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# *Public Hearing*

before

## ASSEMBLY ADVISORY COUNCIL ON WOMEN

*“Testimony from college campus and State Police units, county prosecutors’ offices, victim advocates, and education groups concerning date rape in New Jersey”*

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**LOCATION:** Committee Room 10  
State House Annex  
Trenton, New Jersey

**DATE:** June 8, 2000  
10:00 a.m.

### **MEMBERS OF COUNCIL PRESENT:**

Assemblywoman Rose Marie Heck, Chairwoman  
Assemblyman Kenneth C. LeFevre  
Assemblywoman Nellie Pou  
Assemblywoman Loretta Weinberg



### **ALSO PRESENT:**

Miriam Bavati  
*Office of Legislative Services*  
*Council Aide*

Tasha M. Kersey  
*Assembly Majority*  
*Council Aide*

Christine Scullion  
*Assembly Democratic*  
*Council Aide*

***Hearing Recorded and Transcribed by***  
The Office of Legislative Services, Public Information Office,  
Hearing Unit, State House Annex, PO 068, Trenton, New Jersey

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**ASSEMBLYWOMAN ROSE MARIE HECK (Chairwoman):**

Good morning, everyone.

Apparently, some people are delayed, but don't be concerned. The full committee will have access to all of your testimony today.

I'm really very pleased to introduce the newest member of our committee, Ken LeFevre, who is a marvelous asset to this committee.

I thank you very much for accepting the appointment.

Loretta Weinberg is at another meeting. She's going to pop in later. And Nellie Pou should be on her way.

I'm going to begin because I know this is going to be a very informative hearing on this matter. It had come to my attention through our local police officers in Hasbrouck Heights. And I was deeply shocked to hear the degree of the problem that has arisen. And then, when we were at the crime victims summit, we heard even more of the problems arising statewide.

We know that the colorless, odorless, tasteless drugs are anticipated to be a huge problem, not only with college -- on the college campuses and with high school children, but with 11-, 12-, and 13-year-olds this summer.

I think it's imperative that we get our message out and take every precaution that we possibly can. And if we need new laws, and you feel that there is something that we should know about, please advise us so that we can move in a proactive way towards solutions. I heard some things yesterday at the clothesline project in Hackensack, and I'm sure I'm going to hear testimony on that today. And I think that's another point well taken that I had not thought of.

I'm going to ask Terrence Farley, First Assistant Prosecutor, Director of County Narcotics Strike Force in Ocean County, Prosecutor's Office; and Ellen Bloom, the Date Rape Drug Educator from the Division of Criminal Justice-- Oh, she's certified by them, and she's the Rape Crisis Interventionist at the Women's Center of Monmouth County. And Monmouth County is becoming very, very well known in their aggressive approach to many of the problems that exist.

So if you would both come forward to testify together, I'd appreciate it.

**TERRENCE P. FARLEY:** Madam Chairperson, should I proceed?

**ASSEMBLYWOMAN HECK:** Yes, please.

**MR. FARLEY:** Assemblyman LeFevre, Chairperson Heck, this is a situation that, obviously, you both, I know, are very interested in and are concerned about. Assemblyman LeFevre and I have worked on other drug problems through the New Jersey Narcotics Enforcement Officers. And you and I worked very closely on many projects when I was a Director at the State Division of Criminal Justice.

Date rape, or acquaintance rape, are terms that we hear far too often today, especially in the context of the so-called date rape drugs. And although this phenomena has existed over the ages, what we proverbially used to call slipping somebody a Mickey, it truly wasn't recognized on the national scene as a severe problem until the onset of two particular drugs, and that's Rohypnol and GHB, or gamma hydroxybutyrate acid. And I'm going to speak about them shortly.

Clearly, law enforcement officials and rape crisis workers know, and have known for years, that the No. 1 drug related to sexual assaults is, clearly, alcohol. Alcohol is the No. 1 substance of abuse in this country, virtually in all age groups. Alcohol is almost universally present at places we often associate with acquaintance or date rape, such as nightclubs, college fraternity and sorority parties, high school dances and parties, and most other social settings. And I'm glad to see that you realize this is getting to be a problem among younger and younger and younger people, literally, every day.

ASSEMBLYMAN LeFEVRE: Hit your button. (referring to PA microphone)

MR. FARLEY: It's off?

ASSEMBLYMAN LeFEVRE: Is it on red?

MR. FARLEY: Now it is.

ASSEMBLYMAN LeFEVRE: Okay.

MR. FARLEY: I apologize.

Rohypnol is a member of the benzodiazepine family of drugs, and is technically known as flunitrazepam. Many of the benzodiazepines are over-the-counter drugs -- excuse me, not over-the-counter, but prescription drugs in this country that we know as Xanax, Valium, Dalmane, Serax, Halcion, and a lot of others. But Rohypnol is an exception because it has never been approved in the United States for any medical use whatsoever, although it is manufactured in between 70 and 90 foreign countries around the world. And it's smuggled into the United States. It is illegal to possess or distribute in the United States, and it's a Schedule IV Controlled Dangerous Substance both under Federal law and New Jersey Statute 2C:35-5.3. It is illegal to



manufacture, distribute or possess GHB today. And that's only a recent vintage in the last couple of years, both under Federal and New Jersey statutes.

I think, perhaps, some of the street names of these drugs might indicate their illegal uses. Rohypnol is known among its many other street names as the Forget Pill or the Mind Eraser. GHB is known as Easy Lay, Liquid Ecstasy, Great Hormones, or Bedtime Scoop. They're put, either in pill or powder forms, in the drinks of unsuspecting females, although I must tell you, there have been cases throughout the country where men have been drugged with these, also, for the purpose of robbery, not sexual contact. And it can be in any social setting today.

Fortunately, from our standpoint, in my county, which is Ocean, and which is a high tourist area-- And I think, pretty much throughout the state, Rohypnol has had a pretty short-lived life. In the entire years of 1998 and 1999, we have not made one single seizure. And in talking to the State Police Crime Lab today, they indicated they had, I think, one in the entire state last year.

But unfortunately, we had something take its place immediately, and that's GHB, or gamma hydroxybutyrate, one of the many of what we're calling designer, club, or rave drugs. I put up there (indicating) a series -- and over here (indicating) -- of booklets and brochures and posters that we have done at the Ocean County Prosecutor's Office that talk about Ecstasy, which is 3,4-methylenedioxy methamphetamine; Ketamine, which is ketamine hydrochloride; and the old standby, LSD, d-lysergic acid diethylamide.

I'm not going to take up your time with Rohypnol, but I'm going to talk about these other drugs, if I may.

GHB is a powerful synthetic drug that acts as a depressant on the central nervous system. It is rapidly metabolized by the body. And its effects can show in as little as 15 minutes. It causes intense drowsiness, dizziness, confusion, sometimes a term that, I think, maybe my good friend Ellen Bloom may have coined -- disproportionate intoxication is the way most people in law enforcement call it today. It produces coma-like sleep and anterograde amnesia so that the victim does not recall the events subsequent to its ingestion. There are many other side effects of this and the other so-called date rape drugs, but they're not particularly relevant to today's discussion.

We have found women on the streets, on beaches, in motels, and even in perpetrators' residences after a night of unwanted sexual contact, most of which they have no recollection of, and it makes it very difficult, therefore, to prosecute the cases.

Ecstasy, on the street, is referred to as the love drug or the hug drug, and it's a synthetic, mind-altering stimulant, much like amphetamine, which also produces a hallucinogenic effect of mescaline. There is no legal production of Ecstasy anywhere in the world, and consequently, it's made primarily in Belgium, Luxembourg, and Holland, in makeshift, illegal laboratories by "chemists."

There are no standards for its production so that anytime you use it, you could be getting a totally different dosage. And while Ecstasy produces the feeling of wanting to be touched or wanting to make love with anybody, friends, acquaintances, or strangers, its side effects, especially when used in

combination with alcohol or other illegal drugs, can be fatal, which it often has been. It greatly increases your heart rate, blood pressure, and your body temperature. We had a young girl die in Ocean County, whose temperature was 107.1 when she was brought to the hospital, and she died when it reached 108.4. There are many instances like that of young people dying in nightclubs, at raves, and at parties because their body temperature went out of control.

Ketamine, known as Special K, Super K, Vitamin K, or New Ecstasy among its many other names, is also a synthetic, mind-altering hallucinogen. It is a Schedule III Drug in the Federal and New Jersey Controlled Substances Act.

By the way, if I can just step back-- You mentioned, Chairperson Heck, if you could do anything-- I think there's probably a move afoot in the Attorney General's Office to up the penalties for Ecstasy. And if this committee (*sic*) could do anything, that would be the most important thing for law enforcement. We need stronger penalties for possession and distribution of Ecstasy. Most of the other drugs we've caught up with, but we have not caught up with that.

Ketamine is different in many ways from any of the other designer drugs in that if there is legal production in the United States, both in the pharmaceutical field and in the veterinary pharmaceutical field, because it is an anesthetic used on both animals and humans, much more so on animals than humans, although in some specialized human surgeries it is still used today. It has a combined effect of numbness, loss of coordination, loss of feeling, hallucinations, delirium. The kids call it being in a K-hole or in a mind-body separation state.

LSD, all of us have some working knowledge of. It's called acid, blotter acid, sugar cube. Clearly, it's the most powerful of all hallucinogenic drugs, and it is a Schedule I Drug; therefore, it carries the highest penalties for distribution.

The strength of LSD cannot be overstated. We have seen users have flashbacks years and years after their last ingestion. And it distorts both your perception of time and spatial relations. It causes hallucinations, and it can become difficult to concentrate or think clearly, and it affects your overall judgement.

