act?
- G Does the campus have policies that are in compliance with the Illinois Higher Education-Campus Security Act?
- G Does the campus have a “zero tolerance” policy for the use, possession, administration, and sale of illegal drugs used for sedation?
- G Does the campus have a comprehensive sexual assault policy?
 - G Does the policy clearly define prohibited behavior (including sexual assault) and the institution’s expectations, rules, and sanctions?
 - G Is the policy consistent with state and local laws?
 - G Does it address behavior of all students, faculty, and staff?
 - G Does it address behavior of individuals and groups such as fraternities, sororities, athletic groups, and military organizations?
 - G Does it address the rights of the victim and the accused?
- G Were students, faculty, and staff involved in developing the policy?
- G Do the president and campus administration speak out frequently on the institution’s sexual assault policy and “zero tolerance” drug policy?
- G Is the policy reviewed annually by the Dean of Students/Chief Student Affairs Officer/SART Coordinator to consider changing knowledge, campus experience, legislation, and legal precedents?

Checklist on Enforcement

This is a model checklist intended for campus administrators to use in evaluating their current campus policies and determining if the following has been incorporated into their sexual assault policies.

- G** Does the campus have policies that are in compliance with the Federal Campus Security Act? For instance, does the campus have compliant policies regarding:
 - G** A procedure for collecting campus crime statistics?
 - G** The preparation of an annual security report?

- G** Does the campus have policies that are in compliance with the Illinois Higher Education-Campus Security Act?

- G** Are there guidelines for receiving reports of sexual assault violations?
 - G** Are these guidelines in campus publications for students, faculty, and staff?

- G** Are the campus sexual assault and “zero tolerance” policies enforced with consistency and timeliness?
 - G** Is reporting encouraged?
 - G** Is confidentiality maintained?
 - G** Is there a third-party reporting procedure in place?
 - G** Are appropriate sanctions applied to violators?

- G** Are there guidelines for an emergency response to a media inquiry? (The President, Chief Student Affairs Officer, SART, and Public Affairs need to review the allegation(s) and designate a campus spokesperson. The designee may/may not be a representative of Public Affairs.)
 - G** Are the Sexual Assault Response Team members identified in the guidelines?

Checklist on Education and Prevention

This is a model checklist intended for campus administrators to use in evaluating their current campus policies and determining if the following has been incorporated into their sexual assault policies.

- G Is funding adequate for education and prevention programs on sexual assault, drug use, and drug-facilitated sexual assault?
- G Is a specific office responsible for education and prevention programs?
- G Is educational programming coordinated?
- G Are education and prevention programs offered to students, faculty, and staff?
- G Are education and prevention programs offered:
 - G At orientation?
 - G In residence halls?
 - G In the student union?
 - G In classrooms?
 - G In academic courses?
 - G For student organizations?
 - G At faculty and staff meetings?
- G Are peers involved in educational programs?
- G Are campus student organizations included in educational programming?
- G Is the community involved in educational programs?
 - G Has the local rape crisis center been asked to assist in program planning?
 - G In compliance with the Illinois Higher Education - Campus Security Act, have you formulated a community task force?

Checklist on Treatment and Support

This is a model checklist intended for campus administrators to use in evaluating their current campus policies and to determine if the following has been incorporated into their sexual assault policies.

- G** Are programs and printed information about crisis intervention, medical treatment, and counseling and support available to students, faculty, and staff?
- G** Are members of the campus community trained to respond to disclosures of sexual assault?
- G** Is a training program in place?
- G** Are there written guidelines for students, faculty, and staff?
- G** Are students and employees encouraged to seek treatment?
 - G** On campus?
 - G** Through community resources?

Response Procedure for Victims of Sexual Assault

This procedure is intended to guide members of the college community in their efforts to provide a caring and effective institutional response to the student who reports being sexually assaulted.

The person who has been sexually assaulted needs to be heard and respected. The person needs to understand options and to move at his or her own pace through the process of recovery. The person who has been sexually assaulted needs to know what services and options are available and who provides them. Similarly, the person needs to know what is outside the scope of any given provider's services.

The victim's trust in others has been severely damaged, so all helping efforts should respect his or her need for privacy, safety, and control. Every effort should be made to protect the victim's name and identifying information throughout the intervention with the victim. Disclosure of a victim's identification within the Sexual Assault Response Team (SART) should be made only on a need-to-know basis. Those providing services must be clear about the boundaries of confidentiality in their communications.

Sexual assault must be directly confronted by the campus community. An array of medical, psychological, police, administrative, and disciplinary services is immediately available to students reporting sexual assault. Furthermore, the college is committed to supporting students' exercise of informed choice among these services and to ensuring students' anonymity.

When a third party discloses an incident of sexual assault that may include the consumption of a sedative drug, the third party that disclosed the sexual assault must be considered the primary source of information. Every effort must be made to keep confidential the identity of the student who was violated.

Note:

Sexual Assault Response Team (SART) Coordinator refers to the person designated by a campus as being responsible for reviewing and filing the Sexual Assault Incident Reports, as well as being trained and available to provide support and assistance to a victim. He/she will also be able to advise others on the campus policies and procedures for incidents involving date rape drugs and/or sexual assault. The SART Coordinator is responsible for organizing appropriate university/college staff to address such incidents when necessary. This position should be filled by the Dean of Students or Chief Student Affairs Officer.

Dean of Students

Date Rape Drugs and Sexual Assault Procedure Checklist

Staff _____ Date _____

Instructions: As the Dean of Students, you should follow the steps on this checklist when a victim of date rape drugs and/or sexual assault reports an incident. Initial each item when completed. When the entire checklist has been completed, returned it to the SART Coordinator. You should also complete a Sexual Assault Incident Report, which you can obtain from your campus's SART Coordinator.

The Dean of Students or designee has completed the following steps:

_____ Explained the limits of the confidentiality of discussions with the Dean of Students and explained that the Sexual Assault Incident Report will be filed with the SART Coordinator.

_____ Explained that reports of sexual assault are not kept in the victim's or perpetrator's permanent academic records.

_____ Encouraged the victim to go to the emergency room for medical services. Offered to accompany the victim or arrange for a victim advocate to assist the victim.

_____ Encouraged the victim to speak directly with the Sexual Assault Response Team Coordinator and/or a victim advocate for support in understanding, evaluating, and choosing among the services described in this procedure and offered to facilitate such a meeting.

_____ Offered several levels of support, depending on what the victim needed and wished.

- Helped reschedule examinations and/or notified instructors of the victim's absence from class.
- Provided information on course and medical withdrawals.
- Explained that temporary or permanent changes in campus housing assignments could be made to reduce the likelihood of contact between the victim and the alleged perpetrator.

_____ Explained to the victim that he/she may request the presence of a counselor/advocate during the filing of a report or complaint and the proceedings which follow. Explained the role of the counselor/advocate and provided written information about the services provided.

_____ Recommended the victim file a report with the University Police/Security Office if the reported sexual assault occurred on campus and with local police if the reported sexual assault occurred on or off campus and if the campus police are not sworn officers. Offered to accompany the student or arrange for a victim advocate to assist the student.

_____ Offered written information concerning the student conduct code and disciplinary procedures. Explained how possible criminal proceedings might affect the campus process. Informed the student that campus disciplinary proceedings are confidential. However, records of disciplinary proceedings may be subpoenaed by either the prosecuting attorney or attorneys for the defendant, and such records may have an effect on the outcome of criminal or civil proceedings. Informed the victim that he/she may have the assistance of a counselor/advocate during the disciplinary process.

_____ Encouraged the victim to meet with a counselor from the Counseling Center and/or a victim advocate from the local rape crisis center. Explained that all conversations with a community rape crisis center advocate are confidential. Arranged an appointment for the victim or provided the victim with a referral to the Counseling Center and/or community rape crisis center.

_____ Contacted the SART Coordinator and filed a Sexual Assault Incident Report.

Residence Life

Date Rape Drugs and Sexual Assault Procedure Checklist

Area Coordinator _____ Date _____

Area/Residence Hall _____ Phone _____

Instructions: As the Area Coordinator or Resident Assistant, you should follow the steps on this checklist when a victim of date rape drugs and/or sexual assault reports an incident. Initial each item completed, based upon either discussion with a Resident Assistant (R.A.) or the victim. (If the victim has declined to speak with an Area Coordinator, this form will state the actions taken by the R.A.) When you have completed this checklist, return it to the SART Coordinator. You should also complete a Sexual Assault Incident Report, which you can obtain from your campus's SART Coordinator.

Note: Area Coordinator refers to the coordinator of either residence halls or apartment-style housing.

The Area Coordinator or Resident Assistant has completed the following steps:

_____ Explained the limits of confidentiality and explained that R.A.s are required to share information with the SART Coordinator. Gave the student the option of speaking directly with a SART Coordinator.

_____ Encouraged the student to go to an emergency room for medical services. Offered to accompany the victim or arrange for a victim advocate to assist the victim.

_____ Provided immediate support and assistance in securing needed professional services for the victim.

_____ Explained the role of the counselor/advocate and provided written information about the services provided.

_____ Encouraged the victim to speak directly with the Sexual Assault Response Team Coordinator and/or a victim advocate for support in understanding, evaluating, and choosing among the services described in this procedure. Offered to facilitate such a meeting.

_____ Encouraged the victim to file a report with the University Police/Security Office if the reported sexual assault occurred on campus, and with the local police if the reported sexual assault occurred on or off campus and if the campus police are not sworn officers. Offered to accompany the victim or arrange for a victim advocate to assist the victim.

_____ Informed the victim of the campus disciplinary process and the procedures utilized in addressing complaints of sexual assault. Encouraged the victim to speak with the Dean of Students or campus judicial officer.

_____ If needed, contact SART personnel to assist the victim in arranging for a temporary or permanent housing assignment change to reduce the likelihood of contact between the student and the alleged perpetrator.

_____ Encouraged the victim to meet with a counselor from the Counseling Center and/or a victim advocate from the community rape crisis center. Provided referral information.

_____ Contacted the SART Coordinator and filed a Sexual Assault Incident Report.

Health Center

Date Rape Drugs and Sexual Assault Procedure Checklist

Staff: _____ **Date:** _____

Instructions: As a health center staff member, you should follow the steps on this checklist when a victim of date rape drugs and/or sexual assault reports an incident. Initial each item completed. When the entire checklist has been completed, return it to the SART Coordinator. You should also complete a Sexual Assault Incident Report, which you can obtain from your campus's SART Coordinator.

The Health Center staff has completed the following steps:

_____ Explained the limits of confidentiality and noted that a Sexual Assault Incident Report will be immediately filed with the SART Coordinator.

_____ Encouraged the victim to speak directly with the Sexual Assault Response Team Coordinator and/or a victim advocate for support in understanding, evaluating, and choosing among the services described in this procedure and offered to facilitate such a meeting.

_____ Explained that he/she may request the presence of a counselor/advocate during the medical examination, the filing of a complaint, and the proceedings which follow. Explained the role of the counselor/advocate and provided written information about the services provided.

_____ Offered medical consultation and referral. Encouraged the victim to go to the emergency room for medical services. Offered to arrange for a victim advocate to assist the victim.

_____ Encouraged the victim to file a report with University Police/Security Office if the reported sexual assault occurred on campus, and with the local police if the reported sexual assault occurred on or off campus and if the campus police are not sworn officers. Offered to arrange for a victim advocate to assist the victim.

_____ Encouraged the victim to meet with a counselor from the Counseling Center and/or a victim advocate from the community rape crisis center. Provided referral information.

_____ Contacted the SART Coordinator and filed a Sexual Assault Incident Report.

Counseling Center

Date Rape Drugs and Sexual Assault Procedure Checklist

Staff: _____ **Date:** _____

Instructions: As a Counseling Center staff person, you should follow the steps on this checklist when a victim of date rape drugs and/or sexual assault reports an incident. You should initial each item completed. When the entire checklist has been completed, return it to the SART Coordinator. You should also complete a Sexual Assault Incident Report, which you can obtain from your campus's SART Coordinator.

The Counseling Center staff has completed the following steps:

___ Explained the limits of confidentiality, noting that a Sexual Assault Incident Report will be filed immediately with the Sexual Assault Response Team Coordinator.

___ Completed and signed other forms, including a "Release of Confidential Information Form," as necessary.

___ Encouraged the victim to consider going to an emergency room for medical services. Offered to accompany the victim or arrange for accompaniment.

___ Asked if the victim had a safe place to go. If not, the counseling center staff reviewed the support services available.

___ Encouraged the victim to speak directly with the Sexual Assault Response Team Coordinator for support in understanding, evaluating, and choosing among the services described in this procedure as well as seeking emotional and physical support. Provided written information about their services.

___ Offered the victim counseling support and crisis intervention services which are strictly voluntary. Offered to arrange crisis appointment if needed.

___ Explained additional support options available on or off campus, i.e., legal, medical, rape crisis advocacy, and counseling services.

___ Encouraged the victim to consider filing a report with the campus police/security if the reported sexual assault occurred on campus; advised the victim to go to the local police jurisdiction if the sexual assault occurred on or off campus and if the campus officers are not sworn officers. Offered to accompany the victim. Explained that a victim may request the presence of a counselor/advocate during the filing of a report or complaint.

___ Informed the victim that the college has a disciplinary hearing process for incidents of sexual assault and that this process can be confidentially discussed with the Dean of Students without filing charges.

___ Contacted the SART Coordinator and filed a Sexual Assault Incident Report.

Campus Police

Date Rape Drugs and Sexual Assault Procedure Checklist

Staff: _____ **Date:** _____

Instructions: As a campus police officer, you should follow the steps on this checklist when a victim of date rape drugs and/or sexual assault reports an incident. You should initial each item completed. When the entire checklist has been completed, returned it to the SART Coordinator. You should also complete a Sexual Assault Incident Report, which you can obtain from your campus's SART Coordinator.

The officer has completed the following steps:

___ Encouraged the victim to consider going to an emergency room for medical services. Offered to accompany the victim or arrange for accompaniment to the hospital. Note: Campus police/security or other law enforcement officer should *not* be present during collection of evidence for the Illinois State Police Evidence Collection Kit.

___ Encouraged the victim to speak directly with the Sexual Assault Response Team Coordinator and/or a victim advocate for support in understanding, evaluating, and choosing among the services described in this procedure and offered to facilitate such a meeting.

___ Asked if the victim has a safe place to go. If not, the officer reviewed the support services available through the office of the Dean of Students.

___ Offered information concerning the victim's rights and options. Explained that the victim has the option of filing charges through the college disciplinary process and through the state court system by contacting the local police. Offered assistance in seeking a university or local police "Campus Order of Protection" or contacting advocacy or other support groups.

___ Explained that the victim can file a report of sexual assault without pursuing a full investigation and without filing charges.

___ Explained that reports to campus police/security of sexual assault will normally be confidential. If a victim is reporting an assault of incident which may present a clear danger to the community, information about the incident will be released to campus administration to help protect the community while respecting the student's anonymity.

___ Explained that, if the victim chooses to pursue a full investigation, he or she will have the option of filing charges upon its completion. If the victim pursues disciplinary action through the college, the results of the investigation will be released to the college hearing body. If the victim decides to pursue criminal charges, the results of the school investigation will be released to the state prosecutor. Note: Campus police should work with local police in the investigation and follow-up response to the victim, especially if the campus police are not sworn officers or do not have the necessary experience in or resources for investigating sexual assault cases.

___ Informed the person who has been sexually assaulted that the college has a disciplinary hearing process for incidents of sexual assault. Details of this process can be confidentially discussed with the Dean of Students without filing charges.

___ Contacted the SART Coordinator and filed a Sexual Assault Incident Report.

Date Rape Drugs and Sexual Assault Procedure

College Faculty, Staff, and Athletic Department Employees

When a college faculty, staff, or athletic department employee receives a report of sexual assault and/or the possession, use, administration, or sale of date rape drugs within the college community, she/he is expected to notify the Sexual Assault Response Team Coordinator (Dean of Students or Vice President Chief Student Affairs Officer) immediately. The SART Coordinator will advise as to the college policies and procedures for incidents involving date rape drugs and/or sexual assault. Victim confidentiality should be maintained throughout these communications.

The faculty, staff, or athletic department employee reporting the sexual assault and/or date rape drug allegation will be expected to complete a Sexual Assault Incident Report, which will be provided by the SART Coordinator. This Sexual Assault Incident Report will protect the victim's confidentiality, but it will provide critical information to the SART Coordinator.

The faculty, staff, or athletic department employee receiving the initial report will further be expected to contact the SART Coordinator to provide the victim with information as to the resources available to them, including medical, counseling, rape victim advocacy, and law enforcement. The SART Coordinator will provide this information to the staff member reporting the incident and to the victim if desired.

In the event of third party disclosure of a date rape drug and/or sexual assault allegation, the faculty, staff, or athletic department employee should consider the third party as the primary source of information. The faculty, staff, or athletic department employee should contact the SART Coordinator and advise the third party of the resources available to the victim and should encourage the third party to ensure the victim is aware of available resources. If a member of the college community is uncertain as to how to respond to a date rape drug and/or sexual assault allegation, she/he is expected to contact the SART Coordinator.

Failure to complete and file a Sexual Assault Incident Report when notified of a date rape drug or sexual assault allegation may result in college disciplinary action and may be a violation of local, state, or federal law. The college places the highest priority on protecting the health and safety of students and members of the community. Therefore, employee cooperation with sexual assault and date rape drug policies is expected.

Sexual Assault Incident Report

Today's Date ___/___/___

This form should be completed by any administrator, faculty, staff, or SART member who speaks with a victim about date rape drugs and/or a sexual assault incident. This form is intended to convey information needed to track the college response to the incident being reported and to assess the danger the incident represents to the community at large. All efforts must be made to maintain the victim's anonymity; no information should be included that might identify the victim.

Return this form to the college's Sexual Assault Response Team Coordinator.

THIS DOCUMENT IS NOT TO BE USED AS A GUIDE FOR AN INTERVIEW.

Victim's age: _____ Academic year: _____ Sex: M ___ F ___

Date of incident: _____ Time of incident: _____ Occurred on campus? Yes ___ No ___

This incident is reported by: Victim ___ Third Party ___

Was the absence of consent due to the victim being incapacitated by drugs? Yes ___ No ___

Were any "date rape" sedative drugs involved? Yes ___ No ___ Unknown ___

Check all that apply: Alcohol ___ Rohypnol ___ GHB ___ Ketamine ___ Unknown ___

Does the victim believe a sexual assault occurred? Yes ___ No ___ Unknown ___

If the sexual assault occurred on campus, indicate location: _____

Describe sexual assault (check one):

___ sexual contact (fondling, kissing, petting, but no penetration) by force or threat of force

___ intercourse (oral, anal, or vaginal penetration by penis or other object) by force or threat of force

___ other (describe): _____

Describe the kind of pressure or force used by the assailant(s) (check all that apply):

___ Gave victim alcohol or drugs so victim was significantly incapacitated

___ Verbal pressure of arguments

___ Position of authority (boss, teacher, supervisor, etc.)

___ Threat of physical force (threatened use of force or violence on victim or any other person)

___ Used physical force (hit, held victim down, twisted arm, etc.)

___ Weapon

___ None

Gender of assailant(s): M ___ F ___

Status of assailant(s) on campus (check):

Student ___ Faculty ___ Staff ___ Non-student ___ Unknown ___

Continued on next page

Describe nature of relationship between the victim and the assailant(s) prior to the incident (check one):

- | | |
|---|---|
| <input type="checkbox"/> Stranger | <input type="checkbox"/> Spontaneous date (i.e., met at bar or party) |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Friend or non-romantic acquaintance of any age |
| <input type="checkbox"/> Planned first date | <input type="checkbox"/> Other, describe: _____ |

Other departments or agencies the victim reported this assault to:

- | | |
|--|---|
| <input type="checkbox"/> SART Coordinator | <input type="checkbox"/> Health Service |
| <input type="checkbox"/> Residence Life | <input type="checkbox"/> Campus Security |
| <input type="checkbox"/> Counseling Center | <input type="checkbox"/> Police Department |
| <input type="checkbox"/> Dean of Students | <input type="checkbox"/> County Sheriff 's Department |

At this time, does the victim want any of the following actions taken? (check one):

- | | |
|---|---|
| <input type="checkbox"/> Criminal charges | <input type="checkbox"/> Conduct code complaint |
| <input type="checkbox"/> Mediation | <input type="checkbox"/> Undecided |

Person taking the report: _____ Dept./Agency: _____ Phone: _____

Date of report: _____ Time of report: _____ Date of discussion with victim: _____

**THIS FORM IS NOT INTENDED TO BE USED FOR
INVESTIGATIVE PURPOSES.**

The Rights of the Victim and of the Accused in Sexual Assault Cases

To encourage reporting of sexual assault and to ensure fairness to all participants in the campus judicial process, the following is a possible list of rights of persons involved in campus date rape drug and sexual assault judicial proceedings. These rights are a compilation of issues and concerns raised by individuals, organizations, and institutions that address campus sexual assault throughout the United States. This list may be helpful in developing judicial policies and procedures at the institutions. This list may also be used by the SART members for training faculty and staff on how to educate students on their rights regarding sexual assault incidents. This list may be distributed to Resident Assistants. A copy of these rights is also available on the Illinois Attorney General's Web site at www.ag.state.il.us.