While alcohol is clearly the most frequently used legal substance in this country, another substance that is used in many, many date rapes that people don't think about at all is marijuana, cannabis sativa. It is clearly the most used illegal substance in the world. While it is generally a subject most people feel they have at least a working knowledge of, truthfully, today, very few adults realize the scope and breadth of the marijuana problem.

There was a headline and two-page story just last night, and I didn't have time to put it in here -- in the *New York Daily News* -- the "New Refer Madness." There are as many killings in New York City today related to marijuana distribution as there were during the highlight of the cocaine and crack epidemics in the city. And they put in many of the statistics of how many people are being murdered. It is a major, major problem -- huge money today throughout the United States. And just putting aside, from the standpoint today of the enormous number of users-- Most people don't understand the potency of that drug, how it's being used, or the physical or psychological effects.

Most young people unfortunately, today, who attend these raves or parties are using more than one drug. And alcohol or marijuana are very often the drugs they use in conjunction with the other date rape drugs.

As you know, the main active ingredient in marijuana is THC, and it's five, ten, twenty or more times as more powerful as the marijuana of the '60s and '70s.

There is a brand new strain coming from British Columbia and Canada called B.C. Bud that is selling for \$10,000 a pound on the streets of California. The norm for the best California-grown marijuana is about \$3500 a pound. The article yesterday pointed out they're selling indoor-grown marijuana in New York now for \$8000 a pound. So it is a problem, as I said, that most people have a very, very poor handle on.

And the other thing about it is, when people smoked it in the '60s and '70s and '80s, they used the proverbial joint, the small, skinny cigarettes that might have had a couple of grams of marijuana in it. Today-- Well, that's not how kids use it today. They use it by way of what they call a blunt. It is the largest, fattest cigar they can find, some of them big enough to actually drill right through and open up completely, or they cut them in half, hollow them out, and they fill them with an ounce, two ounces, or more of high grade marijuana. If that wasn't bad enough, they do a thing called dips, where they dip the cigars or the joints into drugs like phencyclidine, which is a horse anesthetic, or today, the more popular thing is in embalming fluid because that's not illegal. And it gives you a high similar to the drugs that are illegal.

Depending on the quality of the drug, how much is used, the manner in which it's used, and whether it used in combination with alcohol or

other drugs, a person will, obviously, experience various degrees of intoxication, their sense of time is distorted, and they tend to trivialize very important events.

ASSEMBLYWOMAN HECK: Terry, let me interrupt you.

MR. FARLEY: Yes, ma'am.

ASSEMBLYWOMAN HECK: Now, if they're dipping it in embalming fluid, is that covered?

MR. FARLEY: No.

ASSEMBLYWOMAN HECK: It's not covered.

MR. FARLEY: The embalming fluid, unfortunately, is a series of legal chemicals. I don't know that there would even be a way to do it.

ASSEMBLYWOMAN HECK: But in our legal system, there's no jargon that can be picked up and used for prosecution?

MR. FARLEY: I doubt it at this time because what we're doing here is dealing with a combination of legal chemicals -- the marijuana, of course, being illegal-- But I don't know whether we'd ever be able to do anything about the embalming fluid. We're certainly not going to make that a controlled dangerous substance. But it is very, very popular today.

ASSEMBLYWOMAN HECK: Couldn't we broaden it? I mean, we're now looking at inhalants that -- the aerosol inhalants. And that is-- We're moving towards making all of those things illegal in its use, not in its function under ordinary circumstances. But don't you think we should encompass this so that we--

MR. FARLEY: I would love to see this committee move that forward because clearly what you'd be doing--

ASSEMBLYWOMAN HECK: I think we should ask OLS to look into that and put something together for us to move ahead.

MR. FARLEY: I think there is something like 400 carcinogens in the embalming fluid alone and another 400 or so in the marijuana that's used today. And yet, young people will smoke marijuana thinking it's a natural product, and it's not going to affect them. The same kids wouldn't smoke a Marlboro, and yet, that one marijuana joint that they use -- forget a blunt -- is equivalent of smoking five to ten regular cigarettes that they wouldn't touch. So it clearly is a problem, and it is something that I would love to see you take some further action--

ASSEMBLYWOMAN HECK: Terry, one more thing. Is this information being disseminated among all law enforcement, or is it just certain groups that are having problems and becoming more and more aware? Is there a method, through the prosecutors or the AG's Office, to make sure that this type of information is given to the entire law enforcement community?

MR. FARLEY: Well, there are several things happening, and I'll get into--

ASSEMBLYWOMAN HECK: Okay.

MR. FARLEY: --a little bit on the specific drugs.

ASSEMBLYWOMAN HECK: I won't interrupt you anymore.

MR. FARLEY: That's okay.

The offices like ours that do spend a lot of time--

ASSEMBLYWOMAN HECK: I know.

MR. FARLEY: --on prevention and education-- I send out, maybe, 100,000 pieces of literature to law enforcement agencies all over the

country, the FBI, the DEA, Customs -- all use our materials. I do about 100 lectures, mostly to law enforcement agencies or schools in the state today.

We are becoming much more attuned to the situation. And the good news is that, under a couple of the Federal acts that I'm going to discuss shortly, the U.S. Justice Department has been ordered to come up with some education programs--

ASSEMBLYWOMAN HECK: Good.

MR. FARLEY: --that will help to address this.

ASSEMBLYWOMAN WEINBERG: Rose.

ASSEMBLYWOMAN HECK: Yes.

ASSEMBLYWOMAN WEINBERG: Along with what you just asked, if I may--

How do young people get access to something like embalming fluid? Do you just walk into a store and buy it?

MR. FARLEY: Yes, anything from a local store that sells chemical supplies to a head shop. As you know, we've had a problem in New Jersey because of what the courts have done over the years as to what is a drug paraphernalia definition. And every time we come up with a broad definition, we get shot down, and it gets so narrow that something that can be used in a situation that is legal and used in a situation that is illegal becomes something that we can't regulate from the standpoint of the narcotics laws. And that's always been a very big problem, Assemblywoman Weinberg.

ASSEMBLYWOMAN HECK: The education factor is so important because, again-- I know, in Hasbrouck Heights, someone in the pharmacy watched a couple of young teenagers buying different items and



equated it to an explosive. So in this situation, legal pieces of materials, or access to certain chemicals, etc., combined, can be dangerous. So this, in and of itself, has to be, again, an educational piece--

MR. FARLEY: Well, unfortunately--

ASSEMBLYWOMAN HECK: --as well as strengthening laws.

MR. FARLEY: I'm probably going to be the last person on earth, and everybody will laugh at me when I say this, to be a computer expert. But if you were to turn on the Internet, you'd probably find 200 sites where you can make GHB in your house.

ASSEMBLYWOMAN HECK: Yes.

MR. FARLEY: It will tell you where you can buy the chemicals, how much they cost, what the exact formulas are. And that's the same thing for the rave parties. There are well over 200 sites that a kid can pull up, at any given date, and find a rave anyplace in the United States to go to.

ASSEMBLYWOMAN HECK: This is really shocking. It really is. It's frightening.

MR. FARLEY: And it is absolutely devastating, the availability of this information to young people.

ASSEMBLYWOMAN HECK: Continue with your testimony.

Thank you.

MR. FARLEY: Continue? (affirmative response) Thank you.

Unfortunately, in this date rape situation, it's complicated by two other factors that most people don't talk about, and that is the recreational use of drugs like GHB. When we first saw it, it was solely used as a date rape situation. Now, believe it or not, and Ellen, I'm sure, will talk about some of

the side effects, which are just incredible-- We see young people, and young women, using it as a recreational drug, much as they do all of those other designer drugs. And the fact also is that the kids are poly-drug users. It's almost impossible, today, to find kids who just do marijuana or just do Ecstasy or just do Ketamine or just do GHB. The most recent Ecstasy study in the world was done by a German medical school. They could not find enough people to make a valid study of who used only Ecstasy in Europe, where it's the No. 1 drug of choice. So their study had to include people who only used marijuana and Ecstasy in combination before they could do their study. It is a major, major problem, and it's going to kill a lot more young people because the drugs are not being regulated as to how they're made. They're being made in people's bathtubs or in somebody's cellar or something like that by people who aren't informed. It's changed all the rules out there, as far as going out for a young woman.

In our posters and our earliest brochures about Rohypnol and GHB, we set out a series of rules for young women. Don't drink beverages that you didn't open yourself. Don't share or exchange drinks with anyone. Don't ever drink from a punch bowl or an open container. Don't drink anything that has an unusual taste or appearance, the salty taste, the foaminess, the residue that you mentioned. Do travel in groups with at least one other young woman as the designated watcher. Check on one another. Do bring your own beverages to a party or other social setting if possible. Do accompany anyone who is getting or buying you a drink. Do discard any drink that you left unattended. Do seek medical help immediately if you or a friend seems to be disproportionately intoxicated, passes out, and is difficult to awaken, or is

having breathing difficulty. Do warn people if you hear of somebody dosing drinks at a place you're at or places you frequent. Do report any incident where you or a friend have been dosed or sexually assaulted.

When many of these drugs came out, and before the efforts of people like Assemblyman LeFevre to get GBL criminalized in this State, the labels used to say, "Don't call for medical help if you feel you've overdosed on that because it will alert law enforcement authorities." They said that right on their labels. And it says it on the Internet. They're telling people, "What you're doing, obviously, is wrong, but be careful how you're doing it wrong."

ASSEMBLYWOMAN HECK: It's a frightening thing that happened just about two months ago in a bar in Hoboken. And the bartender is being -- is under investigation -- where again, the buddy system works. There were a few girls coming from Bergen County. They went down to one-- And you know Hoboken is the play area now for everybody. And she was slipped something, and they're investigating the bartender. It's a very dangerous situation. Thank God she was with friends, and they saw a reaction happening to her and rushed her to the hospital. And they said she was close to death.

MR. FARLEY: I had three calls from the Hoboken Police on that very situation, Assemblywoman Heck. They have had no training, and I gave them a bunch of background information.

The enormity of the scope of this drug-related rape problem, I think, is best seen by what's happening both in the U.S. Congress and this very Legislature. Congress first passed the Drug-Induced Date Rape Prevention and Punishment Act of 1996. It made it a separate crime, punishable up to 20

years in prison, to administer a controlled dangerous substance to someone with the intent to commit a crime of violence, specifically including rape. And they also, at that time, increased the penalties relating to possession, importation, and distribution of Rohypnol.

In August of 1977, (*sic*) this Legislature passed several statutes making the possession, manufacturing, and distribution of GHB and Rohypnol crimes in this state. In March of 1999, you also passed 2C:12-2, which the cops are calling the Mickey Finn Act, which made it a separate offense for any person to, among other things, entice a person to use any food or drink or other substance which is intoxicating, anesthetizing, or disorienting without the knowledge of the person as to the identity and effects of this substance.

And just two months ago, I guess it was, Congress passed the Hillary J. Farias and Samantha Reid Date-Rape Drug Prohibition Act of 2000, which provided for the emergency rescheduling of GHB and its precursor, GBL, gamma hydroxybutyrolactone, and any analogues thereof, in relation specifically to date rape situations. It added GHB to Schedule I, Ketamine to Schedule III, and GBL as a Schedule I chemical.

The law further directed that the U.S. Attorney General provide funds for the development of forensic field tests for GHB because there is none. Quite frankly, we developed a field test for GHB because there was nothing. Kids carry it, primarily, in water bottles. Bars, today, sell much more -- 70 percent water, 30 percent alcohol. It's amazing to go into a bar and see very few drinks anyplace. But they charge \$4, \$6, \$8, \$10, or \$12 for a 14-ounce bottle of water. If you shake the bottle of water, it's going to look like water, if that's what it is. If you shake it real hard and it foams and turns a

little grayish, you probably have GHB or GBL in it. That's our great scientific test because there really is nothing out there.

Congress has just appropriated money, and I'm sure you'll hear from the State Police Chemist some more about that. It further provided detailed Federal actions regarding the reporting of these incidents, investigative protocols, and ordered the U.S. Department of Health and Human Services to plan and carry out a national education program, which you asked about.

All of these bills are very significant to law enforcement. Right now, at the start of the summer, it's up to us to be especially vigilant and get the message out about the dangers. And quite frankly, I applaud this committee for having this hearing and having it at this very time. This is the most important time in the State for the number of people who come here as tourists. And I think it will help generate a lot of necessary notoriety to this extremely important matter.

I have enclosed with my testimony, for all of you, a bunch of, what I consider, relevant exhibits, newspaper articles from around the country, some studies. Copies of the Federal legislation is attached to all of yours, and there is a package of all of the material that we hand out through the efforts of prosecutor Millard and the Ocean County Board of Freeholders, who pay for all of this.

I appreciate your time, and I know how interested you are in this. And it's a very good feeling for a law enforcement official to be here with people who care.

ASSEMBLYWOMAN HECK: It's getting more and more difficult to protect our young people today.

MR. FARLEY: It certainly is.

ASSEMBLYWOMAN HECK: It's rather frightening.

Before we get to you, Ellen, I'm going to ask the members if they have any questions.

Ken.

ASSEMBLYMAN LeFEVRE: Thank you, Madam Chairwoman.

Terry, we talked briefly before the meeting. As you know, last summer was an interesting year along the coast, particularly with GBL. And we took action in our House, and the Governor signed legislation which would basically ban the distribution and sale of it.

But what's it look like for the summer? I know last summer, late Saturday afternoons and Sunday afternoons, the lifeguards used to have to go along the beaches and wake people up to get them off the beach who had ingested this -- some of these drugs. They were out cold on the beach. I'm curious to see what the summer has in store for us.

MR. FARLEY: I wrote that book (indicating) called *Designer, Club, and Rave Drugs: An Epidemic for Our Children*. I personally believe that Ecstasy will be the No. 1 drug of choice in this country two, three, four years. It went from nobody using it in Great Britain-- In a two-year period, it became the No. 1 drug of choice. It's the No. 1 drug of choice for nonheroin users in all of Europe today.

There's a lot of money being made. The Israeli mafia, the Russian mafia are very highly involved in its production, distribution, and smuggling into this country. The U.S. Customs Service, by March 14 of this year, had already seized as much Ecstasy as they seized the entire year last year. And

every day, they're getting major, major seizures of thousands, if not hundreds of thousands of pills. I think that's where our biggest problem's going to be, but you're going to see, in the clubs, the same problems that we saw last year. Unfortunately, it's not going to be GBL as the precursor, it's going to be GHB. It's going to be Ecstasy. It's going to be Ketamine. Those are the things that we're going to have the biggest problem with. And those are the things that are going to kill young people in enormous numbers, unfortunately.

ASSEMBLYMAN LeFEVRE: Thank you.

ASSEMBLYWOMAN HECK: To your knowledge, what is the youngest age that's being impacted by these drugs?

MR. FARLEY: Ecstasy is everywhere today. I wouldn't be surprised to see 12- or 13-year-old kids using Ecstasy because there is no place immune to Ecstasy today.

ASSEMBLYWOMAN HECK: Loretta, and then Nellie Pou.

ASSEMBLYWOMAN WEINBERG: I understand, now, from what I gleaned from your testimony, about the necessity to train law enforcement. What about the education establishment?

MR. FARLEY: It's equally as important. As I said, I do about -- just personally -- about 100 lectures. I am in just about every school in Ocean County. I start with the administration. That immediately gets me into the faculty. That immediately gets me into the students.

For far too many years, the education establishment in this State felt it was better to ignore the drug problem than to do something. I think there has been major, significant movement away from that feeling today. We need to educate more people.

Ellen, probably, does more presentations than I do. The unfortunate part -- there's probably a handful of us in the entire state, and nobody doing it as a full-time job. We are all fitting this in amongst our other duties. So it's absolutely crucial.

Madam Chairlady mentioned inhalants. We have a book on inhalants. I go in and talk to teachers. "Do you ever notice a chemical smell on any of your students?" "Why?" "Well, because they spray themselves before they come to school, and they sit there all day keeping high by smelling their clothes." I said, "How many girls do you see in your class with white nail polish today?" "Oh, a lot." "Do you ever see them sitting there doing this (witness bites his fingernails), scraping it off with their teeth?" "Yes." "Well, you might want to see if it's really nail polish or if it's Wite-Out, which gets them stoned."

One out of five kids in the high schools in New Jersey, based on the State High School Drug and Alcohol Survey, indicate they use illegal drugs before they go to school in the morning. Another 17 or 18 percent say they use them during the day. Those studies are done by the Division of Criminal Justice and the State Department of Health. They're not getting out there, in other words, Assemblywoman.

ASSEMBLYWOMAN WEINBERG: Just out of curiosity, those are surveys in school that are conducted by law enforcement agencies?

MR. FARLEY: Well, not just law enforcement. We had started, in about 1985, I think it was -- then Attorney General Cary Edwards ordered that there be a New Jersey High School Drug and Alcohol Survey. It is the No.



1 survey of its kind in the United States. We talked to 26,000 students on average a year in, literally, every county.

When I was the Director of the Division of Criminal Justice, we moved it into the middle schools and have a separate one run by the Department of Health today. And if you want to get really scared, look at the 1999 middle school survey and see the number of kids who are in the seventh and eighth grade who are using everything from heroin to inhalants.

ASSEMBLYWOMAN WEINBERG: Well, just as an aside, I suggest maybe you ought to contact the State Senate because a bill was released from the State Assembly this past Monday, I believe, which would prevent any surveys of students without prior written permission of the parents. So you might want to get such an exception in the Senate bill.

MR. FARLEY: I sure would.

ASSEMBLYWOMAN HECK: I don't know if it impacts the law enforcement surveys, but we can double-check it.

MR. FARLEY: Well, I think we certainly better.

ASSEMBLYWOMAN HECK: Yes, because there was no reference to law enforcement surveys.

Nellie.

ASSEMBLYWOMAN POU: It was in my original comment, but I just want to stay on the subject for just a second. I'd like to get your opinion on what impact, if any, would it have on the law enforcement field, should this survey not be made available? It still can be made available, but it would require parental notification or permission. And I know that would, indeed,

be a problem. What is your opinion, as a law enforcement -- an expert in this field?

MR. FARLEY: Can I go back just one step and say, those surveys are totally anonymous. There is no way-- I ran both of those surveys. There is no way for me, or anyone else, to tell what student said what -- absolutely, totally anonymous. So I can't see the possible reason. And what would it do, it would take away our ability to convince parents, to convince school administrators, and to convince the public of the real nature of the situation. And it would take away from us the ability to concentrate on the worst problems because everything else would be anecdotal information that we get from arrests.

I think, quite frankly, it's an absolutely crazy idea, if that's the kind of survey they're looking to stop, especially when there's total anonymity, and there always has been in our surveys. I've never had a single parent ever complain, not when I was at Criminal Justice, not in the Prosecutor's Office, or not out doing a PTA program at night. Never have I heard a complaint that, "Oh, my child took part in this survey. I didn't want them to." And quite frankly, I'm sure if a parent wrote a note that they were that upset and said, "I don't want my child involved in the survey," the school would honor it anyhow. I just cannot conceive of what the reason could be behind that.