The rights of the victim:

- The right to be believed.
- The right to an explanation of the charges.
- The right to an explanation of the campus judiciary process.
- The right to an explanation of the options of redress available to the victim.
- The right to request the presence of a counselor/advocate during the filing of a report or complaint. All support persons will be bound by the rules of confidentiality.
- In compliance with the university system, the right to decide whether a campus hearing will be held by judicial panel or administrative staff.
- The right to file a campus restraining order to prohibit harassment of the accuser by the accused or acquaintances or supporters, or to prohibit contact with the accused.
- The right to challenge the hearing panel on conflicts of interest, e.g., if the accused is a fraternity member, the victim may challenge the presence on the hearing panel of a member or fraternity advisor from that fraternity.
- The right to know ahead of time the names of witnesses to be called in the hearing.
- The right to have someone accompany them through the hearing. All participants will be bound by the rules of confidentiality governing the hearing.
- The right not to have past sexual history, other than with the accused, discussed during the hearing.
- The right to a closed hearing, unless all parties agree otherwise.
- The right to remain present for the entire proceeding and to inspect evidence presented.
- The right to a speedy hearing without unnecessary delays.
- The right to be informed in a timely manner about the outcome of the hearing.
- The right to make a written victim impact statement if the accused has been found to violate the student code of conduct.
- The right to appeal the decision of the judicial hearing board.
- The right to not have his or her identity revealed outside the confidential proceedings without consent.
- The right to know the status of the case at any point during the judicial process.
- The right to testify on his or her own behalf.

The rights of the accused:

- The right to be presumed innocent.
- The right to an explanation of the charges.
- The right to an explanation of the campus judiciary hearing process.
- In compliance with the university system, the right to decide whether a campus hearing will be held by judicial panel or administrative staff. If the victim and the accused cannot agree on the choice, the student affairs officer will determine the type of hearing to be held.
- The right to a fair, impartial, speedy hearing.
- The right to have someone accompany them through the hearing. All participants will be bound by the rules of confidentiality governing the hearing.
- The right to know ahead of time the names of witnesses to be called in the hearing.
- The right to remain silent.
- The right to testify on their own behalf.
- The right to be informed in a timely manner of the panel's findings and of the outcome of the hearing.
- The right to appeal the decision of the judicial hearing board.

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Guidelines for Campus Response to Sexual Assault Reports

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The Guidelines for Campus Response to Sexual Assault Reports are adapted from sexual assault policies and procedure checklists found in the manual “Responding to Sexual Assault on Campus” from the State Council of Higher Education for Virginia.

Notes

Guidelines for Law Enforcement Response to Sexual Assault Reports

Introduction

Goal of the Guidelines for Law Enforcement Response to Sexual Assault Reports

The Guidelines for Law Enforcement Response to Sexual Assault Reports serve as model guidelines for local police departments to follow in aiding victims of drug-facilitated sexual assault. With this goal in mind, these guidelines explain the importance of confidentiality and victim sensitivity, specify the telltale signs of drug-facilitated sexual assault, and provide a standardized law enforcement first response to these victims.

How to maintain these guidelines

The Guidelines for Law Enforcement Response to Sexual Assault Reports will be distributed to all the local police departments in Illinois. All police officers will be trained by the Illinois State Police on how to follow these guidelines. Police officers should follow the introduction, challenges, steps and procedures, and investigation sections of the guidelines in order to become aware of the following issues when handling drug-facilitated sexual assault cases:

- Confidentiality
- Sensitivity
- Reporting procedures
- Notification to hospitals and rape crisis centers
- Collection of forensic evidence
- Victims' rights
- Interaction with campus police, regardless of pursuit of criminal prosecution

As referred to in the guidelines, a sample consent form for the release of toxicology evidence to the appropriate law enforcement agency is provided. Hospitals will provide this form for the patient to sign when appropriate.

Guidelines for Law Enforcement Response to Sexual Assault Reports

Police officers should follow the guidelines outlined in the Illinois Model Guidelines and Sex Crimes Investigation Manual when responding to sexual assault. This manual can be found through the Illinois State Police or Illinois Coalition Against Sexual Assault. The following guidelines should be followed if there is a possible drug-facilitated sexual assault. Please check off each item as it is completed.

Introduction

- Confidentiality, victim sensitivity, and victim's rights should be maintained throughout the entire investigation.
- A successful investigation of sexual assault requires the teamwork of law enforcement entities, medical personnel, evidence technicians, victim advocates, social service agencies, and educational institutions.
- Each police officer will be trained on these guidelines by the Illinois State Police.

Challenges

Potential investigation difficulties unique to drug-facilitated sexual assault cases may include any or all of the following:

- The victim is unable to identify the perpetrator.
- The victim does not know who drugged her or him.
- The victim is unable to recall the details of the crime.
- The victim might not even know if a sexual assault occurred.
- The victim may have lost inhibition or become sexually aggressive.
- The drug (such as GHB, Rohypnol, or Ketamine) may have already left the victim's system.

Steps & Procedures

- G** Based on the victim's account of events, determine if a possible drug-facilitated sexual assault may have occurred. Although the effects of sedating substances are relative to the amount ingested and the amount of alcohol or other drugs consumed, telltale signs include:
- Appearance of intoxication disproportionate to the amount of alcohol consumption.
 - Unexplained drowsiness and impaired motor skills.
 - Dizziness, confusion, impaired judgement, and loss of inhibition.
 - Impaired ability to remember details. Due to the nature of drug-facilitated sexual assault, the victim may not have recollection of the assault; therefore, witness identification and evidence collection is crucial to the investigation.
 - Amnesia, complete or partial, of the assault.
- G** Collect forensic evidence at each crime scene. Crime scenes include, but are not limited to, the victim's person, location of the assault (e.g., bedroom), and where the drug was administered (e.g., party or bar).

Toxicology Screens for Date Rape Drug Victims

Note: The authors attempted to make this manual as gender-neutral as possible. At times, however, to reduce the awkwardness of the language, the word “she” is used to refer to the victim. We recognize that men are sometimes the victims of sexual assault and that the prevalence of such attacks may not be known fully due to underreporting.

I. Medical Personnel’s Legal Obligation to Act

Under Illinois law, whenever any emergency room personnel have “reasonable cause to believe that a person has been delivered a controlled substance without his or her consent,” personnel designated by the hospital have an obligation to act.

In a situation in which a sexual assault victim may have been administered a date rape drug, the following guidelines will ensure that:

- Medical personnel will meet their statutory obligations to inform a victim of the effects of such drugs, of the victim’s right to be tested, and of the scope of such test;
- The victim’s consent to be tested for the presence of drugs, if given, will be fully informed and freely given; and
- Reliable and admissible evidence is collected in cases in which a victim may have been given a date rape drug and has given consent to be tested.

II. Evaluating Reasonable Cause to Believe that Someone Has Been Drugged

Medical personnel should answer the following questions to determine whether they have reasonable cause to believe that the victim may have been given a controlled substance without her consent:

- Does the victim show signs of being drugged now, or is she still unconscious?
- Does the victim have difficulty remembering events leading up to her arrival at the hospital?
- Are the circumstances of the assault that the victim describes consistent with drugging? For example, did the victim wake up somewhere unknown to her or somewhere she doesn’t remember going?
- Is there other evidence that police found at the crime scene that suggests the victim may have been drugged?

No Reasonable Cause

If medical personnel do not have reasonable cause to believe that the victim was drugged without consent, the medical personnel should ask the victim if she has any reason to believe she was given a controlled substance without her consent.

If the victim does not have any reason to believe she was drugged, medical personnel should not ask any more questions about controlled substances, should not collect a urine sample for toxicology purposes unless medically indicated for other reasons, and should continue with evidence collection as in any other sexual assault case.

Reasonable Cause

If the victim or medical personnel has reasonable cause to believe that the victim may have been given a controlled substance without consent, then the medical personnel must do the following:

1. Explain to the victim the nature and effects of commonly used controlled substances, including date rape drugs, and how such substances are administered.

Recommended language for explaining date rape drugs includes:

- Date rape drugs are colorless, tasteless, and odorless substances that can easily be slipped into beverages undetected.
 - Date rape drugs are strong relaxants, the effects of which can be felt as soon as fifteen minutes after administration. These effects include blackouts, coma, impaired judgement, and loss of coordination.
 - Alcohol can intensify the effects of date rape drugs.
 - Date rape drugs may cause memory loss of the events following ingestion.
 - Some date rape drugs remain in the system for as little as 6-8 hours, so it is imperative to have a urine sample drawn as soon as possible.
 - Some date rape drugs can be detected days later, so it can be worthwhile to begin the testing process up to a week after the incident.
2. Inform the victim of her right to be tested for the presence of controlled substances and her right to refuse such a test.
 3. Tell the victim that if she decides to be tested for the presence of controlled substances, such a test will disclose ALL controlled substances, including prescription medications and illegal drugs such as cocaine and marijuana, as well as alcohol that she has ingested.
 4. Tell the victim that if she may want to be tested for the presence of date rape drugs, she should give a urine sample as soon as possible. If the victim is uncertain about whether to be tested, medical personnel must explain that a sample can be taken now and the decision to test or not to test the sample can be made by the victim during the next 48 hours.
 5. Tell the victim that if she gives a urine sample, she has 48 hours after giving the sample to make a final decision about having the sample tested. Tell the victim that if she decides to have the sample tested, she may sign the form at the hospital or the law enforcement agency within 48 hours of giving the sample. If the victim is unable to travel to the law enforcement agency, law enforcement personnel will bring the form to the victim. Tell the victim that if she does not sign the consent form within 48 hours of giving the sample, the sample will not be tested.
 6. Tell the victim that if she signs the consent form and then decides within 48 hours of giving the sample that she does not want the urine to be tested, she may revoke consent. To do so, the victim must return to the law enforcement agency and sign the revocation of consent form.

III. Obtaining the Urine Sample

If the victim agrees to provide a urine sample, medical personnel should follow the following steps:

1. Provide the victim with a sterile urine collection container for the collection of the urine.
2. Write the victim's name and the date and time that the urine is collected on the outside of the container.
3. Have the victim provide a urine sample. Medical personnel need not be present in the room when the victim provides the sample. This is based on the following assumptions:
 - When victims are in the ER examining room, nurses can observe that no objects or containers are taken into the restroom during the taking of the sample;
 - Unlike a person accused of a crime, victims have little reason to misrepresent a urine sample; and
 - Victims of sexual assault have already experienced great indignities.
4. Seal the container with tape and initial and date it to ensure proper evidence packaging and chain of custody.

5. The sealed urine specimen container should not be placed inside the evidence collection kit at any time.
6. Collect evidence as in any other sexual assault case by completing the State Police Evidence Collection Kit.

IV. Completing the Receipt of Evidence Form

Once the urine sample is collected, medical personnel must provide law enforcement with the Receipt of Evidence for Toxicology Screen/Consent to Toxicology Screen/Revocation of Consent for Toxicology Screen form. This is a three-part form that has triplicate carbon copy sections. The top copy is labeled "Crime Laboratory Copy," the second copy is labeled "Law Enforcement Copy," and the bottom copy is labeled "Patient Copy."

The top section of the form is titled "Receipt of Evidence for Toxicology Screen." The law enforcement officer fills out this section of the form and then the officer and the hospital representative sign it. The law enforcement officer should tear off the signed "Receipt of Evidence for Toxicology Screen" section of the top form (the "Crime Laboratory Copy") and take it, with the urine sample, to the Illinois State Police Crime Laboratory immediately. The law enforcement officer should keep the "Law Enforcement Copy" of the Receipt of Evidence for Toxicology section of the form and give the "Patient Copy" to the victim.

V. Obtaining the Victim's Consent for Toxicology Screening

Medical personnel must fill out the "Consent to Toxicology Screen" section of the form, except for the victim's signature, while the victim is still at the hospital. Most importantly, medical personnel must fill in the time and date that the sample was taken. The victim has up to 48 hours after the sample is taken to consent to the sample being tested for the presence of controlled substances.

VI. Returning the Consent Form

Signing at the Hospital

1. If the victim decides while still at the hospital to have the urine tested for the presence of controlled substances, the victim may sign the "Consent to Toxicology Screen" section of the form at the hospital.
2. A witness (preferably medical personnel at the hospital) must also sign the form and indicate the time at which the victim signed it to confirm that it was signed within 48 hours of the sample being taken.
3. The victim keeps the copy of the consent form labeled "Patient Copy" while the law enforcement officer who takes the sample to the crime lab keeps the copy titled "Law Enforcement Copy" and delivers the copy labeled "Crime Laboratory Copy" to the State Crime Laboratory with the sample.

Signing Later

1. If the victim is unsure as to whether to have the urine tested for the presence of controlled substances, the victim may wait up to 48 hours after the sample was taken to make the decision. During the waiting period, the law enforcement officer keeps the "Consent to Toxicology Screen" and the "Revocation of Consent" sections of the form.
2. If the victim decides to have the urine tested, the victim must return to the law enforcement agency within the 48-hour waiting period to sign the form. If the victim is unable to travel to the law enforcement agency, the law enforcement officer should take the form to the victim for signature.
3. A witness (preferably a law enforcement officer) must also sign the form to confirm that it was executed within 48 hours of the sample being taken.

4. The law enforcement officer will give the victim the copy of the “Consent to Toxicology Screen” section labeled “Patient Copy” and will keep the copy titled “Law Enforcement Copy.”
5. Then, the law enforcement officer must take the copy labeled “Crime Laboratory Copy” to the Illinois State Police Crime Laboratory, where it will be matched with that victim’s urine sample.

VII. Location of Sample During 48-Hour Waiting Period

Once the sample has been obtained, law enforcement should deliver it to the Illinois State Police Crime Laboratory with the Crime Lab’s copy of the “Receipt of Evidence” section of the form. It can be transported to the laboratory with the evidence collection kit, but it must not be placed in the kit box. The Illinois State Police Crime Laboratory will not test the sample until it receives a signed consent form and until 48 hours have passed since the sample was taken.

Revocation of Consent

The third section of the triplicate form is labeled “Revocation of Consent to Toxicology Screen.” In the event that the victim consented in writing to having the urine screened, the victim may revoke that consent by doing the following:

1. Within 48 hours after the sample is taken, the victim must go to the law enforcement agency (or if the victim is unable to travel, request that the law enforcement agency bring the form to the victim) to complete the “Revocation of Consent to Toxicology Screen” section of the form.
2. The victim and a witness (preferably a law enforcement officer) must sign the form.
3. The victim keeps the “Patient Copy” of the section and the law enforcement officer keeps the “Law Enforcement” copy of the section. The law enforcement officer must transfer the “Laboratory Copy” of the section to the Illinois State Police Crime Laboratory.

VIII. Unconscious Victims

The issue of whether a urine sample should be taken from an unconscious victim who is brought to the emergency room must be addressed on a case-by-case basis. These guidelines recommend erring on the side of preserving a victim’s option of being tested for the presence of controlled substances after the victim becomes conscious.

In the event that an unconscious person is brought into the emergency room and emergency room personnel have any reason to believe that the victim might have been given a controlled substance without consent, emergency room personnel should take a urine sample from the victim.

If the victim becomes conscious within the 48-hour period after the sample is taken, the victim may sign the consent form. If the victim does not become conscious within that time, the victim may seek a court order at a later time to extend the waiting period based on the inability to consent while the victim was unconscious.

Investigation

- G** Seek the identity of the perpetrator.
- G** Identify the outcry witness and any other possible witnesses. Identify friends/acquaintances who may have seen the victim leave with someone or saw them together in a residence hall, apartment complex, or neighborhood. (The outcry witness is the crucial element because of the consistent lack of victim memory in these types of cases.)
- G** Attempt to help the victim identify what/who the victim last remembers. For example, try to establish anyone who was associated with the victim or may have given the victim a drink.
- G** Determine the times and locations of the events.

- G Take photos of the victim's injuries and the victim's appearance if the victim does not want to go to the hospital.
- G The crime scene technician must consult with the responding officer to gather particulars in the case.
Note: Items such as drinking glasses, bottles, or medicines found that are overlooked in other sexual assault cases may be key in a drug-facilitated sexual assault investigation.
- G Forensic evidence should be collected at each crime scene. Crime scenes include, but are not limited to, the following: the victim's person, the place the assault occurred (e.g., bedroom), the place the drug was administered (e.g., party or bar).
- G The victim should be referred to the judicial process on campus, regardless of pursuit of criminal prosecution.
- G University police departments should investigate the case and present it to the State's Attorney for possible criminal charges. They should not rely solely on the school's disciplinary system to punish the perpetrator.
- G If the university does not have sworn officers or if the university police department does not have the resources for or experience in investigating sexual assault, the university police department should work with the local police department or the Illinois State Police in a joint effort to bring forth the best possible case for prosecution.
- G All victims should be told that they have the right to local police response and campus response.

**THIS FORM MUST BE SIGNED WITHIN 48 HOURS OF
COLLECTION OF URINE SAMPLE OR IT IS VOID
REVOCATION OF CONSENT FOR TOXICOLOGY SCREEN**

I, _____, revoke my consent for the Illinois State Police Crime
name of person revoking consent

Laboratory to conduct a toxicology screening on _____'s urine sample
name of patient

taken at _____ on _____ at _____ A.M./P.M.
name of hospital date time (circle one)

patient (if over 18) or parent date time – exact
or guardian (circle one)

witness date time – exact

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Guidelines for Law Enforcement Response to Sexual Assault Reports

Special thanks to the developers of the Guidelines for Law Enforcement Response to Sexual Assault Reports:

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Peg McGrath, Illinois State Police
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Notes

Guidelines for Medical Response to Sexual Assault Reports

Introduction

Guidelines for Medical Response to Sexual Assault Reports

The Guidelines for Medical Response to Sexual Assault Reports serve as model guidelines for hospital/medical personnel to aid victims of drug-facilitated sexual assault. With this goal in mind, these guidelines explain the importance of both the Sexual Assault Survivors Emergency Treatment Act and examination and evidence collection procedures and provide a standardized hospital/medical first response to these victims.

How to maintain these guidelines

The Guidelines for Medical Response to Sexual Assault Reports will be distributed to all the local hospitals in Illinois. Hospital/medical personnel should follow the examination, billing, and evidence collection procedures as well as the information provided on how to obtain victim consent for medical treatment and evaluation. Hospital/medical personnel should be instructed on the differences involved in drug-facilitated sexual assault as they pertain to the following:

- Patient/victim consent
- Necessary information to be included in the medical record, including medical history, procedures taken for minor victims of sexual assault, etc.
- Victim sensitivity
- Procedures to follow in conducting the medical examination, including the use of the Illinois State Police Evidence Collection Kit
- Situations in which evidence collection for toxicology screening should be administered
- Responsibilities of medical personnel to discuss with the victim the effects of the drug involved and to explain the testing that will be involved
- Procedure to be followed in collecting a urine specimen if sedative drugs are suspected
- Standards and procedures to ensure the welfare and privacy of a victim

Guidelines for Medical Response to Sexual Assault Reports

For the treatment of sexual assault victims affected by the use of date rape drugs

The guidelines contained herein do not replace those guidelines required by the Illinois State Police Evidence Collection Kit, the Illinois Department of Public Health Rules and Regulations, or any guidelines established by victim advocacy centers.

The victim should be brought to the appropriate medical care facility that handles sexual assault cases, which is usually the emergency department. The acute care physician's first priority is the patient's medical status. Any signs of problematic airway, breathing, and circulation apply to sexual assault victims as they would in the assessment of any acutely injured person. The second priority is the medical/legal examination that may yield corroborating physical evidence.

Below are recommended guidelines for emergency medical personnel to follow in the treatment of sexual assault victims. Please check off each item as it is completed.

- G** Medical personnel will contact the local rape crisis center or campus rape crisis center and request an advocate to assist the victim as soon as the police or EMT notifies the hospital that a victim is coming to the emergency room. If an advocate is not available, the hospital will provide a social worker/crisis worker to assist the victim with emotional support, information about the procedure, and referrals.
- G** Medical personnel will respond within minutes to move the patient to a closed environment to ensure privacy. A designated nursing or medical staff member will be with the victim at all times. Do not leave the patient alone, speak quietly, move slowly, and ask permission to call a friend or family member.
- G** Medical personnel will obtain patient/victim consent for the evaluation and treatment of medical care (hospital medical report), forensic evidence collection (Illinois State Police Evidence Collection Kit), and collection of the urine sample. The consent forms should remain with the urine sample and evidence collection kit.
- G** Medical personnel will examine the patient to rule out any life-threatening injuries, e.g., respiratory distress, physical shock, internal bleeding, hemorrhage, and possible drug overdose induced by the suspect. These drugs and any other sedating drugs, referred to as date rape drugs, include, but are not limited to, the following: GHB, Rohypnol, and Ketamine. Respond accordingly to stabilize the patient.
- G** Prior to the medical examination and the collection of forensic evidence, medical personnel will inform the patient in advance of what is happening, when it is starting, how long it might go on, and when it is almost over. Medical personnel will ask the patient to signal when to begin the

procedure and tell them they may request the procedure be stopped if they are uncomfortable or in pain.