ASSEMBLYWOMAN HECK: The reference made was to a Ridgewood School Survey as to the sexual practices of the students. And they were pretty graphic. So I'm asking that it be checked. that this did not include law enforcement. But it was a--

MR. FARLEY: Well, this is, by the way, not just law enforcement, but it's the State Department of Health, which is extremely critical--

ASSEMBLYWOMAN HECK: Yes, yes.

MR. FARLEY: --to be involved in this.

ASSEMBLYWOMAN HECK: It's a little different than this type of survey that was made in Ridgewood.

Again, this is-- It is absolutely an important tool. There's not doubt in my mind.

ASSEMBLYWOMAN POU: Assemblywoman.

ASSEMBLYWOMAN HECK: Yes.

ASSEMBLYWOMAN POU: I'm sorry, I just--

Are you saying that the survey piece of legislation that was just passed does not include-- I thought it applied to all and -- any and all surveys.

ASSEMBLYWOMAN HECK: That's what we're going to double-check because in my assessment, it does not include those that exist.

ASSEMBLYWOMAN WEINBERG: It does. We asked those questions on the floor.

ASSEMBLYWOMAN POU: It's my understanding that it includes any kind of survey information, regardless of the nature of the subject.

ASSEMBLYWOMAN HECK: We'll double-check it, Nellie.

ASSEMBLYWOMAN POU: Okay, that's great.

ASSEMBLYWOMAN HECK: That's what I've said twice.

Again, let's move on.

Ellen, I want to commend you and Monmouth for doing such an exceptional job. I know you've been receiving awards all over the place. But

more importantly, some of the work that you've done is so vital, it's being used in other counties, now. It's a wonderful example. So you've really put your all into it. I just want to make mention here that it's exceptional.

**E L L E N M. B L O O M:** Thank you for that compliment. It means more than you'll know.

As Prosecutor Farley said, I also have put, at the back of the top of my package, some graphs at the back that I'll make reference to that will support some of the things that he's told you already on the drugs. And I also have a copy of that recipe on the back of the first section of GHB so you can see the caustic nature of the recipe.

Good morning. I am Ellen Bloom, Rape Crisis Advocate from the Women's Center of Monmouth County. Three years ago, our hot line started receiving calls from women who believed they had been drugged and raped. Since I was the first to make that discovery, it became my job to research this phenomena. What has evolved has been startling and horrifying.

Women were being drugged and raped and had no memory of the event. This was being accomplished by drugs that rob women of their memories, as well as control of their bodies. The drugs that are being used are GHB, GBL, Ketamine, and assorted benzodiazepines. It has been difficult obtaining information over the past three years on the so-called date rape drugs, but it is clear that far too many rapists know about and have access to these very dangerous and potentially lethal drugs.

All of the above mentioned drugs are central nervous system depressants. Given at many times the recommend dose, they become general anesthetics. Anyone wanting to know the dosage for rape need only to log on

to the Internet, and there you will find literally millions of Web sites for each drug, providing inaccurate and potentially lethal information.

As Prosecutor Farley stated, and you will see in the enclosed study done by Dr. ElSohly, the results of urine samples tested between June 1996 and March 2000 of alleged victims of date rape drugs, that Rohypnol or Roofies, which was originally thought to be the date rape drug of choice, was not. In the benzodiazepine category, in the above mentioned study, Serax and Valium surfaced as the drugs of choice, see graph No. 1. All told, 502 other benzodiazepines were found in the urine of 3303 victims and only 11 positives for Rohypnol. This told investigators they were wasting a lot of time and looking for the wrong drug.

GHB, one of the most popular rave scene drugs and date rape drugs, can be purchased on the Internet by typing GHB order form. Since it is no longer legal in the United States, it can be purchased from Europe by credit card, overnight mail, with the Web site even providing a currency conversion chart.

GHB has the ability to produce euphoria and amnesia states, and it is alleged to assist in the release of human growth hormones for the stimulation of muscle growth. This has never been proven credible. This substance was banned by the FDA in 1990 due to numerous acute poisonings. While initial action resulted in the decreased availability, popularity among the now generation has skyrocketed to epidemic proportion. So has GBL, which is one of the ingredients of GHB, which has been found, when taken alone, produces the same symptoms as GHB.

They, or G, as they are called, are now the party drugs of choice, along with Ecstasy. With just two grams, or two teaspoons, of the odorless, colorless, and tasteless drug, GHB, the user becomes euphorically intoxicated. With four grams, or four teaspoons, headache, severe vomiting, heaviness of the arms and legs, tunnel vision, coma, seizures, memory loss, respiratory and cardiac arrest may exist. One symptom of GHB overdose may be redness around the victim's facial tissue where it comes in contact with the vomit due to the fact that one of the recipe's ingredients is Drano. I have attached the recipe. Four to six grams is the recommended rape dosage on the Internet. Knock her out completely and have a good time.

On any given weekend, in almost every county, you will find someone on a respirator who has either accidentally overdosed or has been slipped GHB without their knowledge. There is no antidote for GHB. It is considered, on the street, more dangerous than heroin.

GHB produced 100 positive samples of the 3303 tested. Testing in the human body proves to be most difficult since most victims don't report it in the 72 to 96 hours. Part of the problem is they stay in a fog-like state for several days after ingesting a large dose of GHB. After the fog state wears off, it can take them several days to put the pieces together, if they can at all. If they have never heard of these drugs, they have no comprehension of what has happened.

One client recently walked into a Rape Crisis Program and reported that her legs were numb, and she thought she had been drugged and raped. After getting her immediate medical care, I sent a urine sample in for testing. And when I called for the results, the lab tech asked me if the victim

was still alive. He told me she had potentially lethal dosages of GHB in her urine. When she decided to speak to the prosecutor about the event, she found that the man who did this had already been indicted for the same crime just a different victim -- a serial rapist using date rape drugs, doing it again, having no fear of the law, leaving women on the brink of death.

Three scenarios are surfacing when these drugs are used for rape. The first is the accidental recreational overdose. A victim will drink too much of the drug and accidentally put themselves into the amnesia state, where they are vulnerable to rape. They have no ability to cognitively access their circumstances. They have no ability to say no. The rapist may be at a club or a party where he now spontaneously takes advantage of her incapacitation and her vulnerability. He may rape her in the parking lot, in his car, at her house or his. He will most likely try and convince her it was consensual. What he doesn't know is sex with a person that is incapacitated by drugs cannot consent to sex.

The second scenario of drug-facilitated sexual assault is stranger rape. One thing we know about sexual assault is that 80 percent of sexual assaults are committed by someone the victim knows. Stranger rape has always been about 10 percent of all sexual assaults. Well, not anymore. About 50 percent of the women who call our hot line report they suspect they were drugged and raped, and they have no idea who it was. A new breed of assailant is emerging with the help of these drugs. He is terrifying. He is usually over the age of 23 and under the age of 45. He is usually a white male. He is socioeconomically privileged, unlike the traditional stranger rapist, who has a wife and children. He is single and frequently lives with his mother. He has

often been described by victims as nerdy, or not at all social. He has found the one benefit, with these drugs, that makes him step over the line, anonymity. He can, and does, far too often, remain totally anonymous.

He will enter a bar, wait until his chosen victim has a drink or two, then, when she goes to dance or to the ladies room, he slips the drug into her drink. She drinks it, she becomes nauseous, she goes to the bathroom to get sick. He is waiting outside the door. He's done his research. He knows in 10 minutes, she will have no memory of the next 6 to 20 hours. She is his, mind and body, to do with as he wants. He will rape her. He will take videos of himself raping her. He will take digital photos of himself raping her and send them to a porn site on the web. He will perform sexual acts on her she would never agree to. He will then dump her body on the beach, by a lake, in the woods, and in strange hotel rooms. If she is lucky, she will spot some sign of sexual assault, clothing put on backwards or inside out, missing articles of clothing, bras and panties taken as souvenirs, missing tampons, anal bleeding and tearing, vaginal mounting injuries and bruising, dirt and sand in her vagina, hemorrhaging.

Some victims, as well as being raped, are also beaten. These women may well be the lucky ones. Imagine the result of having no memory of the sexual assault and then becoming pregnant from the rape, contracting a sexually transmitted disease, or becoming HIV positive. All of the above I have seen. All of the above is fact.

The third category of drug-facilitated rape is the increase of gang-related rapes, women being assaulted by multiple predators for varying different reasons. One rape may be an initiation ceremony for entry into a



gang. Another gang rape may be a woman drugged at a party and everyone gets to take his turn. And another gang rape may be some weekend fun planned by the football team. All of the above is true. All of the above I have assisted in investigating.

The psychological impact on a victim is profound. The victim's own imagination becomes her worst enemy. She has lost total and complete control of her mind and body. How is this conceivable? She cannot comprehend this horrible nightmare. Who will believe her? Who will help her? What should she do? Some become suicidal. Death would be a welcome relief.

The law enforcement community was the first group to reach out for information. My first sharing of information was with one sex crime detective in a hospital hallway. Since then, I have had requests from local and county law enforcement, the New Jersey and Pennsylvania State Police, the Division of Criminal Justice, the Alcohol Beverage Commission, the Drug Enforcement Administration, the Maglocin Agency, the FBI, the Army, Navy, and the Department of Interior. I think that says a lot about the economic proportions that these drugs are at. Joining them now are emergency room staff, social workers, victim-witness agencies, high schools, colleges, and universities, prosecutors, and club owners.

I am so committed to this cause that, to date, I have had the privilege of training over 15,000 students, all on volunteer time. I take no money for my workshops, nor can my agency afford to pay me.

The simple heinous nature of this crime, the deaths that occur, the lives that are ruined are enough motivation for me. I had, for a long time, felt

alone in the battle against drug-facilitated rape. Then Prosecutor Farley joined in with a vengeance. And what a relief it was. Slowly, more and more voices, many who are here today, have joined in the crusade against these drugs. Today, even more of the weight is being removed from our shoulders because this Committee wants to make changes to improve the quality of all our lives.

What can we do? Since this is a new crime with new laws-- To date, I believe we have only one conviction for date rape with drugs in Prosecutor Farley's county. No surprise. The actor received seven years in jail, out in three-and-a-half years. I don't think the punishment fits the crime. We need stronger and stricter sentencing. Judges and juries need to be educated about drug-facilitated rape.

Risk reduction strategies need to be given to target populations. I can't keep up with the requests I get from high schools who know they have a big problem on their hands. Date rape drug education should become part of the health curriculum in high school when sex education is being taught. It is not there now.

Community education is needed in mass quantities. It was a sad day when a local law enforcement agency sent out 5000 flyers, 25 posters, advertised on the radio, cable TV, and newspapers and four parents turned out to learn about how to keep your children safe from date rape drugs, four.

And finally, we need to acknowledge our victims. I would like to add that women are not the only victims of drug-related rape. There are now men coming forward admitting the same has been done to them. These men and women have gone to hell and back, with the end result sometimes being

not believed. We need to understand and validate their experience and provide counseling for them in their time of need.

In conclusion, I thank you for the privilege of coming before you to share my information and hope that with it, you can make a difference in the quality of life for all our rape survivors.

ASSEMBLYWOMAN HECK: Ellen, this is very chilling information. And I know that this Women's Advisory Council, as we have in the past, works in a bipartisan way to make changes. And I'm sure that all of us here can--

You've worked on these before. (speaking to Assemblyman LeFevre)

I know Corodemus, DiGaetano, and myself-- Loretta has a history of changes that we've made through the Women's Advisory Council. Of course, Nellie Pou--

I think we will advise staff today to begin to work very aggressively and quickly before the end of the session to move to produce some stringent laws that can be adopted and signed into law before we leave at the end of June.

I know-- I'm going to speak on behalf of all of us -- that we will make a concerted effort to have that done immediately.

Thank you so much, both of you.

MS. BLOOM: I thank you. And if I can be of any further service, please don't hesitate to contact me.

ASSEMBLYWOMAN HECK: Thank you, Ellen.

MR. FARLEY: Can I make just one comment, Rose?

ASSEMBLYWOMAN HECK: Yes, certainly.

MR. FARLEY: Sitting here with us today is the Deputy Director of the Division of Criminal Justice for Policy, Ron Susswein, who you probably all know.

ASSEMBLYWOMAN HECK: Yes, we do.

MR. FARLEY: Ron, to me, is the best criminal justice mind in America. I would suggest--

ASSEMBLYWOMAN HECK: That's quite a compliment coming from Terry.

**R O N A L D S U S S W E I N:** I just paid everybody to say that.  
(laughter)

MR. FARLEY: I believe that firmly. That's why I brought him back to Criminal Justice when I was there. And I would suggest that maybe a member of your Committee contact Ron for some suggestions because he is a wealth of information.

ASSEMBLYWOMAN HECK: Don't leave, Ron, because you will be contacted before you leave the room. This is too urgent a matter.

Assemblywoman Weinberg.

ASSEMBLYWOMAN WEINBERG: Ellen, if we could wave a magic wand, what would be the first thing that you would want the State to do to help you to implement this kind of a program throughout the State?

MS. BLOOM: I think that the most important thing right now, because law enforcement is on board, although there hasn't been any money allotted -- Prosecutor Farley and myself donate all of our time and our lectures -- money for training in the police academies for in-service and recruits and

money geared towards the victims. There are two target populations, and the No. 1 target population is high school and college children. And since it is not in the curriculum in high school and it's tiptoed around, I am getting probably 10 calls a week from high schools all around the state that want me to come and do seven presentations a day, which I cannot do. I've boiled it down to one assembly, if that's even possible, but frequently, I have to say no, and I have to say no to large schools, such as Cherry Hill East and West. And I feel badly about that. I am the only one doing it. And I have encouraged them, and they have not taken my advice as to "Let me come in and train your health professionals, your nurses, your counselors." And they have not taken the time for that for whatever reasons. I'm sure they're good.

So there isn't a date rape drug education format in any high school other than the high schools that are having me independently. I would like to sit down with the New Jersey State Education Commission and implement some kind of program into the curriculum because these are the target populations. It also gives me information of the resources when we're there of who's out there to help them after something terrible like this happens.

There was a case of a young girl coming into a guidance counselor saying, "I am a virgin, and I am pregnant." And she said, "We're going to the psych ward." And in fact, it turned out that she was drugged and raped and had no idea of it and became pregnant. And the counselor said to me, "I never, ever would have guessed because I don't know what these drugs are about." And so she went through unnecessary psychological testing, restraints -- overnight restraints, which was far more, again, traumatizing.

So we have problems of teachers, administrators. And the only ones that know about it are the ones that we get to talk to. And we're only two people. And we, unfortunately, can't do it all.

So that would be the magic wand, mass education-- Law enforcement, which has initiated on its own-- And I complement them. That's why I have my Police Training Commission certification -- was given to me. And then education into -- for our victims and the support for our victims that they're not-- The counselors at our counseling program that counsel victims of date rape drugs quoted to me the other day, "Ellen, this is all I'm seeing -- is drug-facilitated rape. I'm not prepared for this posttraumatic stress. I have to have a whole new plan and course of treatment for this." And so counselors also need to be advised, as far as what the details are of drug-facilitated rape.

ASSEMBLYWOMAN HECK: Absolutely.

Assemblyman LeFevre.

ASSEMBLYMAN LeFEVRE: Just quickly.

I had the opportunity to hear Ellen speak last summer at the law enforcement seminar that was at the FAA Tech Center. And again, it was really all the law enforcement individuals.

But you had indicated, I believe -- was what you said that day. There are telltale signs. If you see young people walking with a pacifier hanging on a string on their neck, it's usually an indication that they're using something because GBL-- I think one of the side effects of GBL and GHB is that they grind their teeth.

MR. FARLEY: Ecstasy.

ASSEMBLYMAN LeFEVRE: Ecstasy. I knew it was one of them.

So the pacifier serves as a way of protecting their teeth.

That just was an observation. That's an interesting thing that--

Also, the other thing I learned that day was that if you happen to go into one of your stores -- your drug stores, and you try to buy a Vicks inhalant-- If you don't see any on the counter, you probably have a problem in your community because they use that and mix that, after they've taken some of these designer drugs. And it enhances the high just by inhaling this Vicks VapoRub.

So there are telltale signs out there that people need to know about.

MS. BLOOM: There are telltale signs. Just in a high school in Atlantic City-- There's a substance called DMSO, which is a transdermal agent. Now, none of us would really be able to sit and think about these things if we tried, but DMSO is what they put on nicotine patches and estrogen patches to transport medication through the skin. They were mixing GHB with DMSO, rubbing it on the inside of their arms, and all day, giving themselves little hits of GHB. And law enforcement was called in because many of them had the rash on the inside of their arm.

The drugs are being taken orally, anally, intravenously, they're snorted, but the new craze right now for GHB is colonic, rectal insertion of GHB in colonic.

ASSEMBLYWOMAN HECK: Oh, for God's sake.

MS. BLOOM: It goes on. I only have 15 minutes, but it goes on.

ASSEMBLYWOMAN HECK: Just so you know, I don't know if-- It may be something that you should look into -- the new candy craze in the stores are those lollipop pacifiers.

MR. FARLEY: Yes.

ASSEMBLYWOMAN HECK: They're all over the place. And I'm saying, what child would want to have a lollipop pacifier, and they're teenagers.

MR. FARLEY: In the designer--

ASSEMBLYWOMAN HECK: But you see them all over.

MR. FARLEY: In the designer drug book, you'll see a list of all the candies, all of the clothing. There's a rave book over there that also describes that. To see 35-year-old guys standing in a nightclub with no shirt on, baggy khakis, sweating, obviously a steroid user -- and the only thing on or above his waist is a necklace with a pacifier on it, is a frightening experience, even for undercover narcotics guys. And we see it every single night.

ASSEMBLYMAN LeFEVRE: Ellen may tell the candy -- the use of candy -- where they microwave the candy down, and then they insert inside of it--

MS. BLOOM: The Tootsie Rolls.

ASSEMBLYMAN LeFEVRE: Tootsie Rolls.

MS. BLOOM: They warm them up. They open them up because there's a natural seam in the little Tootsie Roll. They put the Ecstasy inside the Tootsie Roll. They close it back up and smuggle them into the clubs. And it looks like they're just bringing in candy.

ASSEMBLYMAN LeFEVRE: They sell them at rock concerts.



MR. FARLEY: At the rave concert that was held at the Mennan Arena last year, after we did a program two days before, I think it was, with Ron Dixon, from the Middlesex County Prosecutor's Office, they found 1500 PEZ dispensers discarded on the floor because that's another way that they carry the pills. They pop right out of the PEZ dispensers, out of the plastic Certs containers. We can go on and on, talking about bags of Skittles and M & M's and how they open them and carry them that way. But if you want some real background, I think most of it's there. And it's a frightening situation that only something like today's hearing is going to really make public.