- G** Medical personnel will perform a medical examination in all cases of sexual assault, regardless of the length of time which may have elapsed between the time of the assault and the examination. The medical examination will include, but will not be limited to, the medical requirements as established by the Department of Public Health. (These requirements are a component of the Illinois State Police Evidence Collection Kit.)
- G** The medical examination will be completed concurrently with the collection of forensic evidence. The Illinois State Police Evidence Collection Kit will be used, in the manner prescribed by the instructions in the kit. Release of evidence and information concerning the alleged sexual assault requires the signature of the victim, and in the case of a minor, the signature of the parent or legal guardian.
- G** Medical personnel will develop an appropriate medical record that will include, but not be limited to, the following information:
 - G** The medical record will show if the patient changed clothes, bathed or douched, defecated, urinated, ate, smoked, or performed oral hygiene between the time of the alleged assault and the time of the examination.
 - G** The medical record will indicate presence of all trauma, major and minor, which may be used in a criminal proceeding (i.e., cuts, scratches, bruises, red marks, any minor signs of trauma). Photographs of incidence of trauma may be taken for evidentiary purposes with the written consent of the patient or the patient's parent or guardian if the patient is a minor. Photographs should also be taken of the victim before she/he disrobes in order to note any tears or rips in clothing. In the event the patient is a minor and the parent or guardian is not immediately available, photographs may be taken but will be released to law enforcement personnel and State's Attorney's staff only with written consent of parent or guardian. If consent is refused, all photographs and negatives will be given to the parent or guardian without charge.
 - G** The medical record will not reflect any conclusions regarding whether a crime (e.g., criminal sexual assault, criminal sexual abuse) occurred. It will merely record reported sexual assault, or "patient states..."
 - G** The medical history will include brief, general information concerning possible injury and drug allergies. For female patients, a detailed gynecological history must be obtained, including: menstrual history, whether the patient knows or believes that she is pregnant, history of prior gynecological surgery such as hysterectomy or tubal ligation, history of contraceptive use, history of cancer, and any prior genital injury or trauma.
 - G** The medical record will indicate the presence of any and all persons present during the examination process. Under no circumstances should the investigating police officer be present during the examination process.

- G The medical record will document the compliance with each procedure required by the 77 Illinois Administrative Code, Section 545.60(d).
- G In the case of a minor victim, the medical record will indicate whether a report was filed with the Department of Children and Family Services.
- G The medical record will include a completed emergency room admission form.
- G All medical records for alleged sexual assault survivors will be maintained through a filing system which allows for immediate accessibility during Department of Public Health surveys.

Appropriate minimum standards to ensure the welfare and privacy of the patient will be followed and will include, but not be limited to, the following procedures:

- G The patient will receive oral and written information concerning the possibility of infection and sexually transmitted diseases together with a description of the more common symptoms, signs, and complications of these diseases. The patient will also receive oral and written information on the need for a second blood test six weeks later to determine the presence or absence of sexually transmitted diseases. Specific specimens for the detection of sexually transmitted diseases will be sent to the hospital laboratory and not placed in the State Police Evidence Collection Kit. The victim should report back to the hospital outpatient facility for the follow-up blood test.
- G The patient will receive oral and written information concerning pregnancy resulting from the assault as determined by the physical findings and fertility status, available types of prevention of unwanted pregnancy, and side effects, significant contraindications, complications, and limitations of the method employed.
- G If for any reason the patient is incapable of receiving such oral and written information, said information will be given to the care giver/guardian.
- G The patient will receive appropriate counseling that provides for
 - emotional support,
 - confidentiality,
 - explanations of treatment,
 - distribution of sexual assault brochures and financial aid for crime victims, and
 - any referrals, which may include counseling centers, consultation with social and law enforcement agencies, and volunteer services.
- G No victim will be billed for services. Under the Sexual Assault Survivors Emergency Treatment Act, when any hospital or ambulance provider furnishes emergency services to any sexual assault victim, as defined by the Illinois Department of Public Health pursuant to Section 6.3 of the Sexual Assault Survivors Emergency Treatment Act, who is neither eligible to receive such services under The Illinois Public Aid Code nor covered as to such services by a policy of insurance, the hospital and ambulance provider will furnish such services to that person without charge and will be entitled to be reimbursed for its billed charges in providing such services by the Department of Public Health.

Toxicology Screens for Date Rape Drug Victims

Note: The authors attempted to make this manual as gender-neutral as possible. At times, however, to reduce the awkwardness of the language, the word “she” is used to refer to the victim. We recognize that men are sometimes the victims of sexual assault and that the prevalence of such attacks may not be known fully due to underreporting.

I. Medical Personnel’s Legal Obligation to Act

Under Illinois law, whenever any emergency room personnel have “reasonable cause to believe that a person has been delivered a controlled substance without his or her consent,” personnel designated by the hospital have an obligation to act.

In a situation in which a sexual assault victim may have been administered a date rape drug, the following guidelines will ensure that:

- Medical personnel will meet their statutory obligations to inform a victim of the effects of such drugs, of the victim’s right to be tested, and of the scope of such test;
- The victim’s consent to be tested for the presence of drugs, if given, will be fully informed and freely given; and
- Reliable and admissible evidence is collected in cases in which a victim may have been given a date rape drug and has given consent to be tested.

II. Evaluating Reasonable Cause to Believe that Someone Has Been Drugged

Medical personnel should answer the following questions to determine whether they have reasonable cause to believe that the victim may have been given a controlled substance without his or her consent:

- Does the victim show signs of being drugged now or is she still unconscious?
- Does the victim have difficulty remembering events leading up to her arrival at the hospital?
- Are the circumstances of the assault that the victim describes consistent with drugging? For example, did the victim wake up somewhere unknown to her or somewhere she doesn’t remember going?
- Is there other evidence that the police found at the crime scene that suggests the victim may have been drugged?

No Reasonable Cause

If medical personnel do not have reasonable cause to believe that the victim was drugged without consent, the medical personnel should ask the victim if she has any reason to believe she was given a controlled substance without her consent.

If the victim does not have any reason to believe she was drugged, medical personnel should not ask any more questions about controlled substances, should not collect a urine sample for toxicology purposes unless medically indicated for other reasons, and should continue with evidence collection as in any other sexual assault case.

Reasonable Cause

If the victim or medical personnel has reasonable cause to believe that the victim may have been given a controlled substance without consent, then the medical personnel must do the following:

1. Explain to the victim the nature and effects of commonly used controlled substances, including date rape drugs, and how such substances are administered.

Recommended language for explaining date rape drugs includes:

- Date rape drugs are colorless, tasteless, and odorless substances that can easily be slipped into beverages undetected.
 - Date rape drugs are strong relaxants, the effects of which can be felt as soon as 15 minutes after administration. These effects include blackouts, coma, impaired judgement, and loss of coordination.
 - Alcohol can intensify the effects of date rape drugs.
 - Date rape drugs may cause memory loss of the events following ingestion.
 - Some date rape drugs remain in the system for as little as 6-8 hours, so it is imperative to have a urine sample drawn as soon as possible.
 - Some date rape drugs can be detected days later, so it can be worthwhile to begin the testing process up to a week after the incident.
2. Inform the victim of the right to be tested for the presence of controlled substances and the right to refuse such test.
 3. Tell the victim that if she decides to be tested for the presence of controlled substances, such a test will disclose ALL controlled substances that have been ingested, including prescription medications and illegal drugs such as cocaine and marijuana, as well as alcohol.
 4. Tell the victim that if she may want to be tested for the presence of date rape drugs, she should give a urine sample as soon as possible. If the victim is uncertain about whether to be tested, medical personnel must explain that a sample can be taken now and the decision to test or not to test the sample can be made by the victim during the next 48 hours.
 5. Tell the victim that, if she gives a urine sample, she has 48 hours after giving the sample to make a final decision about having the sample tested. Tell the victim that if she decides to have the sample tested, she may sign the form at the hospital or the law enforcement agency within 48 hours of giving the sample. If the victim is unable to travel to the law enforcement agency, law enforcement personnel will bring the form to the victim. Tell the victim that if she does not sign the consent form within 48 hours of giving the sample, the sample will not be tested.
 6. Tell the victim that if she signs the consent form and then decides within 48 hours of giving the sample that she does not want the urine to be tested, she may revoke consent. To do so, the victim must return to the law enforcement agency and sign the revocation of consent form.

III. Obtaining the Urine Sample

If the victim agrees to provide a urine sample, medical personnel should follow the following steps:

1. Provide the victim with a sterile urine collection container for the collection of the urine.

2. Write the victim's name and the date and time that the urine is collected on the outside of the container.
3. Have the victim provide a urine sample. Medical personnel need not be present in the room when the victim provides the sample. This is based on the following assumptions:
 - When victims are in the ER examining room, nurses can observe that no objects or containers are taken into the restroom during the taking of the sample;
 - Unlike a person accused of a crime, victims have little reason to misrepresent a urine sample; and
 - Victims of sexual assault have already experienced great indignities.
4. Seal the container with tape and initial and date it to ensure proper evidence packaging and chain of custody.
5. The sealed urine specimen container should not be placed inside the Evidence Collection Kit at any time.
6. Collect evidence as in any other sexual assault case by completing the State Police Evidence Collection Kit.

IV. Completing the Receipt of Evidence Form

Once the urine sample is collected, medical personnel must provide law enforcement with the Receipt of Evidence for Toxicology Screen/Consent to Toxicology Screen/Revocation of Consent for Toxicology Screen form. This is a three-part form that has triplicate carbon copy sections. The top copy is labeled "Crime Laboratory Copy," the second copy is labeled "Law Enforcement Copy," and the bottom copy is labeled "Patient Copy."

The top section of the form is titled "Receipt of Evidence for Toxicology Screen." The law enforcement officer fills out this section of the form and then the officer and the hospital representative sign it. The law enforcement officer should tear off the signed "Receipt of Evidence for Toxicology Screen" section of the top form (the "Crime Laboratory Copy") and take it, with the urine sample, to the Illinois State Police Crime Laboratory immediately. The law enforcement officer should keep the "Law Enforcement Copy" of the Receipt of Evidence for Toxicology section of the form and give the "Patient Copy" to the victim.

V. Obtaining the Victim's Consent for Toxicology Screening

Medical personnel must fill out the "Consent to Toxicology Screen" section of the form, except for the victim's signature, while the victim is still at the hospital. Most importantly, medical personnel must fill in the time and date that the sample was taken. The victim has up to 48 hours after the sample is taken to consent to the sample being tested for the presence of controlled substances.

VI. Returning the Consent Form

Signing at the Hospital

1. If the victim decides while still at the hospital to have the urine tested for the presence of controlled

substances, the victim may sign the “Consent to Toxicology Screen” section of the form at the hospital.

2. A witness (preferably medical personnel at the hospital) must also sign the form and indicate the time at which the victim signed it to confirm that it was signed within 48 hours of the sample being taken.
3. The victim keeps the copy of the consent form labeled “Patient Copy”; the law enforcement officer who takes the sample to the crime lab keeps the copy titled “Law Enforcement Copy” and delivers the copy labeled “Crime Laboratory Copy” to the State Crime Laboratory with the sample.

Signing Later

1. If the victim is unsure whether to have the urine tested for the presence of controlled substances, the victim may wait up to 48 hours after the sample was taken to make the decision. During the waiting period, the law enforcement officer keeps the “Consent to Toxicology Screen” and the “Revocation of Consent” sections of the form.
2. If the victim decides to have the urine tested, the victim must return to the law enforcement agency within the 48-hour waiting period to sign the form. If the victim is unable to travel to the law enforcement agency, the law enforcement officer should take the form to the victim for signature during that time.
3. A witness (preferably a law enforcement officer) must also sign the form to confirm that it was executed within 48 hours of the sample being taken.
4. The law enforcement officer will give the victim the copy of the “Consent to Toxicology Screen” section labeled “Patient Copy” and will keep the copy titled “Law Enforcement Copy.”
5. Then, the law enforcement officer must take the copy labeled “Crime Laboratory Copy” to the Illinois State Police Crime Laboratory, where it will be matched with that victim’s urine sample.

VII. Location of Sample During 48-Hour Waiting Period

Once the sample has been obtained, law enforcement should deliver it to the Illinois State Police Crime Laboratory with the Crime Lab’s copy of the “Receipt of Evidence” section of the form. It can be transported to the laboratory with the Evidence Collection Kit, but it must not be placed in the kit box. The Illinois State Police Crime Laboratory will not test the sample until it receives a signed consent form and until 48 hours have passed since the sample was taken.

Revocation of Consent

The third section of the triplicate form is labeled “Revocation of Consent to Toxicology Screen.” In the event that the victim consented in writing to having the urine screened, the victim may revoke that consent by doing the following:

1. Within 48 hours after the sample is taken, the victim must go to the law enforcement agency (or if the victim is unable to travel, request that the law enforcement agency bring the form to the victim) to complete the “Revocation of Consent to Toxicology Screen” section of the form.
2. The victim and a witness (preferably a law enforcement officer) must sign the form.

3. The victim keeps the “Patient Copy” of the section and the law enforcement officer keeps the “Law Enforcement” copy of the section. The law enforcement officer transfers the “Laboratory Copy” of the section to the Illinois State Police Crime Laboratory.

VIII. Unconscious Victims

The issue of whether a urine sample should be taken from an unconscious victim who is brought to the emergency room must be addressed on a case-by-case basis. These guidelines recommend erring on the side of preserving a victim’s option of being tested for the presence of controlled substances after the victim becomes conscious.

In the event that an unconscious person is brought into the emergency room and emergency room personnel have any reason to believe that the victim might have been given a controlled substance without consent, emergency room personnel should take a urine sample from the victim. If the victim becomes conscious within the 48-hour period after the sample is taken, the victim may sign the consent form.

If the victim does not become conscious within that time, the victim may seek a court order at a later time to extend the waiting period based on the inability to consent while the victim was unconscious.

After Consent Is Given

Once the victim signs the consent form for the toxicology screening and the form is returned to the authorized law enforcement agency, the urine specimen will be analyzed by the Illinois State Police Crime Lab. The Illinois State Police evidence collection kit is given to you to maintain normal chain of custody and procedures. If the victim does not sign the consent form for the Evidence Collection Kit, the hospital keeps the kit. The specimens collected from the Illinois State Police Evidence Collection Kit and the urine specimen should be sent to the appropriate Illinois State Police Crime Lab.

Acknowledgments

Guidelines for Medical Response to Sexual Assault Reports

Special thanks to the developers of the Guidelines for Medical Response to Sexual Assault Reports:

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Notes

How to Implement a Community Task Force to Comply with the Campus Security Acts

Background

The Illinois Campus Security Act requires all public institutions of higher education to have a community task force whose purpose is to provide a coordinated response from community leaders and service providers on sexual assault prevention, law enforcement response, and victim services. Nationally, the Federal Campus Security Act mandates that any institution participating under Title IV of the Higher Education Act compile and distribute statements of policy regarding campus crime prevention, safety, and sexual assault programs. They are also required to accurately report all designated offenses and design internal judicial processes for hearing student disciplinary cases, including sexual assault-related cases.

Goal

This section was designed to assist your institution in developing a community task force as required by the Illinois Campus Security Act. The creation of this task force will most likely facilitate compliance with the Federal Campus Security Act. The following pages describe a model community task force. The model outlines recommended objectives, members, and reporting requirements for an effective community task force. Development of this task force will ensure a coordinated effort for the prevention of and response to sexual assault and the influx of date rape drugs on your campus and in the surrounding community.

How to Create a Community Task Force on Your Campus

This section should be given to the individual on your campus who is in a position to coordinate the development of a community task force. It is suggested that this person be either the SART Coordinator as described in the Campus First Response section of this report or the Dean of Students. (It is recommended that the Dean of Students act as the SART Coordinator.) It is important that this section be used as a guide in creating a community task force to fit the needs of your campus and community.

The Attorney General's Committee on Community Task Force Implementation encourages your school to proceed immediately in developing a community task force. As you move ahead, we will be working with Emergency Campus Summit participants to develop a technical support plan. The individuals charged with the development and implementation of your community task force will be strongly encouraged to utilize this assistance.

This section, coupled with the follow-up technical support, should assist your campus and community leaders as they create community task forces and work to gain compliance with state and federal law. It is through compliance with these laws that our campuses will become safe, responsive places for victims of sexual assault.

Higher Education – Campus Security Act

Public Act 88-629

H.B. 2645

AN ACT in relation to the campus security.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

{S.H.A. 110 ILCS 12/1}

§ 1. Short title. This Act may be cited as the Campus Security Act.

{S.H.A. 110 ILCS 12/5}

§ 5. Background investigation. Each public institution of higher education shall, through written policy and procedures, identify security-sensitive positions and make provision for the completion of criminal background investigations prior to employing individuals in those positions.

{S.H.A. 110 ILCS 12/10}

§ 10. Community task force. Each public institution of higher education shall establish by December 1, 1996, a community task force for the purpose of coordinating with community leaders and service providers to prevent sexual assaults and to ensure a coordinated response both in terms of law enforcement and victim services.

{S.H.A. 110 ILCS 12/99}

§ 99. Effective date. This Act takes effect upon becoming law.

HISTORY:

Approved: September 9, 1994

Effective: September 9, 1994

The Federal Campus Security Act

The following is an excerpt from 20 USCS § 1092:

20 USCS § 1092

EDUCATION

(7)(A) Each institution of higher education participating in any program under this title shall develop and distribute as part of the report described in paragraph (1) a statement of policy regarding

(i) such institution's campus sexual assault programs, which shall be aimed at prevention of sex offenses; and

(ii) the procedures followed once a sex offense has occurred.

(B) The policy described in subparagraph (A) shall address the following areas:

(i) Education programs to promote the awareness of rape, acquaintance rape, and other sex offenses.

(ii) Possible sanctions to be imposed following the final determination of an on-campus disciplinary procedure regarding rape, acquaintance rape, or other sex offenses, forcible or nonforcible.

(iii) Procedures students should follow if a sex offense occurs, including whom should be contacted, the importance of preserving evidence as may be necessary to the proof of criminal sexual assault, and to whom the alleged offense should be reported.

(iv) Procedures for on-campus disciplinary action in cases of alleged sexual assault, which shall include a clear statement that

(I) the accuser and the accused are entitled to the same opportunities to have others present during a campus disciplinary proceeding; and

(II) both the accuser and the accused shall be informed of the outcome of any campus disciplinary proceeding brought alleging a sexual assault.

(v) Informing students of their options to notify proper law enforcement authorities, including on-campus and local police, and the option to be assisted by campus authorities in notifying such authorities, if the student so chooses.

(vi) Notification of students of existing counseling, mental health, or students services for victims of sexual assault, both on campus and in the community.

(vii) Notification of students of options for, and available assistance in, changing academic and living situations after an alleged sexual assault incident, if so requested by the victim and if such changes are reasonably available.

(C) Nothing in this paragraph shall be construed to confer a private right of action upon any person to enforce the provisions of this paragraph.

Components of a Community Task Force

Purpose

The purpose of the community task force is to assist public and private institutions in developing and maintaining effective prevention and response mechanisms to situations of sexual assault. The task force will ensure an institution's compliance with the Illinois Campus Security Act and promote the use of consistent and effective methods of educating the campus community, enforcing consistent policies related to all violent crime, and responding to reports of sexual assault on campus and in the surrounding community.

Goals

The Committee on Community Task Force Implementation, hereinafter referred to as the committee, recommends that a community task force focus on the following areas, including, but not limited to:

1. Being informed of the current status of programs and services on the campus and in the community directed toward addressing stranger and acquaintance sexual assault;
2. Becoming knowledgeable of the level and patterns of sexual assault in the campus community;
3. Assisting in assessing the environment and encouraging appropriate action in response to physical or programmatic needs;
4. Coordinating the development of awareness activities designed to inform the campus of incidents and patterns of behavior relating to sexual assaults;
5. Promoting appropriate training of units and individual staff responsible for addressing sexual assault;
6. Encouraging the development of educational programs designed to enhance knowledge among members of the campus community on ways to avoid becoming a victim of sexual assault;
7. Advising and assisting units with responsibility for administration of programs and services in addressing stranger and acquaintance sexual assault; and
8. Advising and assisting various units and agencies in identifying and implementing intervention programs designed to enhance the safety and security of the campus area.