ASSEMBLYWOMAN HECK: I thank you very--  
Nellie, did you want to ask something?

ASSEMBLYWOMAN POU: Assemblywoman, I just--

ASSEMBLYWOMAN HECK: Yes.

ASSEMBLYWOMAN POU: Ellen, I am just so incredibly surprised, and this is really incredible information. Being a parent and a mother of an 18-year-old girl and a college student now -- and just to learn and hear this testimony, really, is a very frightening situation for me for a number of reasons.

But my question to you both is, is there any kind of-- Certainly, we know that, obviously -- and I'm glad you made the statement because that was going to be my original question about whether or not this is something that is part of the curriculum. Certainly, counselors ought to be much more involved in this process, and I can see that that, obviously, is not the case. But on the prosecutor's level -- on the law enforcement level -- throughout the

county -- the 21 prosecutors-- Are there some kind-- Are there counterparts in each of our county prosecutors' offices that are doing the kind of work that each of you are doing? And is there shared information? And are they actively -- as actively involved in this as you are, obviously? I come from Passaic County, so I'm really asking from that end, as well.

MS. BLOOM: I would like to say Prosecutor Farley is, by far, the most prominent person in the prosecutors' community, as far as his crusade against these drugs. He's the lead. But I have personally been requested by every single prosecutor in the state and back again. I did teach at the Passaic Police Academy, also. And so first, law enforcement reached out. And then once law enforcement was able to obtain indictments, then assistant prosecutors had the need to find out what this was all about. And they did call upon me, just randomly.

MR. FARLEY: You have your victim-witness coordinators, some of whom you're going to hear from today, that are very important.

And by the way, don't-- The SACs in the schools, certainly in Ocean County, are fabulous. I go to-- As a matter of fact, I missed their meeting this morning because I thought this was more important.

But they deal with us, literally, every day. And I think, probably of all the education personnel, the SACs are the ones who are doing something about this and know the most, but they don't get a lot of support. There are a lot of schools in New Jersey, because of funding-- Because of the funding situation, a lot of schools eliminate substance abuse coordinators. And quite frankly, I can't conceive that there should be a school in the State of New Jersey today that doesn't have at least one. And that's something else you

might want to look at with the Department of Education because these people are unbelievably important.

ASSEMBLYWOMAN HECK: Thank you both very much.

MR. FARLEY: Thank you.

MS. BLOOM: Thank you so much.

ASSEMBLYWOMAN HECK: And Ron, you're not going to leave.

We have a trio coming up next.

Leslie, is it Hodes or Hodes? (indicating pronunciation) Leslie, how do you pronounce your last name?

**LESLIE HODES:** Hodes. (indicating pronunciation)

ASSEMBLYWOMAN HECK: Hodes, (indicating pronunciation) Director of School Based Youth Programs -- Services Programs, South Brunswick High School.

Marlene, do you want to pronounce your last name?

**MARLENE HUSCEKE:** Husceke. (indicating pronunciation)

ASSEMBLYWOMAN HECK: Husceke, (indicating pronunciation) Advisor, HiTOPS Teen Peer Program, South Brunswick High School.

Marie Eggland, Therapist, School Based Youth Services Program, Pinelands Regional High School.

MS. HODES: Good morning.

ASSEMBLYWOMAN HECK: Good morning.

MS. HODES: Thank you for having us today.

I think Nellie is very well aware of the work of the School Based Youth Services Program in Hudson County.

It's good to see you, as well. We go back just a few years.

I'm here to represent the Department of Human Services, the Office of Special Initiatives for the State of New Jersey.

ASSEMBLYWOMAN HECK: Just let me add for those present that Nellie Pou was the Human Services Director, so she has great experience, and that's why we value her so much on this Women's Advisory Council.

ASSEMBLYWOMAN POU: Thank you, Madam Chair.

MS. HODES: I'm here to share with you, just a minute or two, about the School Based Youth Services Program in the larger context of dealing with issues related to date rape and dating violence.

Marlene is here with me because she is the advisor to our health interested teens' own program on sexuality, which is a peer leadership group which began approximately four or five years ago in South Brunswick High School and has now become institutionalized by the Board of Education and is a health class of 24 students, who are trained intensively in an entire year on issues related to dating violence, sexually transmitted infections, etc. And I have a cadre of students back there who are very anxious to talk to you.

ASSEMBLYWOMAN HECK: That's wonderful. Why don't you stand up and--

MS. HODES: Oh, they're going to talk.

ASSEMBLYWOMAN HECK: Are they going to speak?

MS. HODES: I'm going to limit my--

ASSEMBLYWOMAN HECK: Well, where are they?

MS. HODES: They each have a little something to say.

ASSEMBLYWOMAN HECK: I mean, are they on our list?

MS. HODES: Well, they're part of Marlene's presentation.

ASSEMBLYWOMAN HECK: Marlene -- good, Marlene.

Okay, thank you.

MS. HODES: So I'm going to limit my statements to just a minute or two so that you get the opportunity to hear from the students.

I just want to let you know that this is a program--

ASSEMBLYWOMAN HECK: I appreciate that.

MS. HODES: --that started 12 years ago, was funded through the Governor's budget, and is in existence today. And in fact, this program, the School Based Youth Services Program, has been recently expanded. A new request for proposals went out, and in a few short weeks, 15 new sites will be funded throughout the state. It's been a long time coming.

The 30 schools in the State of New Jersey that have School Based Youth Service Programs--

ASSEMBLYWOMAN WEINBERG: Two in my district.

MS. HODES: Two in every county.

ASSEMBLYWOMAN WEINBERG: In Hackensack.

MS. HODES: Actually, I think there's probably two in every county -- close to two, except for Mercer County, there's one.

ASSEMBLYWOMAN HECK: Is your mike on? Red. Just hit the black -- the button. If it turns red, then you have your mike on.

MS. HODES: It's now on.

ASSEMBLYWOMAN HECK: Yes, thank you.

MS. HODES: I would also like, before I just give you a minute or two, to request that Ellen--

Is she still here? Yes.

Ellen has a population of about 100 Human Service Directors -- School Based Program Directors and clinical and health staff who would be more than willing to meet with you -- have you do a training with us this summer. You get 100 people from all over the state one time--

ASSEMBLYWOMAN HECK: Ellen, what an opportunity.

MS. BLOOM: Yes, wonderful.

ASSEMBLYWOMAN HECK: Yes.

MS. HODES: I just know you want some more work to do.

ASSEMBLYWOMAN HECK: No, no, this is good. She's looking for disciples. She needs help.

MS. BLOOM: Thank you.

MS. HODES: Ellen, we are your disciples. That is for a fact.

The School Based Program is in the Governor's budget, and as such, luckily we don't get cut. It's one of those kinds of programs that mesh education and human services. And we do provide comprehensive services to young people, in some communities K-12, but in most communities, grades 7-12. We provide prevention and intervention kinds of services.

From the prevention end, we look at HiTOPS, starting -- implementing peer leadership kind of groups, conflict mediation kind of work, kinds of things that teach children and young adolescents how to deal with anger, how to deal with issues of control -- which we all know date rape is an issue of control and anger -- how to have young women become more assertive and learn how to set limits with young men, and a whole wide range of other kinds of prevention programming. But we also deal with intervention

programming. All the school based programs have mental health counselors and nurses who work with students and families, and I want to put the emphasis on families, to help them learn new ways to communicate with each other.

Many young men and women who are in abusive dating relationships live in homes where there is family violence. I'm sure this comes to no surprise to any one of you or anyone in this proceeding. These people have not had effective modeling, and they have not learned other ways to cope with anger or to deal with conflict. And unfortunately, they are the byproduct of abusive families -- many of them, not all of them.

In School Based Youth Services, our counselors work with children and families to teach them new ways to communicate, to teach them new ways to resolve conflict, and to teach them new ways to avoid violence in our next generation, if you will.

So how school based helps is to develop relationships with caring adults. Teenagers know that they can -- know that they can come to an adult and talk to them without fear of recrimination, without being doubted, and knowing that a caring adult, an adult who is trained, will work with them and help them develop new ways to change a situation, if you will.

We know that date rape -- most students who are date raped talk to their peers. What we want to do, and what we try to do through HiTOPS and other programs such as that, is teaching young people that it's okay to share that information with an adult. If a peer comes to another peer, that peer needs to encourage the friend to come forward and share the information so that it doesn't continue.

We also educated young people through small group forums. We do all kinds of programming related to violence, related to diversity, how to respect and show tolerance to others in your community. We do all kinds of conflict resolution work. And basically, what I want to just sort of put out there is that if you have the opportunity to help, through your efforts, to develop or expand these kinds of programs so that every school in the state would have a school based program, I think it would be a wonderful site for your agenda.

Without further ado-- Four years ago, South Brunswick School Based was provided with an opportunity to train a cadre of teen peer leaders in adolescent sexuality. And one of my school based counselors and a nurse worked together to begin this project to train young adolescents to become peer leaders in these areas. These young people work with our middle school students related to issues of abstinence, related to issues of dating violence, things that -- on a level where they can understand and be accepting in seventh and eighth grade. And then they do some other work, additionally, with students in the high school.

It is my pleasure to let you know that our school district has institutionalized it, and I'd like to introduce Marlene Husceke, who is a health educator, and our students, to come up just to give you a brief, brief understanding of the kind of work they do.

MS. HUSCEKE: Having learned how to turn the mike on--

Thanks for having us this morning.

My name is Marlene Husceke. I've been a health and physical education teacher at South Brunswick High School for the past 28 years. I had



the opportunity this year to work with the HiTOPS program, health interested teens' own program on sexuality. We are part of 12 schools, statewide, in the Teen PEP Program, although we call ourselves HiTOPS because we have been in the schools for the last five or six years.

ASSEMBLYWOMAN HECK: Excuse me one minute.

Why don't you pull some of those chairs forward and surround your teacher.

MS. HUSCEKE: Previous to this year -- actually, this year included -- our funding came from School Based Youth Services, or Leslie's budget. This year, the School Board has decided to fund us through the school budget. And this is where--

ASSEMBLYWOMAN HECK: In what amount, Marlene?

MS. HUSCEKE: Pardon me?

ASSEMBLYWOMAN HECK: How much, roughly?

MS. HUSCEKE: I asked for \$13,000.

ASSEMBLYWOMAN HECK: Okay.

MS. HUSCEKE: And I just said to Leslie, as of this speaking, no one can seem to find my money. It's not a line item, but--

ASSEMBLYWOMAN HECK: Well, it's a good place to ask, and kind of know what you're looking for, right?

MS. HUSCEKE: Yes. It's a lot of money, but you get a lot out of it.

ASSEMBLYWOMAN HECK: Absolutely.

MS. HUSCEKE: Unfortunately, having been in education as long as I have, it's always a quest for money.

Before I talk a little bit about what we do--

You mentioned the SACs before. And we are a school of almost 2000 students. We have one full-time SAC, who is extremely knowledgeable, who works diligently with the kids, who is one of my helpers with HiTOPS. We desperately need more SACs with that number of students. I've had speakers from the Middlesex County Prosecutor's Office come in. They came in as recently as last year into health classes. They are an excellent resource when talking about date rape, date rape drugs. Unfortunately, as the Ocean County Prosecutor mentioned, they're -- they are spread far too thin. I was only able to get them to come in for one day. And so was our SAC. When you try to get people to come in and talk to the kids, there just aren't enough resources.

What we do in HiTOPS-- We are a peer education course. Our goal is to have teens teach other teens about human sexuality issues. These (indicating) are a few of 24 students that have been with me all year. We offer training sessions in puberty, contraception, teen pregnancy, sexually transmitted infections, HIV/AIDS, homosexuality, sexual harassment, as well as date rape. And then, once these students are trained, they present workshops to other students in the South Brunswick school system. We do grades four through twelve. And we present workshops on any of the above topics.

Specifically, our date rape workshop-- We try to give students facts. We try to define rape. As you mentioned before, we've had students sitting in workshops who have been raped and don't know it. And when they hear the definition, when they sit through the workshops, a little bulb goes on

in their heads, and then they speak to either one of the students or myself, and they say, “I think I may have been raped.”

We use skits. We use group discussions. We teach negotiation and refusal skills. We use role plays. We use values clarification activities. The goal of this workshop is to help students identify factors associated with date rape, such as alcohol and drugs, to identify ways to decrease the risk of rape, how not to put yourself in those kinds of situations, and what they should do if a rape has already occurred.

Now, I brought with me five members of the HiTOPS Teen Council. And what they would like to do is share their perception of their problem as students and as teenagers and share with you some of the ways that they think we impact on this problem as HiTOPS.

ASSEMBLYWOMAN HECK: Thank you.

MS. HUSCEKE: I’m going to let Amit talk. I’m going to move over so that the next ones can come in.

**AMIT PATEL:** My name is Amit Patel, and I’m a member of HiTOPS.

Someone previously mentioned that alcohol, in relationship to date rape and acquaintance-- And at HiTOPS, we’re concerned about alcohol being involved in the, I guess, scheme to take advantage of a younger woman.

I’ve witnessed instances in high school events where a male can use alcohol as a vehicle to get sex or other sexual contact with a woman. And in my experience, I believe that the sexual encounter doesn’t have to include intercourse. It could include other sexual acts, including oral sex.

I don’t mean to say, like, all guys are bad. I don’t want you to generalize, but there are a few. And nevertheless, to fight the misuse of alcohol

by the few people that are doing this, HiTOPS is showing young women how to identify potentially dangerous situations and avoid them. Some techniques include staying in groups, someone, before, mentioned that; using the buddy system and arranging rides home.

As a result, HiTOPS aids in preventing any kind of unwanted sexual activity or sexual experience, including rape.

I just want to add that as a member of HiTOPS, we had some excellent speakers and learned a lot about a range of things including rape, and it just, kind of-- You don't know how it is until you hear somebody that has been raped, as we did, and a few other speakers, which was very interesting.

Thank you.

**MEGAN LEMLI:** My name is Megan.

Along with what Amit said, it's also common not only to see the guys at parties trying to get girls drunk, it's also common to see the girls trying to get themselves drunk because they feel like the alcohol will relax them more, and they'll be able to deal with guys better. And a lot of times they know they want to, as we call it, hook up with a guy, which, by a teenage definition, is anything or everything but sexual intercourse. They might just want to hook up with a guy, and they're too nervous to, so they figure, "Well, I'll get a little drunk, and I'll be more relaxed, and everything will be fine. I'll be able to hook up with this guy." But they don't realize that if they drink too much or just what they drank can make them too relaxed, and the situation gets out of hand before they know it, really. And they can overstep the limits that they previously set.

And as HiTOPS members, we can't be at all these parties, and we can't be there behind all the girls saying, "You're drinking a little too much. You know, you might want to slow down." But what we do, through our workshops, is we can plant the seed so that when they're at these parties, they realize that, "Wait a minute. They told me in HiTOPS that this is a high-risk behavior. I'm drinking too much. I could get myself into a bad situation." And then they step back. They can look at it from, you know, a different view, and possibly keep themselves out of a bad situation, which is a goal of ours as HiTOPS members.

And I think the other Megan would like to speak.

ASSEMBLYWOMAN HECK: The other Megan.

**MEGAN DEBOW:** That's me.

My name is Megan Debow, like she said.

I wanted to talk a little bit about how close to home some of the issues that were mentioned earlier have come.

About two or three weeks ago, I heard about some of the local clubs that were closed in Sayreville. There were two of them, I believe, maybe more, two that I know of -- maybe four, I heard someone say. They were closed because of drug use and distribution, particularly Ecstasy, which is what I heard of -- most common.

That scared me because it really hit home because most of my friends have frequented those clubs often. We go there all the time. And knowing that these drugs are so common there and that they actually had to be closed down because of this really scared me.

There's really no telling if Ecstasy is the only one that is circulating. And I highly doubt that it is. So if Ecstasy is showing up, then I'm sure there are a lot of other things going around. And I know that people leave their drinks down. There's bars all over the place, so it's easy for anyone to be taken advantage of.

I'm not sure what was done when these clubs were closed, but I know that in less than a week, they were open again, which I doubt is enough time for anything significant to be done about something that's a really serious problem.

And being a teenager, I think it's important to have someone to talk to about these and any other issues. And as HiTOPS members, I feel we're providing a place for our peers to go and ask questions which they may feel uncomfortable asking adults.

So many of us have actually had friends or people that we didn't even know, complete strangers, come up to us in the hallways or during workshops, after workshops, and ask us questions. Knowing that we're educated enough to answer these questions and that they're confident to approach us knowing that they won't be judged by us makes us feel like we're really making a difference.

ASSEMBLYWOMAN HECK: I'm sure you are.

MS. DEBOW: Thank you.

**ISABELLE NEVCHAS:** I'm Isabelle Nevchas. I'm also in HiTOPS, and I just wanted to tell you a little bit about the pressures that teens feel, especially the males.

Many male teens today feel pressured to have sex, whether it be anal sex, oral sex, or vaginal sex, especially oral sex. If you don't do it, then you may be considered uncool or maybe even gay, and no guy really wants to be called gay.

There's a constant reminder from friends, especially from the media, that sex is supposed to be a normal thing, you're supposed to do it all the time. And if you don't do it, then of course, you know, you're not good.

And what we do is that we teach these guys how not to be rapists and how not -- how to show them that you don't, necessarily, have to have sex in order to be cool. We tell them that sometimes a girl -- you don't know if she's saying no because she doesn't want to do something or if she's saying no because she's playing hard to get. So we're trying to distinguish these signals and interpret them. And we also inform them through our games and our skits and our workshops, giving them the opportunity to use the skills that we teach them through scenarios. For instance, we'll tell them that "You have to be in the position where your friend is borrowing a CD from you, and you have to try to convince them to not borrow it -- like it's bad idea for them to borrow it from you." So you have to convince them that you think that it's a bad idea and that you don't want it to be done. And that also leads to other things, including sex.

So we're pretty much just showing them that it is okay to say no and that you don't necessarily have to have sex.

And Lindsay is going to show you the girls' point of view.

**L I N D S A Y L E F F E N F E L D:** My name is Lindsay Leffenfeld.

Like Isabelle said, I'm going to talk about the other side of peer pressure, how a lot of girls feel they need to submit to a guy's pressure, even if they don't want to. They're afraid that they're going to let the guy down and that all girls are having sex, so if they're not going to have sex with the guy, he'll just find someone else that will. And she's afraid that she has to give him everything or she's going to lose him. And unfortunately, this isn't the actual scenario, but many girls think it is.

As part of HiTOPS, we stress different ways to say no. We do what is called skill building, where students will walk away not only with information, but also practical skills they can use in real-life situations. But we also-- Some of the techniques we give on ways to say no are to use I statements, stating how they feel, to repeat it constantly and not back up with what they're saying, keep reinforcing how they feel. And if it becomes necessary to walk away, it's okay to leave the situation and remove yourself from it.

We also, as Isabelle was saying before, do a lot of role playing so that if they are put in the situation, they've done it before, and they don't have to think, "Oh, wait. I was taught how to do this." They've already done it, so it becomes easier, more comfortable, and it's just more practical for them because they've had the practice.