Objectives

The community task force can achieve its goals by forming several subcommittees. Each subcommittee should focus on a specific aspect of the sexual assault prevention and response efforts being used on the campus. The committee recommends that the following subcommittees be established, including, but not limited to:

Prevention/Education

This subcommittee would ensure that consistent sexual assault and date rape drug prevention/education

programs are implemented on campus. It would make certain that campus programs are both effective in addressing the issues related to sexual assault and date rape drugs and consistent with the campus and community message about campus safety. The subcommittee members would not be responsible for conducting the programs themselves, although it is likely that the subcommittee's membership may include individuals from the offices responsible for implementing campus programs. Finally, this subcommittee would encourage campus and community collaboration in order to facilitate the effective use of all applicable sexual assault resources and information for campus educational programming.

Aftercare/Service to Survivors

This subcommittee would ensure that all aspects of victim advocacy, including emergency room treatment, law enforcement involvement, and institutional judicial processes are sensitive and responsive to the needs of sexual assault victims. Often there are tangential yet critical factors facing the victim, such as housing, financial aid, and academic concerns. This subcommittee would strive to make referrals and reporting consistent and would encourage campus leaders and community agencies to develop coordinated response procedures to provide better services to victims.

Community/Institutional Response

This subcommittee would be responsible for assessing the community and institutional response to an alleged incident of sexual assault and/or the use of date rape drugs. It would monitor the timeliness, accuracy, and completeness of any investigation into an incident. Additionally, it would support and assess any disciplinary action taken by the school or any criminal procedures imposed on the alleged offender(s). This subcommittee would be responsible for ensuring that consistent policies relating to these issues are developed and followed and that reporting is complete and accurate from all sources.

Compliance

This subcommittee would, through dialogue with the other subcommittees, be responsible for tracking the institution's compliance with both the Illinois and Federal Campus Security Acts. In addition, the subcommittee would keep up-to-date with all new and evolving legislation that relates to campus safety.

Membership

To ensure that all interests are represented, the committee recommends that individuals from the following organizations serve on the task force:

Campus Representatives

Dean of Students
Public Safety (Police/Security)
Greek Affairs
Health Services
Judicial Affairs
Victim Advocacy
Women's Advocacy/Affairs
Housing/Residence Hall Association
Counseling Center
Student Government
Student Activities/Campus Programming
Campus Ministry
Ombuds Office

Community Representatives

Local Hospital (ER)
Emergency Medical Services
Rape Crisis Services
Local Police
State's Attorney's Office
Local School District
City Council
Public Health/Planned Parenthood
Local Tenants Org./Landlords
Substance Abuse Treatment Professionals
Substance Abuse Prevention Professionals
Local Bar/Tavern Owners

Faculty Senate
Affirmative Action
Gay/Lesbian/Bisexual Association
International Students
Minority Student Affairs

It is important to note that multiple positions/organizations may be represented by one individual or department. Campuses will have to decide which individual(s) will best serve the community task force in the above specified areas. The committee also recommends appointing two individuals, one from the campus and one from the community, to cochair the task force. The following section describes why the specified campus and community organizations need to be represented on the community task force.

Campus Representatives

Office of the Dean of Students

On most campuses, the Dean of Students is the main student advocate and disciplinarian. It is strongly encouraged that this individual or office be represented on the task force.

Public Safety

Campus Police/Campus Security is often the first line of response and investigation for any sexual assault incident. Public Safety may also be the agency responsible for sexual assault prevention programs.

Greek Affairs

Fraternities and sororities represent quasi institutionally affiliated organizations. Large numbers of students who do not live in school housing reside in Greek housing. Sexual assaults and other related activities are in many cases reported as occurring in these areas or in conjunction with a Greek sponsored activity.

Health Services

Health services in many cases is the first location to which the victim will be taken for medical attention. These medical professionals must be trained in the protocols for sexual assault aftercare. They must be able to treat the victim, handle evidence, and refer the victim to proper assistance agencies.

Judicial Affairs

Many reported sexual assaults or related offenses are handled by the Student Judicial Affairs Office as opposed to the State's Attorney's Office.

Victim Advocacy

The organization responsible for victim advocacy on campus is often also responsible for follow-up aftercare and ensuring the victim is afforded all rights and proper treatment. It is important that this organization be represented to make sure that victims' rights and interests are protected.

Women's Advocacy/Affairs

Because women are more likely to be victims of a sexual assault or to report a sexual assault, it is important to have a women's advocacy/affairs representative to provide input to the task force.

Housing/Resident Hall Association

As many student victims live in campus housing, they may have their first contact and first line support system in the resident hall staff. It is important that an individual or individuals from this organization serve on the task force to provide insight into steps that can be taken by campus housing to prevent and respond to sexual assault.

Counseling Center

The counseling center is the location where long-term aftercare for victim emotional issues and adjustment will take place. It is critical that this organization be represented on the task force.

Student Government

Student government is or can be instrumental in effecting change on campus with regard to student safety issues and student safety education programs. Student government also has access to various information systems. Student government can bring about change in administrative policy.

Student Activities/Campus Programming

This office is extremely involved in programming issues and developing presentations for students. Student Activities is often very effective in assisting with educational/preventive programming.

Campus Ministry

Many students feel more comfortable discussing serious issues with a member of the clergy than with a counselor or Resident Assistant. Members of the campus clergy often act as first responders to victims of sexual assault. This makes their presence on the community task force essential.

Ombud's Office

The representation of this office is crucial because of the internal coordinating role it plays in regard to student affairs.

Faculty Senate

The Faculty Senate should be represented to ensure faculty education about sexual assault issues. Their participation will work to generate support for the initiatives developed by the task force with regard to preventing and responding to sexual assault. Students may then be able to turn to members of the faculty for information on sexual assault issues and availability of services.

Gay/Lesbian/Bisexual Student Groups

Members of these groups are often victims of violent crimes and/or sexual assaults. They should be represented on the community task force to ensure that prevention education and aftercare programs are inclusive of their concerns.

Affirmative Action Office

Victims from an underrepresented population may have additional needs or concerns. This office will make sure they are assisted in a culturally sensitive manner and are afforded all available education and prevention programs.

International Students

International students are often not familiar with the programs and support systems in place for them and other students. A representative from this office on the task force will ensure that their rights and needs are represented and that this population is provided with critical information.

Minority Student Affairs

On some campuses, the Affirmative Action Office and Minority Student Affairs may be the same. If not, this office should be represented because of its ability to provide resources to the underrepresented population.

Community Representatives

Local Hospital/Emergency Room

The local hospital is another place where a sexual assault victim may seek medical attention. Emergency room personnel must be trained in evidence collection, sexual assault response protocols, and victim advocacy. Mishandling of the evidence at this point could impede or prevent a case of alleged sexual assault from being prosecuted.

Emergency Medical Services

Emergency Medical Technicians (EMTs) are in many cases the first to come into contact with a victim of sexual assault. These individuals provide onsite medical attention, ensure evidence preservation, and transport victims. They must be trained on all aspects of responding to sexual assault.

Community Rape Crisis Center

Many victims will call this agency for assistance in lieu of other individuals and/or campus or community agencies. These agencies are usually highly visible and widely publicized. They can provide referrals and confidential services if on-campus sexual assault services are not utilized or do not exist. Unlike campus rape crisis services, advocates at ICASA-affiliated centers have absolute privilege of confidentiality.

Local Police

If the campus does not have sworn officers in their Campus Police Department, the local police will respond to the crime. They will be responsible for the overall investigation of the case, including evidence collection and preservation. Representation of local police will assist in alleviating problems relating to jurisdictional overlap with campus police.

State's Attorney's Office

This office is ultimately responsible for authorizing criminal complaints against alleged sexual assault offenders and prosecuting their cases in court.

Local School District

Both local school students and area college students should benefit from these programs. It is important that the community task force facilitate the formation of these college and community partnerships.

City Council

The city council is responsible for allocating resources for the city/community. Their input and understanding of how to prevent and respond to sexual assault is critical.

Public Health

This agency is often involved in community intervention initiatives for violence prevention. Their resources and experience would be extremely valuable to the task force.

Local Tenant Organizations/Landlords

Many students reside off campus and participate in a less structured living environment than is permitted on campus. Because of the increased autonomy of off-campus living, there is more risk for incidents of sexual assault. The representation of these organizations on the task force is important because they can provide ideas on how to make off-campus housing safer.

Substance Abuse Prevention/Wellness Center Professionals

A high percentage of sexual assault victims are under the influence of alcohol or drugs at the time of the attack because some assailants use these substances to incapacitate their victims. Many times, a person may disclose that they were a victim of sexual assault during a drug/alcohol treatment session. Additionally, staff in these agencies often work with offenders whose drug or alcohol use played a major part in their commission of sexual assault or other crime. It is important that these professionals lend their expertise and experience in working with both victims and offenders of sexual assault to the task force.

Local Bar/Tavern Owners

Local bars and taverns in and around the college campus are often frequented by students. Since a substantial amount of alcohol use occurs in these establishments, local bar owners need to be aware of current sexual assault trends in the area associated with alcohol and drugs. These individuals would be able to contribute to the development of prevention initiatives and may be able to implement these initiatives in their establishments. Their representation on the task force can be of great value to campus leaders.

Accountability

Frequency of Meetings

The task force should meet on a quarterly basis at a minimum. Subcommittees may meet more often and at different times than the task force as a whole.

Reporting

Minutes of both the task force and subcommittee meetings should be made available to the proper individuals as determined by the task force members. A listing of the actions and recommendations of the task force should be compiled at the end of each academic year. This report should be distributed to all interested parties. It is strongly recommended that all community task forces make minutes and reports a matter of public record.

Community Task Forces and SART

The Campus Response section of this manual recommends that all Illinois colleges and universities create a Sexual Assault Response Team (SART). SART membership may include representatives from health services, college and/or local police, counseling and student development, residential life, student judicial office, and campus or community rape crisis center. SART is different from a community task force in several ways.

SART guidelines ensure that there is a consistent and appropriate response to sexual assault on campus. The protocols recommended by SART tell campus organizations how to recommend and provide sexual assault services to students and how to appropriately conduct investigations into sexual assault allegations. Recommendations also address appropriate student disciplinary actions. Certain campus personnel are responsible for correctly completing the Sexual Assault Incident Report so that the SART has information to act accordingly. Information collected as a result of SART activities will allow the campus to focus their prevention efforts.

The role of the community task force is to coordinate campus and non-campus communication to ensure a safe and responsive environment. In particular, the community task force monitors the campus' response to sexual assault. The task force works to provide resources to the campus and community for sexual assault education, prevention, and services.

Both the work of the SART and the community task force allow university and community groups to take informed and proactive steps to prevent sexual assault.

Acknowledgments

Community Task Force Implementation

The Office of the Attorney General would like to thank the following committee members for their dedication to preventing sexual assault and combating the use of date rape drugs on our college campuses:

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Lt. George Ruckrich, University of Illinois – Chicago Police Department
Jennifer von Helms, Lake Forest College
Shannon Casey, Office of the Attorney General

Technical Assistance

The committee is dedicated to encouraging colleges and universities to create community task forces if they have not already done so. For this reason, we recommend the implementation of a follow-up technical assistance plan. Campuses and communities who either plan to develop a community task force or wish to improve the work of an existing one will be strongly encouraged to seek assistance. The plan for technical assistance may include sharing ideas on how to generate interest and support for the concept of a community task force or assisting in identifying and implementing prevention and intervention programs that will enhance campus safety. It may also provide insight into the availability of resources on the subject of sexual assault.

The implementation of a follow-up technical assistance plan will serve not only to facilitate the formation of community task forces but also to monitor their development. Effective practices and policies of newly developed community task forces may be shared with campuses and communities throughout the state. These insights will undoubtedly provide many Illinois campuses with useful resources and information for dealing with emerging sexual assault issues.

Notes

Campus Education Kit

Purpose and Overview

The Campus Education Kit provides the tools needed to prevent the incidence of date rape drugs on Illinois college and university campuses. These tools have been developed to deliver preventive messages through the use of positive and healthy tactics, as opposed to scare tactics.

Each college campus and rape crisis center throughout the state will receive a copy of the kit. The kit includes: ten copies of three different posters, table tents, camera-ready flyers, live-read radio scripts, camera-ready advertisements, brochures, bookmarks, wallet cards, and sample e-mail scripts. Many of the publications contained in the kit will be available on CD-ROM so each university or agency can add local information such as emergency numbers and counseling services.

How to implement this prevention plan on your campus

It is recommended that the Dean of Students follow the steps outlined below.

Introduction

Research literature discussing effective methods of preventing the use of date rape drugs is scarce. The field is bereft of hard data describing successful interventions. Virtually every new effort could be an effective breakthrough or a waste of time and money. In emerging prevention fields where there is little outcome data to describe beneficial direction, it is customary to look at theory and research applied successfully with other types of problems among college students.

Since 1990, evaluation of prevention efforts have shown significant reduction of alcohol-related harm and sexually transmitted diseases. In both circumstances, students' behavior improved and problems were reduced with media campaigns that highlighted protective behaviors already practiced by many students. Overall, spreading messages of mutual caring, protection, safety, and moderation paralleled reductions of alcohol use, alcohol-related harm, "binge" drinking, unsafe sexual behavior, and STDs.

The success of these initiatives has provided the model for the media efforts in this packet. Such media-based prevention is an extremely cost-effective way to achieve behavior modification on large enrollment campuses. On such campuses it may be too expensive to reach many students with peer-based or other personal methods alone. Utilization of the media materials contained in the Campus Education Kit, in connection with the modules contained in the prevention curriculum, is the recommended approach to preventing the use of date rape drugs on college campuses in Illinois.

Positive Media and Behavior Modification

- Reaches many with message at low cost.
- Provides message to students on campuses where programming is not successful.
- Reaches all of the population, not just those inclined to attend a program.
- It is the primary method used by commercial businesses to change behavior.
- It is often cited as the way in which students are socialized.
- It is private, anonymous, portable, and can be accessed on target population's own schedule.
- Should be consistent, simple, readable, direct, and redundant.
- Should identify behaviors or practices which reduce risk and increase likelihood of health and well-being.
- Should describe rewards, incentives, and the benefits of adopting target behaviors.
- Use many different channels and many impact sites.

- Positive messages bring positive regard to the media sponsor.
- Media provide consistent content throughout educational program.

¹ University of Arizona, 1990
Northern Illinois University, 1990

Objectives of a Prevention Plan

- Provide information and support to help students protect themselves and be safe instead of using fear or threat of punishment to scare students away from risks.
- Provide women with power, hope, and strength without implying blame. Women are part of the solution without having to be the hopeless victim or blamed victim.
- Provide men with support, power, and care without implying blame. Men are part of the solution without having to be the guilty perpetrator or potential rapist.
- Support universal condemnation of sexual predation.
- Identify protective strategies/behaviors that work to prevent date rape with GHB, Rohypnol, Ketamine, and alcohol.

Implementing a Prevention Plan on Your Campus

Media and Materials

Since each college and university will be provided with camera-ready products, we encourage each campus to think innovatively about how the “Keep An Eye On Your Drink” campaign can best be promoted within each campus environment. What works for a large-scale, state university may not be appropriate for a small, private commuter school. What we are providing is a menu of options that can be adapted to any college or university setting. The following is a list of possible materials and distribution sites to use in a prevention/awareness campaign (please note that many of these materials can be modified to include specific campus information such as crisis center hotline numbers, police numbers, etc.):

- Table tents could be placed in commons and food service areas.
- Bookmarks could be distributed through a variety of outlets including bookstores and new student orientations.
- Wallet cards might be given out by health services or R.A.s in dorms.
- Brochures would contain more information and could be made available at counseling centers, health services, and information centers on campus.
- E-mail could be utilized to send brief, periodic messages to all students.
- Informational Web sites could be linked from the school’s home page.
- Media could be utilized for:
 - Classified advertisements
 - Letters to the editor
 - Press releases
 - Radio PSAs
 - Cable PSAs
- Static stickers could be placed on mirrors in restrooms both on campus and at establishments frequented by students.

Samples of many of these items can be found in the Appendix. PageMaker files (Win) for these materials can be found on the Attorney General’s Web site.

Additional suggestions

- The message can be printed on water bottles, bookmarks, coasters, beverage holders, university calendars/date books, etc.
- Many on-campus organizations such as the Greek system or student organizations are set up to promote social causes and/or public awareness events. The “Keep An Eye On Your Drink” campaign is a ready-to-use promotional item that organizations can take ownership of and integrate creatively into their own planned activities.
- Off-campus, retail establishments can be encouraged to display posters and brochures prominently and to print the logo on shopping bags.

Personnel and Organizations

Prior to implementing this public awareness campaign, it is important to educate all the key players involved to inform them of (a) the purpose of the campaign; (b) what their roles and responsibilities are; and (c) what channels will be used to distribute information. The following is a list of “human power” possibilities to use to effectively link the channels of media with the sites of media exposure.

Individuals

- University Administration
- Faculty
- Students
- Staff Members

Groups

- Faculty Committees
- Campus Health Committees
- Health Services Employees
- Student Groups:
 - Greek Organizations
 - School Newspaper
 - Residence Hall Association
 - Student Senate
 - Student Communication Organizations
- Safety and Security (Public Safety Department)
- Residence Life/Student Affairs

Community Involvement

The individuals and groups that should be notified on campus are described above. Representatives from off-campus organizations such as the following should also be encouraged to get involved:

- Mayor’s office
- Liquor licensing agency
- Chamber of Commerce
- Local businesses, including:
 - Retailers
 - Liquor store merchants
 - Restaurant owners
 - Athletic clubs
- Law enforcement
- Local rape crisis centers
- Health care system
- Media

Distribution Issues

Following is a list of possible sites for disseminating information to college students. The list is divided between on-campus sites and off-campus sites. We recognize that the composition of each school varies, particularly the proportion of students living on-campus versus off-campus; therefore, in order to potentially reach all students, we felt it was important to define our target area more broadly than just the campus setting.

On Campus

- Freshman orientation
- Classrooms
- Student organizations
- Residence halls
- Fraternities/Sororities
- Health centers
- Recreation centers
- Student center/union

Off Campus

- Bookstores
- Coffee shops
- Retail stores, including clothing stores, music stores, and pharmacies
- Athletic clubs
- Restaurants
- Bars, taverns, dance clubs, etc.
- Liquor stores
- Supermarkets

Notes

Prevention Education: Training Modules for Students

Purpose and Overview

The following represents a training curriculum intended to educate university students across Illinois about date rape drugs. Each module can be used in either a large university setting or a community college atmosphere.

How to implement prevention education on your campus

It is recommended that the Dean of Students contact Greek Advisors, Campus Advisors, Residence Hall Advisors, and Freshmen Orientation Staff to request that these individuals implement the training in their respective areas (residence halls, campus organizations, sororities, fraternities). These individuals should contact local Rape Crisis Centers to assist in the training and provide local information and resources. Freshman orientation leaders should utilize this curriculum during freshman orientation. Initially, this curriculum should be presented to all classes, freshman through senior; thereafter, this curriculum should be presented annually to incoming freshmen.

Background

This training curriculum was developed with the knowledge that those providing the training may have only one opportunity to impact their audience. Five core modules provide the trainer(s) with the essential elements for a comprehensive training. These modules can be delivered to the target audience over a two-hour time frame. Two additional modules are provided to be used at the discretion of the trainer(s). Each training module contains key concepts which are conveyed through module exercise(s). The modules are designed not only to provide factual information, but also to provide opportunities for student participants to assimilate the information through “practical application.” This learning process builds skills that decrease vulnerability to victimization. As with any curriculum, these modules should be used as guides by the trainer(s) and exercises should be modified to meet the needs of the targeted audience.

The curriculum modules are as follows:

- Module 1:** An Overview of Rohypnol, GHB, and Ketamine
- Module 2:** The Effects of the Drugs
- Module 3:** Protecting Yourself
- Module 4:** If You or a Friend Is Sexually Assaulted
- Module 5:** Resource Guide
- Module 6:** Illinois and Federal Law

Module Supplements:

- Templates
- Handouts
- Evaluation
- Sample curriculum from University of Illinois at Chicago (Appendix: The SafetyNet LAS 100 Facilitators Manual)

General Information

Pre-test, post-test, and evaluation

The trainer should begin the training with a brief introduction about the workshop, explaining that the workshop will be interactive and that it will not only provide them with factual information but will also give them skills that will help protect them from becoming victims of a drug-facilitated attack. The trainer should then explain that participants will be given a pre- and post-workshop test that will measure changes in knowledge and skill levels. The pre-test should be administered at the onset of the training. At the conclusion of the training, the post-test should be administered. Changes in knowledge and skill levels are measured from changes between pre- to post-test results.

The trainer should also explain that each participant will receive an evaluation that is confidential and will only be used to determine the effectiveness of the training. The evaluation should then be distributed to each participant. The evaluation component of the curriculum is essential for measuring the effectiveness of the training. Evaluation results should be used to further enhance the training as well as to assess the need for additional trainings for students.

Suggested pre-test questions:

1. Name two drugs associated with date rape.
2. What are two physical effects and symptoms associated with date rape drugs?
3. What are two things you can do to protect yourself from becoming a victim of drug-assisted rape?
4. What are two things you should do if you suspect you or a friend have been given a date rape drug?

Suggested post-test questions:

1. Name two drugs associated with date rape and give the street names for each.
2. What are two physical effects and symptoms associated with date rape drugs?
3. What are two things you can do to protect yourself from becoming a victim of drug-assisted rape?
4. What are two things you should do if you suspect you or a friend have been given a date rape drug?
5. What community resources are available to a victim of rape?

Date Rape Learning Module Evaluation

How would you rate the following? (Please check)

	Inadequate	Poor	Fair	Good	Excellent
Overall workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presenter(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Topics covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The best aspect of this workshop was:

What was the most important thing you learned during this workshop?

If you could change one aspect of this workshop, what would it be?

Additional Comments

Module 1

An Overview of Rohypnol, GHB, and Ketamine

Objective	Materials	Duration
Increase participants' factual knowledge level about the date rape drugs Rohypnol, GHB, and Ketamine.	Pre-test evaluation Fact sheets for participants	20 minutes

Key Concepts

Rohypnol

- Manufactured by the Hoffman-La Roche Pharmaceutical Company.
- Member of the benzodiazepine family which includes drugs such as Librium, Xanax, and Valium.
- Rohypnol is approximately ten times the strength of Valium.
- Rohypnol has never been approved for medical use in the United States because safer drugs are available.
- Rohypnol is often smuggled into Texas from Mexican pharmacies or brought into Florida from Latin America.
- Rohypnol is usually smuggled into the US in its original packaging of foil-backed, clear plastic "blister packs."
- Street prices range from \$1 to \$5 per pill.
- Rohypnol is a dime-size, white tablet that dissolves rapidly. The generic equivalent resembles an aspirin tablet. Rohypnol is odorless, tasteless, and has no visible effect on a drink's appearance. Currently, Hoffman-LaRoche is in the process of seeking approval for a tablet that dissolves more slowly in liquid and releases a bright blue color after about 15 minutes so it can be more easily detected if covertly slipped into someone's beverage.
- Slang terms for Rohypnol include: Roach, Roche (roshay), Roofies, Mind-Erasers, Lunch Money, Run-Trip-and-Fall, R-2, Mexican Valium, Ropynol, Rib, and Rope. To be under the influence of Rohypnol is to "get roached."

GHB (gamma-hydroxybutyrate)

- Was once sold in health food stores as a performance enhancing additive to body building formulas.
- Was thought to stimulate muscle growth; however, this has never been proven.
- GHB is a central nervous system depressant that is abused for its intoxicating effects.
- The use of GHB was banned by the FDA in 1990, except when used under the supervision of a physician.
- The use of GHB can cause severe, often uncontrollable side effects.
- GHB can be consumed orally in capsule form or as a grainy, white-to-sandy colored powder.

- Powdered GHB is often dissolved in liquids like water or alcoholic beverages and then consumed.
- GHB is usually sold as a slightly salty, clear liquid in small bottles which users pay for by the capful or by the teaspoon.
- A capful of GHB costs \$3 to \$5.
- GHB is often substituted for Ecstasy.
- GHB is often used as a sedative to come down off stimulants like ephedrine, Ecstasy, speed, or cocaine.
- Slang terms for GHB include: Grievous Bodily Harm, Easy Lay, Gook, Gamma 10, Liquid X, Liquid E, Liquid G, Georgia Home Boy, Soap, Scoop, Salty Water, Somatomax, G-riffick, Cherry Meth, fantasy, Organic Quaalude, Nature's Quaalude, and Zonked.
- The recipe for GHB can be found on at least 12 Web sites. A kit to make GHB can also be purchased over the Internet.

Ketamine

- Ketamine is a rapid acting general anesthetic used on both animals and humans.
- Ketamine is often used as a recreational drug at parties or "raves."
- Ketamine is manufactured in liquid form, but it can be made into a tablet or powder.
- Ketamine can be injected intramuscularly or intravenously in liquid form and can be smoked or snorted in powder form.
- Ketamine is purported to be a sexual stimulant.
- Street names for Ketamine include: Special K, Ket, K, Vitamin K, Kit Kat, Keller, Kelly's Day, Green, Blind squid, Cat Valium, Purple, Special la coke, Super acid, and Super C. To be under the influence of Ketamine is called: K-hole, K-land, Baby food, and God.

Module 2

The Effects of the Drugs

Objective	Materials	Duration
Increase participants' knowledge level regarding the physical effects of the date rape drugs Rohypnol, GHB, and Ketamine.	Fact sheet for participants	20 minutes

Key Concepts

Rohypnol

- Rohypnol can cause impaired judgment, disinhibition, dizziness, confusion, disproportionate inebriation in relation to the amount of alcohol consumed, slurred speech, and trouble with motor coordination; Rohypnol can also produce complete or partial amnesia, respiratory depression, and low blood pressure.
- Persons who have ingested Rohypnol or GHB may have sudden and unexplained drowsiness and difficulty with motor coordination.
- Once ingested, Rohypnol will begin to take effect in fifteen minutes to an hour and will last eight to ten hours.
- Generally, Rohypnol can be detected in the urine for up to seventy-two hours after ingestion.

GHB

- GHB can cause nausea, vomiting, delusions, impaired judgment, depression, vertigo, visual disturbances, seizures, respiratory distress, reduced inhibition, increased sensitivity to touch, immobilization, loss of consciousness, amnesia, coma, and death. These effects can take place within fifteen minutes and can last up to three hours.
- GHB produces intoxication followed by deep sedation.
- When combined with alcohol or other drugs, the potential for deadly overdoses escalates rapidly.
- Periods of impaired memory may occur. This may cause the victim to be unable to remember the details of what happened while they were under the influence of these drugs.
- Generally, GHB can be detected in the urine for up to eight, and sometimes twelve, hours after ingestion.

Ketamine

- Ketamine can produce hallucinations, impaired judgment and perception, paranoia, and dissociative state in which the user feels as if the mind is "separated" from the body.
- Can produce a comatose state for the user, and in certain situations, death.
- Blocks feelings of pain.

- Can cause respiratory depression but not central nervous system depression.
- Effects can be similar to PCP, including numbness, loss of coordination, sense of invulnerability, muscle rigidity, aggressive/violent behavior, slurred or blocked speech, exaggerated sense of strength, and blank stares. Large doses can produce vomiting and convulsions, and may lead to oxygen starvation of the brain and muscles.
- Effects generally last an hour but can last up to four to six hours. Generally, it takes twenty-four to forty-eight hours before the user feels “normal” again.
- Generally, Ketamine can be detected in the urine for up to forty-eight hours after ingestion.

Module 3

Protecting Yourself

Objective	Materials	Duration
Increase participants' ability to protect themselves.	Fact sheet for participants	45 minutes

Key Concepts

- Always keep your beverage with you.
- Make sure anything you drink is from an unopened container, e.g., a bottle, can, etc.
- When at a bar or club, accept drinks only from a waitress, waiter, or bartender.
- When at parties, do not accept open container drinks from anyone.
- Always go to parties with friends and establish beforehand that you will watch each other's drinks and behavior.
- Be aware of your friends' behavior. If they appear disproportionately inebriated in relation to the amount of alcohol they have consumed, they may have unknowingly ingested a sedating drug. Get medical assistance.
- If you start to feel dizziness, nausea, or any of the symptoms these drugs produce, tell a friend and have them seek immediate medical attention for you.

Module 4

If You or a Friend Are Sexually Assaulted

Objective	Materials	Duration
Provide participants with information regarding what to do and who to contact in the event that they or someone they know become victims of drug-facilitated assault.	Fact sheet for participants	15 minutes

Key Concepts

Seek immediate medical attention if you believe you or a friend has ingested a sedating drug such as GHB, Rohypnol, or Ketamine. Call a friend, a family member, the police, or 911 for assistance in getting to the nearest hospital.

If you have reason to believe you or a friend have been sexually assaulted, take these steps:

1. Immediately get to a safe location and call a rape crisis center and/or the police. The toll-free rape crisis center hotline number is 1-800-656-4673.
2. You should not take a shower, bathe, douche, change clothes, or straighten up the area where the assault occurred until the medical and legal evidence has been collected. Avoid urination if possible.
3. Regardless of whether you decide to make a police report, you should go to a hospital, clinic, or private doctor for treatment of any external and/or internal injuries, tests for pregnancy and sexually transmitted diseases, and support services. Only a hospital can collect evidence for a trial.
4. A medical evidence collection kit will be completed at the hospital. You will have the option of releasing the evidence collected through the kit to the police. If you release the evidence, it is still your decision whether or not to press charges.
5. While being medically examined, request a test for the presence of Rohypnol, GHB, Ketamine, and other sedating drugs. This test is not part of the regular evidence collection procedure and should be done as quickly as possible—every hour counts. The chances of detecting the drug in your system are best when the sample is obtained soon after the substance has been ingested. This test is optional and will be given only at the request of the victim. In addition, the victim has forty-eight hours to sign the release for the toxicology screen.
6. If you cannot get to the hospital immediately or suspect several hours have already passed, you may collect your own urine sample in a clean container, refrigerate it until you leave, and take the sample with you.

Module 5

Resource Guide

Community Resources

Northern Illinois

Arlington Heights

Northwest Action Against Rape
847.228.0990

Aurora

Mutual Ground
630.897.8383

Belvidere

Rockford Sexual Assault Counseling
815.544.6821

Chicago Heights

Y.W.C.A.R.E.S.
South Suburban YWCA
708.748.5672

Cicero

West Suburban Sexual Assault Victim Service
708.482.9600

Dixon

YWCA of the Sauk Valley
815.288.1011

Elgin

Community Crisis Center
847.697.2380

Galena

Riverview Center
Sexual Assault Intervention and Prevention Services
815.777.8155

Savanna Riverview Center

815.273.7772

Glen Ellyn

YWCA of DuPage
630.971.3927

Gurnee

Lake County Council Against Sexual Assault
847.872.7799

Joliet

Sexual Assault Services Center
Guardian Angel Home/Groundwork
815.730.8984
815.729.0930 ext.330

Kankakee

Kankakee County Center Against Sexual Assault
815.932.3322

Matteson

YWCA of Metropolitan Chicago
South Suburban District
708.748.5672

Oregon

Rockford Sexual Assault Counseling, Inc.
Ogle County
815.636.9811
815.231.2226

Quad Cities

Quad Cities Rape/Sexual Assault Counseling
Program
309.797.1777

Rockford

Rockford Sexual Assault Counseling
815.544.6821

Schaumburg

Northwest Action Against Rape
847.228.0990

Sterling
YWCA/COVE
815.626.7277

Summit
Des Plaines Valley Community Center
708.482.9600

City of Chicago

Chicago Hotline: 1.800.293.2080

Community Counseling Centers of Chicago/
Quetzal Center
773.334.8608

Community Mental Health Council
773.734.4033

Cook County Hospital
312.633.4274

Rape Victim Advocates
312.733.6954

YWCA Logan Square
773.862.3100

YWCA of Metropolitan Chicago
Harriet M. Harris Center
312.955.3100

YWCA of Metropolitan Chicago
Loop Women's Services
312.372.4105

Central Illinois

Charleston/Mattoon
Sexual Assault Counseling and Information Service
217.348.7666
217.234.6405

Danville
YWCA Sexual Assault Crisis Services
217.443.5566

Decatur
Growing Strong: Sexual Assault Center
217.428.0770

Jacksonville
Sexual Assault Services Center
217.753.8081

Macomb
WIRC-CAA Victim Services
P.O. Box 157
Macomb, Illinois 61455
309.837.5555

Peoria
The Center for Prevention of Abuse
InnerStrength
309.691.4111

Pontiac
ADV & SAS
1.800.892.3375

Quincy
Sexual Assault Prevention and Intervention Services
217.223.2030

Springfield
Rape Information and Counseling Service
217.753.8081

Streator
ADV & SAS of Streator
1.800.892.3375

Urbana
A Women's Fund Rape Crisis Services
217.384.4444

Southern Illinois

Belleville

Sexual Assault Victim's Care Unit
618.397.0975

Carbondale

Rape Action Committee
618.529.2324

Centralia

Sexual Assault & Family Emergencies Corp.
1.800.625.1414

Collinsville

Sexual Assault Victims 1st
618.344.0605

East St. Louis

Sexual Assault Victims Care Unit of St. Louis
618.397.0975

Mt. Vernon

Sexual Assault Service Center
618.242.3706

Princeton

Freedom House
1.800.474.6031

Quincy

Sexual Assault Prevention & Intervention Services
217.223.2030

Vandalia

Sexual Assault and Family Emergencies
618.283.1414

State Resources

Office of the Attorney General, State of Illinois

500 South Second Street
Springfield, IL 62706
217.782.1090 FAX 217.782.7046

Office of the Attorney General, State of Illinois

100 West Randolph Street
Chicago, IL 60601
312.814.3000 FAX 312.814.3806

Illinois Coalition Against Sexual Assault

123 South Seventh Street, Suite 500
Springfield, IL 62701-1302
217.753.4117

Illinois Council for the Prevention of Violence

220 S. State Street, Suite 1215
Chicago, IL 60604
312.986.9200 FAX 312.922.2277

Illinois Violence Prevention Authority

100 West Randolph, Room 6-600
Chicago, IL 60601
312.814.2796 FAX 312.814.1108

Internet Resources

The National Clearinghouse for Alcohol and Drug Information

<http://www.health.org>

The National Institute on Drug Abuse

<http://www.nida.nih.gov>

The Partnership for a Drug-Free America

<http://www.drugfreeamerica.org>

Module 6

Illinois and Federal Law

Illinois Law Pertaining to Date Rape Drugs

Prepared by the Office of the Attorney General, Bureau of Program Development

Illinois Laws Addressing Possession & Trafficking of Three Common Date Rape Drugs

Rohypnol

Flunitrazepam (the chemical name for Rohypnol) is a Schedule IV controlled substance in Illinois. (720 ILCS 570/210). Under Illinois law, Schedule IV substances are those that show a low potential for abuse and have a currently accepted medical use. Abuse of the substance may lead to limited physiological or psychological dependence. (720 ILCS 570/209). Manufacturing, delivering, or possessing with intent to manufacture or deliver any amount of flunitrazepam is a Class 3 felony subject to imprisonment for 2 to 5 years and a fine of \$100,000. (720 ILCS 570/401). Knowingly possessing flunitrazepam is a Class 4 felony subject to 1 to 3 years imprisonment and a maximum fine of \$15,000. (720 ILCS 570/402).

Ketamine

Ketamine (brand names Ketaset or Vetalar) is a Schedule III controlled substance in Illinois. (720 ILCS 570/208(c)(14)). It was recently classified as such through House Bill 70 in 1997, approved and effective August 15, 1997. (Public Act 90-382). Manufacturing, delivering, or possessing with intent to manufacture or deliver 30 grams or more of ketamine is a Class X felony (6 to 30 years in prison and fine). (720 ILCS 570/401(a)(10.5)). Ten to 30 grams is a Class 1 felony (4 to 15 years in prison and a maximum fine of \$150,000). (720 ILCS 401(c)(10.5)). Any amount less than 10 grams is a Class 3 felony (2 to 5 years in prison and a maximum fine of \$125,000). (See 720 ILCS 570/401(e)(10).)

Knowingly possessing 30 grams or more of ketamine is a Class 1 felony (4 to 15 years in prison and fine). A provision specifically addressing possession of ketamine was added by House Bill 70. Possession of less than 30 grams is a Class 4 felony (1 to 3 years in prison and fine). (720 ILCS 570/402).

GHB

GHB is a schedule I controlled substance in Illinois. It became a controlled substance in Illinois through the passage of House Bill 70 in 1997 (approved and effective August 15, 1997). It is illegal to manufacture, deliver, or possess with intent to manufacture or deliver. Two hundred grams or more is a Class X felony (6 to 30 years in prison and a maximum fine of \$500,000). (720 ILCS 570/401(a)(11)). Fifty to 200 grams is a Class 1 felony (4 to 15 years in prison and a maximum fine of \$250,000). (720 ILCS 570/401(c)(11)). Any amount less than 50 grams is a Class 3 felony (2 to 5 years in prison and a maximum fine of \$150,000). (See 720 ILCS 570/401.)

Knowingly possessing GHB is a Class 4 felony (1 to 3 years in prison and fine). (720 ILCS 570/402).

The Campus Security Act and Sexual Assault

The Campus Security Act (110 ILCS 12/1 et seq), effective September 9, 1994, calls for each institution of higher learning to establish a community task force. The task force is charged with coordinating with community leaders and service providers to ensure a coordinated response with law enforcement and victim services to prevent sexual assaults. Colleges and universities must establish task forces by December 1, 1996.

Current Illinois Sexual Assault and Sexual Abuse Laws

Criminal Sexual Assault (720 ILCS 5/12-13)

Criminal sexual assault is a Class 1 felony punishable for 4 to 15 years in prison. Sexual assault includes acts of sexual penetration by the use of force or threat of force or an act of sexual penetration when the accused knew that the victim was unable to understand the nature of the act or was unable to give knowing consent. Sexual assault also includes an act of sexual penetration by a family member with a victim under 18 or a victim between the ages of 13 and 18 when the accused was 17 or older and held a position of trust, authority, or supervision in relation to the victim.

Aggravated Criminal Sexual Assault (720 ILCS 5/12-14)

Aggravated criminal sexual assault is a Class X felony subject to imprisonment for 6 to 30 years. The circumstances that make a sexual assault an aggravated offense may include any one of the following: (1) The accused displayed, threatened to use, or used a dangerous weapon. (2) The accused caused bodily harm to the victim. (3) The accused threatened or endangered the life of the victim or any other person. (4) The criminal sexual assault occurred during the commission or attempt of any other felony. (5) The victim was age 60 or older. (6) The victim was a physically handicapped person or severely mentally retarded. (7) The accused delivered (by injection, inhalation, ingestion, transfer of possession, or any other means) to the victim without his or her consent, or by threat or deception, and for other than medical purposes, any controlled substance. Additional provisions pertain to the ages of the victim and the accused.

Criminal Sexual Abuse (720 ILCS 5/12-15)

Criminal sexual abuse is a Class A misdemeanor punishable by imprisonment for less than one year for the first offense. It includes acts of sexual conduct by the use or threat of force and acts of sexual conduct when the accused knew the victim could not understand the nature of the act or was unable to give knowing consent. Additional provisions pertain to the ages of the accused and the victim.

Aggravated Criminal Sexual Abuse (720 ILCS 5/12-16)

Aggravated criminal sexual abuse is a Class 2 felony subject to imprisonment for 3 to 7 years. The circumstances that make a sexual assault an aggravated offense may include any one of the following: (1) The accused displayed, threatened to use, or used a dangerous weapon. (2) The accused caused bodily harm to the victim. (3) The victim was age 60 or older, was a handicapped person or severely mentally retarded. (4) The accused threatened or endangered the life of the victim or any other person. (5) The criminal sexual assault occurred during the commission or attempt of any other felony. (6) The accused delivered (by injection, inhalation, ingestion, transfer of possession, or any other means) to the victim without his or her consent, or by threat or deception, and for other than medical purposes, any controlled substance. Additional provisions pertain to the ages of the accused and the victim.

Predatory Criminal Sexual Assault of a Child (750 ILCS 5/12-14.1)

The accused commits predatory criminal sexual assault of a child if the accused was 17 years of age or older and commits an act of sexual penetration with a victim who was under 13 years of age when the act was committed; and/or the accused caused great bodily harm to the victim that resulted in permanent disability or was life threatening; or the accused delivered (by injection, inhalation, ingestion, transfer of possession, or any other means) to the victim without his or her consent, or by threat or deception, and for other than medical purposes, any controlled substance. Additional provisions deal with the ages of the victim and accused.

A person convicted of predatory criminal sexual assault of a child commits a Class X felony and may be sentenced to a term of imprisonment of not less than 50 years and not more than 60 years. A person who is convicted of a second or subsequent offense of predatory criminal sexual assault of a child, or who is convicted of this crime after having previously been convicted of the offense of criminal sexual assault or the offense of aggravated criminal sexual assault, or who is convicted of the equivalent of any of the aforementioned offenses in another state, shall be sentenced to a term of natural life imprisonment.

Additional Illinois Laws Relating to the Use of Date Rape Drugs

General Provisions (720 ILCS 5/12-18)

Whenever any law enforcement officer has reasonable cause to believe that a person has been delivered a controlled substance without his or her consent, they shall advise the victim about seeking medical treatment and preserving evidence.

Whenever any emergency room personnel has reasonable cause to believe that a person has been delivered a controlled substance without his or her consent, personnel designated by the hospital, other than a physician licensed to practice medicine in all of its branches, shall provide the following to the victim: (1) An explanation about the nature and effect of commonly used controlled substances and how such controlled substances are administered. (2) An offer of testing for such substances. (3) A disclosure to the victim that all controlled substances or alcohol ingested will be disclosed by the test. (4) A statement that the test is completely voluntary. (5) A form for written authorization for sample analysis of all controlled substances and alcohol ingested by the victim. No sample analysis may be performed unless the victim returns a signed written authorization within 48 hours after the sample was collected. Any medical treatment, care, or testing shall only be in accordance with the order of a physician licensed to practice medicine in all of its branches.

**See Guidelines for Law Enforcement Response, page 40, and Guidelines for Medical Response, page 51, for additional information on testing procedures.*

Aggravated Battery (750 ILCS 5/12-4)

Aggravated battery is a Class 3 felony which carries a prison sentence of 2 to 5 years. The law currently indicates that the following constitutes an aggravated battery. "A person who administers to an individual or causes him to take, without his consent or by threat or deception, and for other than medical purposes, any intoxicating, poisonous, stupefying, narcotic, anesthetic, or controlled substance commits aggravated battery." (720 ILCS 5/12-4). The term "controlled substance" ensures that the three date rape drugs will be included under this offense and ensures that a person who "doses" another individual can be charged with aggravated battery.

Aggravated Robbery (750 ILCS 5/18-5)

Aggravated robbery is a Class 1 felony. The law currently indicates that the following constitutes an aggravated robbery. “A person commits aggravated robbery when he or she takes property from the person or presence of another by delivering (by injection, inhalation, ingestion, transfer of possession, or any other means) to the victim without his or her consent, or by threat or deception, and for other than medical purposes, any controlled substance.” The term “controlled substance” ensures that the three date rape drugs will be included under this offense.

Defenses (720 ILCS 5/12-17)

A person charged with sexual assault where force or threat of force is an element of the offense may assert that the victim consented as a defense. Consent is defined as “a freely given agreement to the act of sexual penetration or the sexual conduct in question.” Consent does not include the fact that a victim did not assert verbal or physical resistance or submission due to the use of force or threat of force by the accused. The manner of dress of the victim at the time of the offense does not constitute consent.

The Code of Criminal Procedure: Evidence in Certain Cases (725 ILCS 5/115-7.3)

In prosecutions for a violation of section 10-2 (Aggravated Kidnapping), 12-4 (Aggravated Battery), 12-13 (Criminal Sexual Assault), 12-14 (Aggravated Criminal Sexual Assault), 12-14.1 (Predatory Criminal Sexual Assault of a Child), 12-15 (Criminal Sexual Abuse), 12-16 (Aggravated Criminal Sexual Abuse), or 18-5 (Aggravated Battery) of the Criminal Code of 1961, involving the involuntary delivery of a controlled substance to a victim, no inference may be made about the fact that a victim did not consent to a test for the presence of controlled substances.

Federal Law Pertaining to Date Rape Drugs

Prepared by the Office of the Attorney General, Bureau of Program Development

The Drug-Induced Rape Prevention & Punishment Act of 1996

In October of 1996, the president signed into law the Drug-Induced Rape Prevention & Punishment Act of 1996. The law amends the Controlled Substances Act, adding use of a controlled substance with intent to commit a crime of violence under the section designation Penalties for Distribution. The following is a section-by-section synopsis of the legislation.

Use of a Controlled Substance with Intent to Commit a Crime

Creates the crime of use of a controlled substance with intent to commit a crime of violence, including sexual assault. The penalty consists of imprisonment for up to 20 years. (21 USC 841)

Manufacturing, Distributing, Dispensing, or Possessing with Intent to Manufacture, Distribute, or Dispense

Makes imprisonment for up to 20 years the penalty for manufacturing, distributing, dispensing, or possessing with intent to manufacture, distribute, or dispense 1 gram of Flunitrazepam. The Act made the penalty for Flunitrazepam the same as the penalty for Schedule I or II controlled substances even though federal law currently classifies Flunitrazepam under Schedule IV. If death or serious bodily injury results from the use of the substance, the penalty is at least 20 years imprisonment, but less than life in prison, and a fine. For 30 milligrams of Flunitrazepam, the penalty is up to 5 years in prison and a fine. Note that normally Schedule IV controlled substances carry a penalty of up to 3 years in prison and a fine. (21 USC 841)

Manufacturing or Distributing for the Purpose of Unlawful Importation

Makes the penalty for manufacturing Flunitrazepam or distributing it for the purpose of unlawful importation imprisonment for up to 20 years. The Act made the penalty for Flunitrazepam the same as the penalty for Schedule I or II controlled substances even though Federal law currently classifies Flunitrazepam under Schedule IV. If death or serious bodily injury results from the use of the substance, the penalty is at least 20 years imprisonment, but less than life in prison, and a fine.

(21 USC 959; 21 USC 960)

Simple Possession

Makes simple possession of Flunitrazepam punishable for up to 3 years in prison plus a fine.

(21 USC 844)

Study on Rescheduling Flunitrazepam

Calls upon the DEA to conduct a study on rescheduling Flunitrazepam as a schedule I controlled substance. The FDA has not yet rescheduled Flunitrazepam.

Classification and Penalties Regarding GHB, Rohypnol, and Ketamine

A. GHB (gamma-hydroxy-butylamine; gamma hydroxybutyric acid)

The FDA banned domestic sales of GHB in late 1990. Manufacturers and distributors including those who import from overseas can be prosecuted under the federal Food, Drug and Cosmetic Act (21 USC 301 et seq.) (Hazy Legal Status Lets Dangerous Drugs Flourish, Palm Beach Post, June 30, 1996). Violators are charged with “misbranding” under the Food, Drug and Cosmetic Act (21 USC 331). GHB is not listed as a controlled substance. The only current legal use for GHB is in FDA-approved studies as a treatment of narcolepsy. While it is illegal to sell GHB, it is not illegal under federal law to possess or use GHB. The penalty for selling GHB is imprisonment for less than 1 year. A second offense is imprisonment for less than 3 years and a fine (21 USC 333).

In 1994, the FDA charged Gary Allen of Dallas, Texas, with intent to defraud and mislead and causing 50 misbranded bottles of GHB to be introduced in interstate commerce. The bottles were misbranded in that they were in package form and did not bear labels containing the name and place of business of the manufacturer, packer, and distributor or an accurate statement of the quantity of the contents in terms of weight measure and numerical count (21 USC 502(b)). The bottles were also misbranded in that the labels failed to bear the established name of the drug and adequate directions for use (21 USC 301(a); 21 USC 303(a)(2); 18 U.S.C. section 2). The disposition of the case was a guilty plea and Allen was sentenced to 33 months in prison and three years of supervised release. (F.D.C. No. 66859; S.J. No. 11).

B. Rohypnol (Flunitrazepam)

Under federal law, Rohypnol is a Schedule IV controlled substance (21 CFR 1308.14). It is unlawful to manufacture, distribute, or dispense a controlled substance. Also, it is unlawful to possess with intent to manufacture, distribute, or dispense a controlled substance. Likewise, it is illegal to create, distribute or dispense, or possess with intent to distribute or dispense a counterfeit substance (21 USC 841). The penalty under federal law pertaining to 1 gram of Rohypnol is the same as for schedule I or II controlled substances. (Schedule I controlled substances include heroin, marijuana, PCP, and LSD, among others. Schedule II controlled substances include opium, cocaine, codeine, morphine, and methadone, among others.) The penalty consists of up to 20 years imprisonment. Note that Schedule IV controlled substances, except for Rohypnol, carry a penalty of less than 3 years imprisonment and a fine. The penalty for 30

milligrams of Rohypnol is the same as that pertaining to Schedule III controlled substances. Schedule III controlled substances include anabolic steroids and some other stimulants and depressants not listed on Schedules I or II. The penalty pertaining to these substances is up to 5 years imprisonment and a fine.

It is unlawful for any person to knowingly or intentionally possess a controlled substance unless it was obtained directly from or pursuant to a valid prescription order from a licensed practitioner. Simple possession of Rohypnol carries a penalty of not more than 3 years imprisonment and a fine. The penalty for Rohypnol is singled out under the penalties for simple possession. Possession of other controlled substances carries a prison sentence of less than one year and a minimum \$1,000 fine for the first violation of the simple possession law. Thus, federal law makers have taken a tougher stance in regard to Rohypnol.

C. Ketamine (Ketaset, Vetalar)

Federal law does not schedule ketamine. Physicians and veterinarians may use this drug legally for anesthetic purposes. Dispensing the drug contrary to that indication is considered “misbranding” under the Food, Drug and Cosmetic Act (21 USC 352). Misbranding is prohibited under 21 USC 331. The penalty is imprisonment for less than 1 year. A second offense is imprisonment for less than 3 years and a fine (21 USC 333).

In 1995, an investigation by FDA agents in Missouri and New York led to fines and probation for one man and deferred prosecution for another on charges of prescription drug misbranding and product tampering. On September 8, 1995, the U.S. District Court for the Eastern District of St. Louis, Missouri, fined Joseph Schilling, 31, of St. Louis, \$1,000 with \$25 special assessment, and sentenced him to three years probation with mandatory drug testing. Schilling had pleaded guilty to drug misbranding caused by dispensing a prescription drug without a license. On October 17, 1995, the U.S. District Court for the Southern District of New York, New York City, accepted Dean Gabriel, 25, of New York City, into a six month deferred prosecution program. Gabriel was charged with product tampering. (FDA Investigators’ Reports, Illegal Use of Vet Drug Results in Fines, Probation by Dixie Farley. From the FDA Web site.)

Comparison of Date Rape Drugs in Illinois and Federal Law

<i>Drug</i>	<i>Illinois Law</i>	<i>Federal Law</i>
<p><i>Rohypnol</i> Chemical name: flunitrazepam</p>	<p>Schedule IV Manufacturing, delivering, or possessing with intent to manufacture or deliver any amount of flunitrazepam is a Class 3 felony (2 to 5 years in prison and fine).</p> <p>Knowingly possessing flunitrazepam is a Class 4 felony (1 to 3 years in prison and fine).</p>	<p>Schedule IV Manufacturing, distributing, dispensing, or possessing 1 gram of flunitrazepam with intent to manufacture, distribute, or dispense carries a sentence of imprisonment for up to 20 years. Thirty milligrams carries a sentence of imprisonment for up to 5 years and fine.</p> <p>Knowingly possessing flunitrazepam carries a sentence of up to 3 years in prison and fine.</p>
<p><i>GHB</i> Chemical names: gamma hydroxybutyrate, gamma-hydroxybutyramine, gamma hydroxybutyric acid</p>	<p>Schedule I Manufacturing, delivering, or possessing with intent to manufacture or deliver 200 grams or more of GHB is a Class X felony (6 to 30 years in prison and fine). Fifty to 200 grams is a Class 1 felony (4 to 15 years in prison and fine). Any amount less than 50 grams is a Class 3 felony (2 to 5 years in prison and fine).</p> <p>Knowingly possessing GHB is a Class 4 felony (1 to 3 years in prison and fine).</p>	<p>The FDA banned domestic sales of GHB in late 1990 and violators are charged with misbranding under the Food, Drug and Cosmetic Act (21 USC 331). The penalty is imprisonment for less than 1 year. A second offense is imprisonment for less than 3 years and a fine (21 USC 333).</p> <p>GHB is not listed as a controlled substance. It is not illegal to possess or use GHB under federal law.</p>

<p>Ketamine Brand names: Ketaset, Vetalar</p>	<p>Schedule III Manufacturing, delivering, or possessing with intent to manufacture or deliver 30 grams or more of ketamine is a Class X felony (6 to 30 years in prison and fine). Ten to 30 grams is a Class 1 felony (4 to 15 years in prison and fine). Any amount less than 10 grams is a Class 3 felony (2 to 5 years in prison and fine).</p> <p>Knowingly possessing 30 grams or more of ketamine is a Class 1 felony (4 to 15 years in prison and fine). Less than 30 grams is a Class 4 felony (1 to 3 years in prison and fine).</p>	<p>Ketamine is not scheduled under federal law, but may be administered by a licensed physician or veterinarian. Dispensing the drug contrary to that indication is considered “misbranding” under the Food, Drug and Cosmetic Act (21 USC 352). Misbranding is prohibited under 21 USC 331. The penalty is imprisonment for less than 1 year. A second offense is imprisonment for less than 3 years and a fine (21 USC 333).</p>
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Suggested Group Activities

1. **Role Playing**
Participants can role play anything from: (a) watching each others’ drinks in a bar or party setting, (b) assertively saying no to someone who attempts to give them a drink in an open container, and (c) correctly handling a potentially dangerous situation.

2. **Brainstorming**
Have participants develop slogans or jingles about the potential danger of date rape drugs.
Examples include:
“Friends watch out for their friends”
“Friends don’t let their friends drink from open containers”

3. **Activity**
If refreshments are served, soda can be put in paper cups with Xs on the bottom of some of the cups to stand for drinks that have a date rape drug in them. At some point during the date rape presentation the participants will be asked to look at the bottom of their cups and the purpose of the Xs will be explained. This will bring home how easy it is for someone to put something in a drink without anyone’s knowledge.

4. **Discussion**
If time permits, hold a discussion about why people commit sexual assault and attitudes that promote drug-assisted sexual assault.

Acknowledgments

Campus Education Kit and Prevention Education: Training Modules for Students

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Notes

Police Training and Data Collection

Goal

This section discusses the following:

1. Training offered to all patrol officers and campus police in Illinois on date rape drug seizure, pre-investigation activity at the crime scene, and first response to a victim of a sexual assault involving date rape drugs.
2. The production of a quarterly report with data on date rape drug seizures, toxicology screenings, chemical analyses, and incidents involving date rape drugs and sexual assault.

Introduction

The Police Training and Data Collection Task Force was charged with developing training standards for law enforcement personnel who may encounter victims of sexual assault, organizing training offered to all police officers and campus police in Illinois on date rape drug seizure, and collecting data on the incidents of sexual assault facilitated by controlled substances.

The task force's recommendations include state and campus data collection on sexual assaults involving controlled substances, identification and tracking of developing trends on the use of date rape drugs, and the dissemination of this information to various criminal justice agencies and educational institutions in Illinois. Additionally, the task force has drafted guidelines for implementation of an intensive two-year training effort for first responding patrol personnel. The task force's recommendations are unique as they target the seizure of controlled substances, crime scene activity, and tracking of victimization.

The task force discussed how much emphasis to place on the role of alcohol as it relates to sexual assault. The task force acknowledged that alcohol-related sexual assault incidents are certainly more prevalent than so-called date rape drug incidents. However, since government and nonprofit agencies have little data on the prevalence of date rape drug incidents, we wanted the focus of our efforts to remain on date rape drugs. By collecting these data, we have the ability to detect whether the date rape drug problem is increasing, identify the areas in Illinois where there is increased activity, and monitor the number of reported campus-related activities. The issue of alcohol can be discussed in the task force's proposed statewide trainings for patrol officers and campus police on sexual assault and date rape drugs.

Police Training

The Illinois State Police Intelligence Bureau will initiate an intensive two-year training effort to educate patrol officers and campus police on the procedures to be followed when encountering sexual assault victims, particularly those who may have been additionally traumatized by the use of a controlled substance in the effectuation of the crime. Specific course topics will include victim/witness questioning, evidence retention, recognition of date rape drug indicators, and the availability/proffering of victim counseling services.

The Illinois State Police Academy, working in conjunction with crisis intervention specialists and the Illinois Law Enforcement Training Board, will develop the specific curriculum and oversee its delivery. Sources identified for use in conjunction with the program delivery include the mobile training units, Regional Institute for Community Policing, University of Illinois at Chicago, police training institutes, and universities/campus police training coordinators.

In addition to the on-scene responder training, the task force endorsed a plan that calls for the education of patrol officers in the interdiction of date rape drugs and their precursors. An aggressive

campaign to reduce the availability of these insidious drugs will result in a marked decrease in their availability for campus use. The Illinois State Police's drug interdiction coordinator will be assigned the development of a three-hour training curriculum on date rape drugs to be incorporated in the Operation Valkyrie classes which are delivered to state, county, and local law enforcement officers throughout Illinois. This training will also be offered for presentation to metropolitan enforcement groups and task forces and at drug investigator conferences. Accreditation for both training blocks will be sought through the Illinois Law Enforcement Training and Standards Board. The training will go through how to recognize date rape drugs and their physical effects, as well as study the interdiction of these drugs.

Data Collection

During its review of the date rape drug problem, the task force discovered that no single system exists in Illinois to assemble data from diverse sources regarding the incidents of sexual assaults facilitated by the use of controlled substances. The inherent difficulties associated with the detection of date rape drugs in sexual assault victims contributes to skewed perceptions and false assumptions regarding the actual scope of the problem. By analyzing data from a number of different sources, however, the task force believes that a definitive, ongoing assessment of the date rape drug problem in Illinois can be achieved.

The Illinois State Police Intelligence Bureau will be responsible for the collection and analysis of date rape drug data. Proposed statewide data sources include:

Seizure Statistics

The Illinois State Police Intelligence Bureau will identify, develop, and implement procedures for the statewide collection of date rape drug seizure statistics, including drugs seized by state police personnel. Additionally, correspondence will be drafted by the task force for signature by the Illinois Attorney General soliciting the cooperation of all other police agencies within the state in the reporting of date rape drug seizures to the Illinois State Police on a monthly basis. The advent of a statewide incident reporting system will alleviate the need to manually report these statistics in the future. The task force recommends guidance be given to the system developers to ensure the design of the incident reporting system is compatible with this application.

Toxicology Screenings

State forensic laboratories will be required to report the results of each toxicological analysis administered to a sexual assault victim that indicates the presence of a controlled substance.

Chemical Analyses

State forensic laboratories will report the number and qualitative standards of all date rape drug submissions analyzed by their chemists to the Illinois State Police Intelligence Bureau on a monthly basis.

Number of Incidents of Sexual Assaults Involving Date Rape Drugs

The Illinois Coalition Against Sexual Assault (ICASA) has agreed to provide the Illinois Criminal Justice Information Authority with information about suspected date rape drug cases reported by their clients. Specific information to be provided includes:

- The number of victims who indicate they were drugged before being sexually assaulted;
- The month each victim first contacted the rape crisis center;
- The county in which each sexual assault occurred; and

- Whether the sexual assault was campus-related.

These data, unavailable outside the ICASA network, are viewed as an invaluable resource by the task force in its effort to define the date rape drug problem in Illinois. The figures are not meant to provide a total picture of date rape drug sexual assault activity statewide; rather, the numbers serve to alert government and nonprofit agencies to significant changes that may occur in Illinois.

Other Police Reports

The Illinois State Police will solicit other police agency reports detailing sexual assaults. These reports will be analyzed to determine their applicability to the date rape drug data collection process.

Summary Report

The Illinois State Police Intelligence Bureau will prepare a summary report on the prevalence of date rape drugs on a quarterly basis. Advanced mapping applications and spatial analyses will be used in the graphical presentation of the data. The report will be disseminated to the Illinois Office of the Attorney General and task force members. Additionally, this report will be posted on the Illinois State Police's Web site for access by all law enforcement agencies, universities and colleges, and members of the public. This collection effort will last for a term of two years after implementation of the law enforcement training protocol. The assessment process may be extended in the interest of public safety if such action is deemed necessary and appropriate by the Illinois Attorney General.

Conclusion

Through its series of meetings, the task force developed the following recommendations for implementation of a data collection system and administration of a law enforcement training program:

- The Illinois State Police Intelligence Bureau will be given responsibility for formulating the data analysis process;
- Statewide data collection efforts will focus on targeted drug seizure statistics, toxicological screenings, chemical analyses, ICASA reports, and other law enforcement agency reports;
- The Illinois Attorney General will, through a correspondence campaign, solicit cooperation from law enforcement agencies to report all seizures of date rape drugs to the Illinois State Police;
- An intensive one-year training effort should be launched to educate patrol officers and first responders to effectively interact with victims of sexual assault;
- The Illinois State Police Academy, working in conjunction with victim advocacy personnel and the Illinois Law Enforcement Training Board, will be responsible for coordinating the development and delivery of the training curriculum to police officers and campus security personnel;
- Development of a three-hour instructional program to facilitate the interdiction of date rape drugs and their precursors will be assigned to the Illinois State Police's drug interdiction coordinator; and
- Accreditation/approval of all training programs will be sought from the Illinois Law Enforcement Training and Standards Board by the Illinois State Police Intelligence Bureau.

Acknowledgments

Police Training and Data Collection

The Office of the Attorney General would like to thank the following committee members for their time and guidance while participating on the Police Training and Data Collection Task Force:

Dan Carter (Cochair), Illinois Office of the Attorney General
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Scott Keenan, Chicago Police Department
Don Knapp, Illinois State University Police
Kirk Lonbom, Illinois State Police
Gerry Ramker, Illinois Criminal Justice Information Authority
William Schwartz, Illinois Office of the Attorney General
Karin Swanson, Illinois Office of the Attorney General

Legislative Recommendations

The Legislative Task Force of the Emergency Campus Summit on Date Rape Drugs met in May to discuss the status of legislation created from pledges developed at the summit and to discuss future proposals. The task force also discussed legislative proposals for the next legislative session. These ideas are incorporated into the final report. The task force will meet in September to draft legislation for the 1999 General Assembly session.

In the time between June and September, task force members researched the feasibility and effectiveness of the proposals. Suggestions discussed were:

- Publicize new laws pertaining to date rape drugs;
- Create a legend drug law in Illinois;
- Create a provision similar to a rape shield law for drugs (Protect the sexual assault survivor from the release of unnecessary laboratory information);
- Discuss enforcement of the Federal Student Right-To-Know and Campus Security Act with federal officials; and
- Expand the Illinois Campus Security Act to include independent colleges. Attach consequences for noncompliance with the act.

Emergency Campus Summit Pledges

Created at the Emergency Campus Summit on Date Rape Drugs

Pledge 1 Expand the Attorney General's Violent Crime Commission to include a student and an administrator from an institution of higher education in Illinois.

Status: Accomplished

Representative Patricia Lindner introduced House Bill 3279 to expand the Attorney General's Violent Crime Commission to include a student and an administrator from a public institution of higher education in Illinois. A Senate amendment changed the language to include a student and an administrator at a public or independent institution. The House concurred with the amendment. The bill passed both chambers and awaits the Governor's signature.

Pledge 2 Discuss enforcement of the Federal Student Right-To-Know and Campus Security Act with federal officials.

Status: In Progress

The Legislative Task Force would like to ensure that colleges are accountable for the accuracy of the crime reports created pursuant to the Federal Student Right-to-Know and Campus Security Act. The task force learned that while campuses disclose crime reports, the federal government does not audit the accuracy of the reports nor does it check to see if the reports comply with the procedures set forth in the Federal Register. The penalty for not complying with the law would be a loss of federal aid; however, there is no indication that the Department of Education has any intent to audit the reports closely and demand compliance.

Recently, a school on the east coast was in the news for inaccurate statistics and underreporting. The Legislative Task Force will continue to monitor news and determine whether the U.S. Department of Justice or Department of Education takes any action.

The Illinois Board of Higher Education suggested that enforcement issues should be addressed at the federal level with the Department of Education and the Department of Justice. The Office of the Attorney General will address its concerns with those federal entities before the end of the summer.

Pledge 3 Enact legislation making it a crime to place a controlled substance in another's food or drink.

Status: Accomplished

This proposal was pursued in Senate Bill 1224, now Public Act 90-735. The Legislative Task Force researched the status of the law and whether a specific provision as a new law is feasible or practical. It found that existing laws addressing aggravated battery, especially with the provisions of Senate Bill 1224 and the attempt provisions of the Criminal Code, will adequately address the crime suggested.

The law, incorporating the language of P.A. 90-735 for aggravated battery, reads: "A person who

administers to an individual or causes him to take, without his consent or by threat or deception, and for other than medical purposes, any intoxicating, poisoning, stupefying, narcotic, anesthetic or controlled substance commits aggravated battery.” (720 ILCS 5/12-4) A person commits attempt when, “with intent to commit a specific offense, he does any act which constitutes a substantial step toward the commission of that offense.” (720 ILCS 5/8-4) Thus, the inchoate crime of attempt when added to the offense of aggravated battery would cover placing a controlled substance in another’s drink. Legislation need not be pursued because the statute constitutes the current crime of Attempted Aggravated Battery.

Pledge 4 Expand the Illinois Campus Security Act to include independent colleges. Attach consequences for noncompliance with the Act.

Status: In Progress

The Legislative Task Force explored the role of the Illinois Board of Higher Education (IBHE) vis a vis independent colleges in Illinois. Public and independent colleges in Illinois receive state funding through a variety of grant programs administered by the IBHE and the Illinois Student Assistance Commission. A component could be added to the award process requiring all colleges to comply with the Illinois Campus Security Act. In effect, receiving monies from these grant programs may be contingent upon an assurance that the college or university complies with the Illinois Campus Security Act. The Legislative Task Force will continue to research the Illinois Higher Education laws.

Another task force created at the summit is working on implementing the community task forces required under the Illinois Campus Security Act. The Attorney General has met with Jerry Blakemore, Chairman of the Board for IBHE. Chairman Blakemore has expressed his support for a cooperative endeavor between IBHE and the Office of the Attorney General in seeing that all Illinois colleges comply with the Illinois Campus Security Act.

Public Act 90-735 (formerly Senate Bill 1224)

Senate Bill 1224, introduced by Kirk Dillard, makes it an aggravating factor to administer a controlled substance to a victim for the crimes of sexual assault, sexual abuse, and battery. The Senate amended the bill to incorporate suggestions from the Emergency Campus Summit on Date Rape Drugs held in January. The Senate adopted amendments adding the crimes of robbery and predatory sexual assault of a child. A provision pertaining to protocols for emergency room personnel and law enforcement for advising victims was added. Also added to the bill was a provision stating that, in prosecution for the crime, no inference can be made at trial that the victim did not consent to a drug test. The House added Amendment #1 requested by the Illinois State Medical Society. The amendment added provisions that the drugs administered must be for other than medical purposes. It also added a provision that the victim must consent in writing to have a blood sample tested within 48 hours after it is taken. Medical treatment can only be performed with the order of a licensed physician. The Senate concurred with the House amendment. The bill passed both chambers and was signed into law and became effective on August 11, 1998. For excerpts from P.A. 90-735, see page 118 of this manual.

Legislative Task Force Proposals

The following ideas were suggested at the Legislative Task Force meeting. Any legislation will be pursued for the 1999 Legislative Session.

Publicize new laws pertaining to date rape drugs

Legislative Task Force members agreed that, while passing new laws is a good step, a public relations effort must also be made. Prosecutors including those at the Office of Attorney General and State's Attorney's Office should know about the crimes and the drug scheduling. Police departments need to know the categories of the crimes and get a better understanding of the drugs and the scheduling. Institutions of higher learning need to understand the new laws that may affect them and their students. The trainings now being given for police, hospitals, and colleges are a direct response to this recommendation.

Create a legend drug law in Illinois

Indiana has a legend drug law that assists law enforcement with prosecuting drug crimes for items that are not scheduled as controlled substances, but do have a potential for abuse. Currently, drugs that are not scheduled yet are sold illegally are merely covered under the Food and Drug Act. The penalties under that act are rather lenient and the offender is charged with misbranding. A legend drug law would assist law enforcement with prosecution of crimes involving drugs that show a potential for abuse but are not covered in the Controlled Substances Act. The task force would like to have discussions with the Illinois State Police and determine their thoughts on the creation of a legend drug act.

Create a provision similar to a rape shield law for drugs

The task force will assess the possibility of creating a provision similar to the rape shield law that will protect a victim's entire blood or urine sample from scrutiny at trial. Currently, if a blood or urine sample is taken, the defense has equal access to it for tests and any other substances the victim has ingested will be subject to scrutiny. This was discussed during the 1998 legislative session and there are constitutional issues involved. The task force also hoped that a test would be able to show only the existence of date rape drugs and no other substances. Nevertheless, defense counsel must have access to the sample and should run its own tests. Merely testifying as to the classic signs of being drugged would not be adequate at trial. The testimony would need some corroboration including an eyewitness, an admission of guilt (a statement against interest), or a blood/urine test for the drugs.

The task force indicated that the item that would be most helpful for a witness would be a blood/urine test limited to date rape drugs. A task force member contacted the DEA and determined that such a test is not currently available. The DEA indicated that the instances requiring such a test are minimal at this time and GHB leaves the body so quickly that the test would rarely be used.

An alternative solution to a "Drug Shield Law" solution would be to shield certain substances from scrutiny at trial. These excluded substances could include oral contraceptives, antipsychotic drugs, and antidepressants.

Acknowledgments

Legislative Task Force

The Office of the Attorney General would like to acknowledge the following Legislative Task Force members and thank them for their dedication to preventing sexual assault and combatting the use of date rape drugs as weapons against young women.

Carol Yates (Chair), Lt. Governor's Office
Lisa Lopez Palmer, Logan Square YWCA
Claudia Kasten, Lake Co. State's Attorney's Office
Mark Schilling, Rush University
Sue Gorman, OASA
Vicki Sides, Rape Hotline Metro YWCA
Mary Barber-Reynolds, Lt. Governor's Office
Charles Cannon, Peoria Police Department
Tim Sheridan, Western Illinois University
Lyn Schollett, ICASA
Patricia Lindner, State Representative
Paula Peterson, Rockford Sexual Assault Counseling, Inc.
Tim Rock, Illinois Board of Higher Education
Gregory VanPraag, Village of Oblong Police Department
Jim Finley, Illinois State Police
Mary Seminara-Schostok, Associate Judge 19th Circuit Court

Notes

Appendix

Common Uses and Services for Three Common Date Rape Drugs

Gamma Hydroxybutyrate (GHB)

GHB is a medicine originally designed as a preoperative anesthetic and natural sleep aid. GHB became popular in the 1980s among the bodybuilding community because it functioned like a steroid. In the late 1980s and early 1990s, college students looking to get a quick high used GHB recreationally. The FDA has not permitted any use of GHB outside of FDA-approved research trials regarding treatment of narcolepsy. After losing its popularity in the late 1980s, GHB again became popular for use as a date rape drug in the mid 1990s.

GHB, a.k.a. “Liquid G” and “G,” is a powerful synthetic drug that acts as a depressant on the central nervous system. It is marketed in liquid, pill, and powder form. It is being marketed on the Internet as an aphrodisiac, as an aid for sleep, and for its alcohol-like high. Mostly, bodybuilders and young people attending parties and nightclubs use this drug.

Rohypnol

Rohypnol is the brand name for flunitrazepam. This drug is classified in the same pharmaceutical family as Valium, although it is ten times more powerful. It is a potent and fast-acting sedative, prescribed by doctors for severe and debilitating sleep disorders since 1975. Rohypnol has never been approved for any medical use in the United States. The severe mental incapacitation and amnesia produced by Rohypnol make it difficult, if not impossible, for rape victims to recall the circumstances surrounding a sexual assault.

Ketamine

In the United States, Ketamine is an anesthetic approved primarily for veterinary use; however, it is also used in human surgeries. Ketamine’s brand names include Vetalar and Ketaset. This drug produces effects similar to those of PCP or LSD. Users either snort or swallow the drug as a powder, or swallow or inject it into muscle as a liquid. Use of ketamine has been reported at teen “rave” parties.

Illinois Law Pertaining to Date Rape Drugs

Prepared by the Office of the Attorney General, Bureau of Program Development

Illinois Laws Addressing Possession & Trafficking of Three Common Date Rape Drugs

Rohypnol

Flunitrazepam (the chemical name for Rohypnol) is a Schedule IV controlled substance in Illinois. (720 ILCS 570/210). Under Illinois law, Schedule IV substances are those that show a low potential for abuse and have a currently accepted medical use. Abuse of the substance may lead to limited physiological or psychological dependence. (720 ILCS 570/209). Manufacturing, delivering, or possessing with intent to manufacture or deliver any amount of flunitrazepam is a Class 3 felony subject to imprisonment for 2 to 5 years and a fine of \$100,000. (720 ILCS 570/401). Knowingly possessing flunitrazepam is a Class 4 felony subject to 1 to 3 years imprisonment and a maximum fine of \$15,000. (720 ILCS 570/402).

Ketamine

Ketamine (brand names Ketaset and Vetalar) is a Schedule III controlled substance in Illinois. (720 ILCS 570/208(c)(14)). It was recently classified as such through House Bill 70 in 1997, approved and effective August 15, 1997. (Public Act 90-382). Manufacturing, delivering, or possessing with intent to manufacture or deliver 30 grams or more of ketamine is a Class X felony (6 to 30 years in prison and fine). (720 ILCS 570/401(a)(10.5)). Ten to 30 grams is a Class 1 felony (4 to 15 years in prison and a maximum fine of \$150,000). (720 ILCS 401(c)(10.5)). Any amount less than 10 grams is a Class 3 felony (2 to 5 years in prison and a maximum fine of \$125,000). (See 720 ILCS 570/401(e)(10).) Knowingly possessing 30 grams or more of ketamine is a Class 1 felony (4 to 15 years in prison and fine). A provision specifically addressing possession of ketamine was added by House Bill 70. Possession of less than 30 grams is a Class 4 felony (1 to 3 years in prison and fine). (720 ILCS 570/402).

GHB

GHB is a schedule I controlled substance in Illinois. It became a controlled substance in Illinois through the passage of House Bill 70 in 1997 (approved and effective 8/15/97). It is illegal to manufacture, deliver, or possess with intent to manufacture or deliver. Two hundred grams or more is a Class X felony (6 to 30 years in prison and a maximum fine of \$500,000). (720 ILCS 570/401(a)(11)). Fifty to 200 grams is a Class 1 felony (4 to 15 years in prison and a maximum fine of \$250,000). (720 ILCS 570/401(c)(11)). Any amount less than 50 grams is a Class 3 felony (2 to 5 years in prison and a maximum fine of \$150,000). (See 720 ILCS 570/401.)

Knowingly possessing GHB is a Class 4 felony (1 to 3 years in prison and fine). (720 ILCS 570/402).

Public Act 90-735 (formerly Senate Bill 1224)

Senate Bill 1224 was introduced by Kirk Dillard in December 1997. The bill makes it an aggravating factor to administer a controlled substance to a victim for the crimes of sexual assault, sexual abuse, and battery. The Senate amended the bill to incorporate suggestions from the Emergency Campus Summit on Date Rape Drugs held in January. The Senate adopted amendments adding the crimes of robbery and predatory sexual assault of a child. A provision pertaining to protocols for emergency room personnel and law enforcement for advising victims was added. Also added to the bill was a provision stating that in prosecution for the crime, no inference can be made at trial that the victim did not consent to a drug test.

The House added Amendment #1 requested by the Illinois State Medical Society. The amendment added provisions that the drugs administered must be for other than medical purposes. It also added a provision that the victim must consent in writing to have a blood sample tested within 48 hours after it is taken. Medical treatment can only be performed with the order of a licensed physician. The Senate concurred with the House amendment. The bill passed both chambers and was signed into law and took effect on August 11, 1998.

Public Act 90-735 (Formerly Senate Bill 1224)

Relevant Excerpts

SYNOPSIS: AN ACT in relation to criminal law, amending named Acts.

WHEREAS, It is the intent of the General Assembly to prevent the use of controlled substances to commit crimes, including criminal sexual assault, against people in this State, and the General Assembly has determined to accomplish this by imposing criminal penalties for that use of controlled substances; therefore

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Sec. 12-4. Aggravated Battery.
720ILCS 5/12-4

Class 3 felony

(c) A person who administers to an individual or causes him or her to take, without his or her consent or by threat or deception, and for other than medical purposes, any intoxicating, poisonous, stupefying, narcotic, anesthetic, or controlled substance commits aggravated battery.

Sec. 12-14. Aggravated Criminal Sexual Assault.
720ILCS 5/12-14

Class X felony

(a) The accused commits aggravated criminal sexual assault if he or she commits criminal sexual assault and any of the following aggravating circumstances existed during, or for the purposes of paragraph (7) of this subsection (a) as part of the same course of conduct as, the commission of the offense...

(7) The accused delivered (by injection, inhalation, ingestion, transfer of possession, or any other means) to the victim without his or her consent, or by threat or deception, and for other than medical purposes, any controlled substance.

Sec. 12-14.1. Predatory Criminal Sexual Assault of a Child. Class X felony (50-60 yrs).
720ILCS 5/12-14.1

(a) The accused commits predatory criminal sexual assault of a child if:

(3) the accused was 17 years of age or over and commits an act of sexual penetration with a victim who was under 13 years of age when the act was committed and the accused delivered (by injection, inhalation, ingestion, transfer of possession, or any other means) to the victim without his or her consent, or by threat or deception, and for other than medical purposes, any controlled substance.

Sec. 12-16. Aggravated Criminal Sexual Abuse.
720ILCS 5/12-16

Class 2 felony

(a) The accused commits aggravated criminal sexual abuse if he or she commits criminal sexual abuse as defined in subsection (a) of Section 12-15 of this Code and any of the following aggravating circumstances existed during, or for the purposes of paragraph (7) of this subsection (a) as part of the same course of conduct as, the commission of the offense:

(7) the accused delivered (by injection, inhalation, ingestion, transfer of possession, or any other means) to the victim without his or her consent, or by threat or deception, and for other than medical purposes, any controlled substance.

Sec. 12-18. General Provisions.

(f) whenever any law enforcement officer has reasonable cause to believe that a person has been delivered a controlled substance without his or her consent, they shall advise the victim about seeking medical treatment and preserving evidence.

(g) in a hospital, whenever any emergency room personnel has reasonable cause to believe that a person has been delivered a controlled substance without his or her consent, personnel designated by the hospital, other than a physician licensed to practice medicine in all of its branches, shall provide:

(1) an explanation to the victim about the nature and effects of commonly used controlled substances and how such controlled substances are administered.

(2) an offer to the victim of testing for the presence of such controlled substances.

(3) a disclosure to the victim that all controlled substances or alcohol ingested by the victim will be disclosed by the test.

(4) a statement that the test is completely voluntary.

(5) a form for written authorization for sample analysis of all controlled substances and alcohol ingested by the victim.

No sample analysis may be performed unless the victim returns a signed written authorization within 48 hours after the sample was collected.

Any medical treatment, care, or testing shall only be in accordance with the order of a physician licensed to practice medicine in all of its branches.

Section 95. Severability. The provisions of this Act are severable under Section 1.31 of the Statute on Statutes.

Section 99. Effective date. This Act takes effect upon becoming law.

HISTORY:

Approved 8-11-98

Effective 8-11-98

Illinois Stalking Laws

A person guilty of **stalking** knowingly and without justification on at least 2 separate occasions follows the victim and/or places the victim under surveillance and threatens or places the victim in fear of immediate or future bodily harm, sexual assault, confinement, or restraint. A violation of the stalking law is a Class 4 felony punishable by imprisonment of one to three years. A second violation of stalking is a Class 3 felony punishable by two to five years imprisonment. 720 ILCS 5/12-7.3.

Aggravated stalking consists of the normal stalking offense along with actual bodily harm, confinement, or restraint of the victim. Also, a stalker violating a temporary restraining order, an order of protection, or an injunction prohibiting this behavior may be guilty of aggravated stalking. A conviction constitutes a Class 3 felony punishable by two to five years imprisonment. A second or subsequent conviction for aggravated stalking is a Class 2 felony punishable by seven to fourteen years imprisonment.

Notes

THE SAFETY NET LAS 100 FACILITATORS MANUAL

Developed as part of a University of Illinois at Chicago Institution-Wide Alcohol and Other Drug and Violence Prevention Program, UIC SafetyNet.

Authors: Gail Stern, Dr. Rebecca Gordon, Angela Johnson MPH-CHE and Dr. Karen Maddi

Funded by the U.S. Department of Education.

OK. This won't be as scary as you think it might be. We have put together a step-by-step manual that will cover everything from the points you need to cover to creative ways of covering those points. Each section will have headings that let you know the goals of the exercise and the strategies for achieving those goals. Just familiarize yourself with the material, prepare yourself for bizarre questions and above all, have fun. **Some helpful hints on how to use this guide:**

1. **If it's in a box (like this) DON'T SAY IT.** These are instructions only for you. If you say what's in the box, you will look like an idiot.
2. **If it's NOT in a box, DO say it.** This is essentially a script, with the "stage directions" in boxes and in italics.
3. **Use the SafetyNet Outline provided for you.** It will give you a "presentation-at-a-glance" view of this program, and make it easier for you to budget your time while presenting. This is the very next page (page 2) of the manual.

IMPORTANT: Make copies of the list of Campus Resources

I. INTRODUCTIONS (1-2 MINUTES)

"Hi, My name is _____ and this is _____ and we will be leading today's class. I'm a _____ major and have been at UIC _____ years (*Insert any other brief ways you want to identify yourselves.*) We are both students at UIC who have completed paraprofessional training at UIC and are now peer educators/peer counselors. By the way, this is an exciting opportunity that is available to students and we'd be happy to tell you more about our program at the end of class.

Today, your professor invited us to be a part of this LAS 100 class to talk with you about some important issues that relate to being comfortable at school. For example, we'll be discussing safety factors that relate to violence, and what you can do to be safer on campus.

SAFETY NET OUTLINE

I. Introductions

II. Perceptions of Safety

A. Questions and Discussion Exercise with Class

1. What does the word “safety” mean to you?
2. Why do violent things happen?
3. What “rules” do we have to keep us safe?
4. Where do violent things happen (in general, and at UIC)?

B. Misconceptions about Violence

1. We often blame the victim.
2. Victims often blame themselves.
3. Violence just doesn’t happen at night or at deserted parts of campus.
4. Violence is not a penalty for being stupid or unaware.
5. Violence is not committed primarily by strangers or people from “the bad parts of campus.”
6. Trust isn’t given, it’s earned.

III. Alcohol and Drug Abuse Prevention and Awareness

A. “Take a Step Closer...” Exercise

B. Tolerance and Gender

C. Alcohol and Acquaintance Rape

IV. Exploring Misconceptions About Rape

A. Rape Myth Blackboard Exercise

1. Most rapes are committed by strangers.
2. Most rapes are just misunderstandings, or crimes of passion.
3. We all know that many women say no when they mean yes.
4. Sexual Assault isn’t that common.
5. Most people lie about being raped, anyway.
6. People can consent to sex when they’re drunk.

V. Joining a Community and Committing to Make it Safe

A. Good communication is key

1. be explicit about what you will and won’t do (drinking, sexually)
2. clear consent or non-consent
3. listen and hear what others tell you about their needs and limits

B. Listen to your little voice (if a situation feels bad, it probably is)

C. Don’t succumb to peer pressure

1. Know your own limits
2. Don’t allow others to be bullied

D. Watch out for your friends (if they're drunk, if someone is trying to take advantage of them when they can't defend themselves).

E. Campus Resources (for yourself and others)

II. DISCUSSION: PERCEPTIONS OF SAFETY (20 MINUTES)

Goals of section:

1. *To get students actively participating in a discussion about safety issues.*
2. *To get a read on this particular group's views.*
3. *To introduce the five major themes of the misconceptions of violence (Section IIB)*

Strategies:

1. *Paraphrase or restate each answer as a student calls it out. This allows others to hear it when a student has spoken softly, and it conveys and checks out your understanding to the student.*
2. *Let there be a moment of quiet if students do not readily volunteer answers. Sometimes people have to think and let there be a little space to talk.*
3. *You should also encourage answers and add to the list if the group does not cover some important possibilities*
4. *Keep this entire discussion to no more than 20 minutes. If students begin to talk a lot about an issue, be prepared to thank them for their answers and explain that you need to move on to cover everything. (Your job is to paraphrase students' answers; that is, rephrase in your own words to express what you understand and to check out with the student if you are hearing*

A. Questions and Discussion Exercise with Class

Instructions:

1. *Divide the blackboard/dry-erase board into four sections labeled "SAFETY," "WHY," "RULES," and "WHERE."*
2. *Ask each question of the class as you write it down on the board, and write people's answers beneath the appropriate section without evaluating the answer. You'll have plenty of time to emphasize the points later. Continue the same procedure with each of the following questions.*

Let's start with a pretty basic question—"What does the word "Safety" mean to you?"

What does it make you think of?”
“Why do violent things happen?”

“What kinds of rules have you been given to live by--now that you are at college--that relate to being safe or that could possibly make you less safe? For example, what have your parents told you about how you should behave with others and how you expect others to treat you? What have your older brothers and sisters, and/or your friends told you about how you should live and what to expect? Who else has given you a set of rules and what are they?”

“Where do violent things happen (in general, and at UIC)?”

B. Misconceptions about Violence

Instructions:

1. Review each of the following points and make sure you incorporate the answers the students gave you as examples when appropriate. Make sure you can relate these key themes to the students' points.
2. Use the transition statement, “Now let's go over our answers and highlight the major themes that relate to how we look at violence” to get you from the discussion section to this section.
3. **IMPORTANT: THE HEADINGS BELOW ARE GUIDES—NOT TO BE READ WORD-FOR WORD.** This is a challenging section, where you will have to be comfortable with the themes. Just use the material below to guide you.

“Let's go over our answers and highlight the major themes that relate to violence.”

1. WE OFTEN BLAME THE VICTIM. Many of the points listed under “why does violence happen” and the “rules” for safety strongly imply if not state explicitly that the RESPONSIBILITY for avoiding violence is the potential victim's. **For example**, under rules you might get answers like, “Don't walk alone at night” or “Don't go to a guy's room at night.” Again, this implies that it's the victim's actions, not the offender's, that caused the violence. It is critical that you address the fact that one of the reasons society does this is to feel safe, and to have control over their lives. By thinking that the victim DID SOMETHING/DIDN'T DO SOMETHING to cause/not prevent the crime, enables people to feel like all they have to do is not do what the victim did, and they'll be safe.

2. VICTIMS OFTEN BLAME THEMSELVES. Many of the points listed under “rules for safety” relate to this point. **For example**, victims may say, “I shouldn’t have been drinking,” “I shouldn’t have been wearing that,” “I shouldn’t have carried all that cash.” Victims often feel better and safer if they feel the assault/rape/mugging was their fault. It’s easier for them to think that there are things that they should and shouldn’t do—the rules that we follow—that will guarantee their safety. It’s much harder to think, “It’s a nasty, scary world out there and there’s nothing I can do to protect myself.”

3. VIOLENCE JUST DOESN’T HAPPEN AT NIGHT, OR ON DESERTED PARTS OF CAMPUS. Let’s look at our list of “where violent things happen.” Again, it’s like we want to believe that violence happens at predictable times—only nighttime—and in predictable places—a deserted alley—so that we think we can avoid being hurt. In reality, violence can occur in all places, and all times. **For example**, there was a rape that occurred on Halloween of ’96 that happened at 2pm in a bathroom at CCC near a busy campus office. Another common location for a sexual assault can be one’s own home, the home of the rapist, or a residence hall room.

4. VIOLENCE IS NOT A “PENALTY” FOR BEING STUPID, OR UNAWARE. This relates in part to where and why we believe violence happens. Regardless of how easy a victim might make it for someone to hurt them, the offender ALWAYS HAS A CHOICE **NOT** to hurt them. How many times have you done something really risky and gotten away with it? Sometimes we know while we’re doing it that the behavior is unsafe; often we realize only afterwards that we got away lucky. Either way, if we got away with it, would it be right for someone to come up to us later and say, “Sorry, but I just saw you do that really stupid thing and get away with it...I’m going to have to hit you with this brick.” We’d think THAT was insane. Yet often when we talk about rape, we say things like, “Well, she should have known better than to go to his room.” Or, “She was asking to get hurt by drinking so much.”

Instructions:

- 1. When the issue of the victim going to someone’s apartment or dorm room comes up, insert the “come up to my room because...” exercise and the “what is a bed used for” exercise (shown below.)*
- 2. Ask the students the questions listed below.*
- 3. Point to one student at a time and ask for an answer; possible responses are included after each question. After each response, thank the student and point to another student until the class runs out of answers.*
- 4. Move on to the next question or statement.*

This brings up an interesting point—let’s brainstorm for a moment. What are some reasons that you might go up to someone’s residence hall room that you know? (Possible responses: to study, watch TV, eat dinner, work on the computer, borrow books, clothes, food, talk, hang out, MAKE OUT)

Okay, let’s try another one: What’s a bed used for besides sex?
(Possible responses: table, couch, closet, study area)

So you can see that there are a lot of good reasons to go up to someone’s room and sit on their bed. No one would do this, or engage in any kind of behavior if they ACTUALLY THOUGHT, “I’m going up to so-and-so’s room to be raped, or hurt, or otherwise taken advantage of.”

5. VIOLENCE IS NOT COMMITTED PRIMARILY BY STRANGERS, OR PEOPLE FROM THE “BAD PARTS OF CAMPUS” (answers could include dark places, stairwells, or near public/low-income housing). Often, students create their list of “rules for safety” or “why or where violent things happen” based on **misconceptions** of why crimes happen and who commits these crimes. Although many crimes are committed because of poverty, jealousy and anger, and although some crimes are committed in more “dangerous areas” the majority of crimes are in fact committed by people we know, and in areas that we already thought were safe. Often students think that because of its urban location, the dangers associated with being a student at UIC often have more to do with the people who live in the low-income housing on Taylor Street (specific) or “those people” (vague generality.) It is important that we address this assumption for a number of reasons:

- A) FACT: We are hurt more by the people we know.**
- B) While there are risks to living in a city, any city, blaming the poor or one particular ethnic group for all the violent acts committed is racist and classist. People of all races and economic levels commit crime.**
- C) Scapegoating “those people” is not only shortsighted thinking, but could potentially endanger you. If you’re convinced that only “those people” will hurt you, you may not be aware of the far more substantial risks posed by the people you DO know, and who ARE like you. In fact, most crime occurs between people of the SAME RACIAL OR ETHNIC GROUP.**

It is important that we refute these misconceptions, and really examine why we believed them in the first place, and where we learned how to think that way.

This brings up another critical point: TRUST ISN’T JUST GIVEN—IT’S EARNED. (This point can fit under both the sections of “Rules for Safety” and “Why Violence Happens”) Let’s talk about how we learn to trust the people we currently call our “best friends.” How many of you have known their best friend for more than 5 years; for more than 10 years...etc. Did you trust that person IMMEDIATELY—the first day you met him

or her? Do you think there's a lot of pressure on making friends quickly once you get to college? Do you think this might give you a false sense of trust and intimacy? Do they think this could be dangerous? Trust should be earned, not freely given. How do you all feel about that?

III. ALCOHOL AND DRUG ABUSE PREVENTION AND AWARENESS (5-7 MINUTES)

Goals for this Section:

1. To get people up and moving.
2. To create a sense of unity among the group.
3. To have the group see the diversity of experiences that people have had with alcohol.

The next part of our program will focus on the role of alcohol in campus life.

A. "Take a Step Closer..." Exercise

1. I'd like for everyone to get up out of their seats and line up against the back of the room.
2. Now that everyone is lined up, I am going to proceed by making several statements.
3. If you can identify with the statement, take one step closer to me.
4. If you cannot identify with a particular statement, please remain where you are.

(REPEAT the 1st sentence "Take one step closer..." before each statement)

Take one step closer to me if you or a friend:

- is under 21
- has ever smashed or broken something while under the influence
- has had alcohol in the past 30 days
- has ever played drinking games
- has taken care of a drunk friend or family member
- has had 5 or more drinks in one sitting
- has been embarrassed or regretted something you did after drinking
- knows someone you consider that has a drinking problem
- has attended a party this summer
- has driven while under the influence

- has been directly or indirectly involved w/ violence in relation to alcohol use
- finally, take one step closer to me if the majority of your friends drink alcohol
- was arrested for a DUI

Great job - thanks for being so honest. Before you go back to your seats, please take a look around the room. Just by looking around the room, you can see that there are varying experiences with alcohol. Some of your experiences are similar, some are very different.

Now, for those of you closer to the back of the room

- You or people that you know probably have made the choice either not to use or use very little alcohol
- Typically about 35% of UIC student make this choice
- Believe it or not, about the same percentage (33%) would prefer to not have alcohol available at parties they attend

For those of you closer to the middle of the room:

- Perhaps you see your use as a "normal" part of the college experience
- You may also have experienced some of the consequences associated with using alcohol
- About 50% underage students drink

Now, for those of you who were the closest to me:

- You've definitely experienced some consequences of alcohol, and often it may have not been your choice, or in your power to control it. When the people around us drink, we are affected by them whether we like it or not.
- You probably also have a lot of contact with others who use alcohol
- About 35% of UIC students report some form of public misconduct (e.g., they've either experienced getting in trouble w/ police, fighting/arguing with other people, have been stopped and convicted of DWI/DUI, or been taken advantage of sexually)
- 1/4 students had experienced serious personal problem (for example--thought about suicide, been hurt or injured) at least once

B. Tolerance and Gender

Not only do people have different habits and experiences regarding alcohol use, but they also have different tolerances, often based on their gender.

Women get drunk more quickly and stay drunk longer than men who consume the same amount of alcohol for several reasons:

- Believe it or not, the body has a harder time metabolizing the alcohol when a woman is premenstrual and/or on the pill.
- Also, because women have more fat tissue than men do, it's harder for alcohol to pass through and out of their system.
- And pound for pound, women tend to weigh less than men. Because of this, the same amount of alcohol can have a greater impact on women than men.

Thanks again for participating - please go ahead and sit back in your seats. The purpose of this activity was not to make judgments of you/or your friends. The purpose was for us to take a moment to reflect on your own use and the experiences you may or may not have had while under the influence, as well as the experiences of our friends that affect our lives.

C. Alcohol and Acquaintance Rape

When you consume alcohol/drugs, you become more vulnerable to all kinds of violence, particularly the crime of rape. In 90% of all acquaintance rapes both the assailant and the victim were using alcohol.

We're not saying that if you drink alcohol and you're raped that it's your fault. You do need to know, however, that alcohol decreases your judgment, increases your emotionality, and makes you more vulnerable to crimes than you would be if you were sober. Now if you're the offender, you are still responsible, under the law, for all actions you take, regardless of whether or not you were drunk at the time.

IV. EXPLORING MISCONCEPTIONS ABOUT RAPE (10-15 MINUTES)

Goals of this section: You must communicate the following points:

1. *You are more likely to be hurt by someone you know than the stranger on the street is.*
2. *It's harder to break away from someone you know, even if they hurt you, because you like them, or may even love them.*
3. *Regardless of how much someone SAYS they love you, they have no right to hurt you.*
4. *Regardless of what culture or country you or the offender are from, they have no right to hurt you—it is against the law HERE and that's what's important..*

Refer anyone who needs to talk about these issues to Gail Stern of the Campus Advocacy Network at 413-8206.

Strategies:

1. *Try to keep this as conversational as possible; it's written as a narrative to give you ideas on how to communicate the information without sounding as if you're reading from a brochure.*
2. *While keeping the first strategy in mind, be careful not to incorrectly paraphrase important facts because you're trying to be more casual. This is tricky, because it means you're going to have to know this material very, very well.*
3. *This topic has the potential to stir emotions in people—if they realize they may have been a victim of a crime or even possibly, a perpetrator. It is important that YOU don't pass yourself off as a counselor. Keep referring them to the RESOURCES handout, and encourage them to go speak with a professional.*

A. Rape Myth Blackboard Exercise

Let's talk about some typical beliefs about rape. I'm going to write some of the more popular misconceptions about rape on the blackboard. What I want you to do, is to help come up with reasons or facts that show why these statements aren't true.

1. Myth: Most Rapes are Committed by Strangers.

Fact: Well, here's a statistic: as many as 80% of all assaults involve acquaintances. This could be someone you know really well, like a family member or a boyfriend, or someone you've seen around class, your dorm, the cafeteria. Most crimes, including burglary, vandalism, telephone harassment to the more serious ones of stalking, rape and even murder, are committed by someone the victim knows.

I know what you're thinking. You're thinking, "NO way, not my friends. Not the people I know." You can't imagine why that would happen. Just think about it this way. Who has greater access to your room, your personal space? Someone you know, or someone you don't? Who knows how much it takes to get you drunk, and the things you do when you're drunk? Who knows how to wear you down and to go against your better judgment, or what you really want to do? The people we know.

2. Myth: Most rapes are just misunderstandings, or crimes of passion.

Fact: 75% of all acquaintance rapes are planned, getting the victim either to drink beyond their tolerance, or even spiking their drinks with Rohypnol (Roofies), GHB, or isolating the victim in a residence hall room or other private area. Some people think that date rape is just about passion getting way out of control, about runaway sexual urges. Statistics show, however that 75% of all assaults are planned out. And if you think about the passion "Boy do I need sex" argument, there are other ways of relieving sexual tension than intercourse. A person never needs to force someone to have sex just to "relieve sexual tension." It's about power and control, and a rapist's choice to have power and control over someone else. In a college study, 64% of college men have acknowledged that they might force sex on a woman if they were reasonably certain they would not get caught.

3. Myth: We all know that many women say "no" when they mean "yes."

Many people think that it's a natural part of a woman's response to "act" as if they are resistant to sex even though they really want sex. Why do you think people think this is true? Is it bad for women to want to have sex? What do we think of and say about women who like sex? Do you think there's a double standard?

Regardless of the motivation behind saying "no," every person has the right to decide when and if they want to have sex, at any point in the sexual experience. Yes, this

means if you're both naked and you think the other person's into it, and all of a sudden they say "stop"—you stop. No one is entitled to sex, just because they happen to be naked, horny, aroused, or having paid for dinner.

Every time someone is forced to have sex or perform a sexual act against their will, it's rape. And it's not just us saying so—it's the law. And under Illinois statutes, rape is called "Criminal Sexual Assault."

4. Myth: Sexual Assault isn't that common.

Fact: Statistics show that 1 in 4 women in this country have been raped. 1 out of every 7 women currently attending college has been raped. Statistics show that 1 in 6-8 men have been the victims of rape.

Men are also victims of rape, and face in many ways even more barriers than women do in reporting. Although it is possible for men to be raped by women, the majority of men are raped by other men. I know what you're thinking: "That only happens to gay guys, and I'm not gay, so I wouldn't ever be the victim of rape." Well, most guys who rape other guys claim to be HETEROSEXUAL, and many of their victims are also HETEROSEXUAL.

As we said before, rape is about power and control, not sexual satisfaction. That's why the age and gender of the victim doesn't matter: rape victims have also included elderly women and babies.

5. Myth: Most people lie about being raped, anyway.

Fact: The rate of false reporting (people who lie about being raped) is @5%. Some people think that date rape is just about misunderstanding, or the woman wanting revenge on the guy she's accusing. But the rate of false reporting for rape is 4-6 percent; the same rate of false reporting for ALL OTHER CRIMES.

6. Myth: People can consent to sex when they're drunk.

Fact: No one can LEGALLY consent to sex if they are intoxicated.* If you're legally drunk you can't sign legal documents, drive, or essentially do anything. It's true that you can't always tell when someone is "legally drunk." Just use this rule: when in doubt about someone's ability to consent, WAIT until you're both sober so you can talk about it.

V. JOINING A COMMUNITY AND COMMITTING TO MAKE IT SAFE (5MINUTES)

Goals for this Section:

1. *To provide concrete strategies for how to combat the problems outlined in the earlier sections*
2. *To help the group gain a sense of community*
3. *To share campus programs that help victims and friends of victims*

Let's talk about what we *can* do and what we *need* to do.

We've talked about the scary fact that violence can and does occur anywhere, that we can't trust the people we know, and we can't trust the people we DON'T know...how can we make use of the issues we have discussed today without becoming paranoid freaks of nature?

* It is sexual assault if the accused knew that the victim was unable to understand the nature of the act, or was unable to give knowing consent.

A. Good communication is key.

- Be explicit about what you will and won't do—whether it's about how much you want to drink or how far you want to go in a sexual relationship.
- Be clear about whether or not you are **CONSENTING** to sex. Be clear about whether the other naked person is **CONSENTING** to sex.
- Listen and hear what others tell you about their needs and limits. Don't just hear what you want to—if someone is uncertain or hesitant about what they want, don't decide for them.

B. Listen to your "little voice."

- If something inside tells you that something about a situation is uncomfortable for you, listen to that feeling.
- Remember that most people who have been the victims of violence had a sense that something was wrong.
- If someone is making you uncomfortable, especially in a situation where there could be the risk of harm, give yourself permission to embarrass the other person.

C. Don't succumb to peer pressure.

- Know your own limits.
- Don't allow others to be bullied or pressured to go beyond their own limits.

D. Watch out for your friends.

- If your friends are drunk, take responsibility for not letting them drive, or get into a potentially dangerous situation where someone is trying to take advantage of them.
- If you see someone who seems to be potentially victimized, do something. Depending on the situation, consider getting help from someone in authority, reporting what you see, offering help directly, checking out with the person later to see if there is something you can do to help, etc.

E. Campus Resources

Here's a list of good campus resources if you or a friend are the victim of a crime, or just need to talk to someone about these issues. (Pass out the sheets)

We hope that this presentation has made you more aware of some of the issues that you face here at UIC. We'll stay after class for a bit if any of you would like to ask us any questions about available resources. Thanks!

SAFE SOURCES: SAFETY NET CAMPUS RESOURCES

UIC Police	Blue Light Emergency pole – just press the red button Emergency – (312) 996-HELP (4357) Non emergency – (312) 996-2830 Community Relations—Craig Moran (312) 996-6779 1130 S. Morgan – Physical Plant Building
UIC Hospital	Emergency Room 1740 W. Taylor (312) 996-7296
Counseling Center	Suite 2010 Student Services Building 1200 W Harrison 8:45-4:45 (312) 996-3490
InTouch Hotline	(312) 996-5535 6pm-10pm
Campus Advocacy Network	Gail Stern (312) 413-8206 1033 West Van Buren #500 8:45-5:00
Office of Women’s Affairs	Rebecca Gordon (312) 413-1025 University Hall, Suite #624; 601 S Morgan 8:45-4:45
Access and Equity	Marshfield Building # 717; 809 S Marshfield 8:30-5:00; (312) 996-8670
Wellness Center	Julie Koenigsberger and Angela Johnson (312) 413-2120 503 Chicago Circle Center; 750 S Halsted 8:45-5:00
Ombudsperson	Caryn Bills and Kym Malkin (312) 996-8145 2080 Student Services Building; 1200 W Harrison 8:30-5:00
Student Legal Service	Julia Rice (312) 996-1370 2100 Student Services Building; 1200 W Harrison 8:30-5:00
Campus Mediation	Sigmund Burdin (312) 996-5602 3030 Student Services Building; 1200 W Harrison 8:30-4:45

Campus Housing

Jo Campbell (312) 355-6300
220 Student Residence Hall (SRH); 818 S Wolcott
8:30-5:00

Office of Gay, Lesbian and Bisexual Concerns David Barnett (312) 413-8619
4078 Behavioral Sciences
Building 1007 W Harrison; 8:30-
5:00

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