Thank you.

ASSEMBLYWOMAN HECK: Let me tell you how impressed we all are with the ease of your presentation. I'm sure it's not -- you haven't done this before, here in Trenton. I'm sure you're new to that. But I do want to commend you, Marlene, and of course your students, who are so well spoken



and presented a marvelous picture of what is happening. And we do know-- We watch the Oprah show, we older folks, and we saw, just this week, where young guys were feeling a lot of pressure and depression and becoming suicidal because they feel they have to be sexually active, and they don't want to be at a particular age. I think that drugs enhance what they believe -- enhances their ability to kind of give in to the peer pressure.

What you're doing is giving a positive alternative that, I think, is a marvelous happening and should be funded statewide. There's no doubt in my mind -- or nationally, because this is not just a problem here in New Jersey, it's becoming a nationwide problem. And I think this is a good step towards telling the story that needs to be told. And perhaps we can be effective in giving some direction and some help through legislation.

Thank you very much.

ASSEMBLYWOMAN WEINBERG: Rose, can I ask a question?

ASSEMBLYWOMAN HECK: Yes, please.

ASSEMBLYWOMAN WEINBERG: How long is the training that you undergo to become a peer leader?

MS. NEVCHAS: We do a different workshop every month or so, so we practice the workshops for about a month, and then we actually perform the workshops. And while we're performing that workshop, we practice four different workshops. So throughout the whole entire year, we're always practicing while we're doing workshops.

ASSEMBLYWOMAN HECK: And learning from one another, I'm sure.

MS. NEVCHAS: Exactly.

MS. LEFFENFELD: Before the school year starts, we go on a retreat a couple of days before. It's a two-day retreat where we learn not only how to work and function as a group, but also with each other. And then when we get back into school, they start us with information. And we're taught throughout the year.

ASSEMBLYWOMAN HECK: Fantastic.

Ken.

ASSEMBLYMAN LeFEVRE: I just want to, first of all, thank Mr. Patel for making the comment that it's not all men, (laughter) but also to compliment all of you. You're very mature, and I'm sure you do go through your own abuse that you get from some of your colleagues, some of your peers, for what you do. It's not something-- I can see where somebody might say you're uncool for not trying to be cool. So I give you a lot credit for what you're doing, and best wishes.

MS. LEFFENFELD: Thank you.

MS. LEMLI: Thank you.

Can we leave now? We've tried to get up like twice already.  
(laughter)

ASSEMBLYMAN LeFEVRE: No, the television station wants to interview all of you individually. (laughter)

ASSEMBLYWOMAN HECK: You're doing a great job. I'm very impressed with each one of you, and I thank you for what you're doing. I think that this is a very worthwhile program.

And \$13,000 is like nothing compared to the benefits of saving all those young people that pain and suffering.

And one of the things we learned in Bergen County, working with young groups is-- We have Hackensack University Medical Center. And Loretta and I work very closely with some teenage groups in that area. And I know that students from Hasbrouck Heights-- We went in. We spoke about what the worst problem in the world was. This was four years ago, when they had just finished the smoking piece that they did. They did TV skits for the younger students at the high school and junior high school. And the head of pediatrics told us one of the worst problems that has hit is the fact that young people -- young teenagers are becoming infertile because they're contracting diseases that-- They are totally unaware that they've contracted these sexually transmitted diseases, and will never, never become parents.

So this was shocking to me at the time. But knowing more and more of what's happening, and the fact that we have the date rape drugs that we addressed in 1997 and seeing more and more of this coming down to the younger and younger generations-- And we're talking about young girls becoming pregnant at 11 and 12 years old. The escalated fertility rate-- A lot of things are happening, and our job is, particularly the Women's Advisory Council, is to help you grow up to be healthy and happy and not be exposed to such horrible things.

Thank you very, very much.

ASSEMBLYWOMAN POU: Assemblywoman.

ASSEMBLYWOMAN HECK: Yes, Nellie.

ASSEMBLYWOMAN POU: Before our young people leave, I just want to say that, first of all, it's really very good to see all of you here. I'm just so very happy to see that the School Based Youth Services Program has

continued to do a wonderful job. My experience with the School Based Program was from its original inception many years ago. They do a number of wonderful programs. It's evident by the testimony that you've heard here today of just one of the many things that the School Based Program does. So my congratulations to all of you. I know that all of your colleagues throughout the entire State of New Jersey that have School Based Programs are very happy to see that you are taking a lead in testifying on something as important as what we're doing here today.

I am also hoping that all the young people that have taken the time to share your feelings, your thoughts, and your ideas with us and just providing us with information-- I'm just really wondering, in your opinion, do you find that most children your age -- most young people your age are familiar with the many different testimonies that we've heard here today? I know for a fact that, you know, we've heard about Ecstasy, we've heard about many other types of drug use. Do you find that the young people your age are very well aware of what's going on there, based on the terms -- the street terms that they use, or is this all new to us as -- to them as it is to us?

MS. DEBOW: We see it all the time in school.

Should I move up?

ASSEMBLYWOMAN POU: Real quickly, if you could say it-- I just--

MS. DEBOW: We see it a lot in school, you know, casually mentioning, "Oh, yeah, I did E this weekend." It's like no big deal to hear it anymore. You don't hear about the risks, though. You don't hear about the bad cases like-- I forget his name. He was telling us about it. You don't hear

about that. You only hear like, “Yeah, I was high on E this weekend.” You don’t hear the bad stuff.

ASSEMBLYWOMAN POU: And that’s an important statement, Assemblywoman.

ASSEMBLYWOMAN HECK: Absolutely.

ASSEMBLYWOMAN POU: So I think we really need to be -- take that into account--

ASSEMBLYWOMAN HECK: Well, that’s why we’re holding this hearing today--

ASSEMBLYWOMAN POU: That’s wonderful.

ASSEMBLYWOMAN HECK: --because we don’t know everything. We’ve heard bits and pieces from law enforcement, from prosecutors’ offices, but I think hearing directly from you, and the fact that you’re acting proactively, in a positive way, gives us some inspiration. Of course--

And, Marlene, your telling us that you need funding is important, too.

And Ellen having told us that she needs disciples to help her is important.

So this is why we’re holding this very important meeting.

ASSEMBLYWOMAN WEINBERG: Assemblywoman.

ASSEMBLYWOMAN HECK: Yes.

ASSEMBLYWOMAN WEINBERG: Can I just ask Leslie Hodes-- Do you work for the State, or do you work for South Brunswick High School?

MS. HODES: No, no, I work for the Department-- It's very complex. I work for UMDNJ -- is the lead agency, but UMDNJ has the contract with the Department of Human Services--

ASSEMBLYWOMAN WEINBERG: To do a School Based Youth Program?

MS. HODES: --to provide School Based Youth Services.

ASSEMBLYWOMAN WEINBERG: Throughout the state or--

MS. HODES: I manage one discrete School Based Youth Services Program. There are 30 such. Each one of them has a lead agency that gets the moneys from the State -- from DHS to provide this range of services. Each lead agency happens to be a different agency in every county.

So there's 30 discrete sites that provide these services, but each one of them is funded through the State DHS, Office of Special Initiatives, and then we provide the services. But we are accountable to our lead agency, which in my case is UMD, and to the State Office of Special Initiatives and to the school district. So we have like three bosses.

ASSEMBLYWOMAN WEINBERG: There are two of them in the district I represent -- I think Teaneck High School and Hackensack High School.

MS. HODES: Hackensack is the original School Based Program. I think Teaneck has a different source of funding.

ASSEMBLYWOMAN WEINBERG: No, it's through the State.

MS. HODES: Oh, is it?

ASSEMBLYWOMAN WEINBERG: Well, it was originally, in any event.

But this is raising some questions in my mind in that it's too complex, really, I guess, for us to go into. But there is a Governor's Advisory Council on Adolescent Pregnancy.

MS. HODES: We work closely with them.

ASSEMBLYWOMAN WEINBERG: Well, that was one of my questions -- and what kind of coordination is going on because I met with the Bergen County Advisory Group, which is also a student-led group to avoid adolescent pregnancy. They, too, are looking for funding. They were students from various high schools in Bergen County. I'm just wondering whether this disparate stuff is all out there being dispread, or if there is some coordination of these programs.

MS. HODES: On a State level, DHS works very closely with the Department of Education and the Department of Health and Senior Services.

ASSEMBLYWOMAN HECK: Absolutely.

MS. HODES: Those three State agencies work together to the extent that they recognize that we're on the front lines, working with students in schools and communities. And so whenever possible, if a program comes down or an initiative comes down through the DOE or through Health and Senior Services, those people are brought to our statewide directors meetings, and we try to network. For example, KidCare -- just as one example--

ASSEMBLYWOMAN HECK: Yes.

MS. HODES: --came to us as a larger group of 30 school based directors, and told us about that initiative and asked us to--

ASSEMBLYWOMAN HECK: To promote it.

MS. HODES: To promote it and to learn it so that we could--

ASSEMBLYWOMAN HECK: Sure.

MS. HODES: --in fact, on a given site level, complete applications with families.

So there's a lot of that kind of ongoing collaboration.

I think that the kind of issues that happen from a systemic level is that DOE has their own particular priorities about what they want to do in schools. And Health and Senior Services are concerned about adolescent pregnancy. But what hasn't happened is sort of like a larger systemic change in the way that these three State agencies work together so that all adolescent programming, if you will, is under one kind of--

ASSEMBLYWOMAN HECK: Umbrella.

MS. HODES: --umbrella.

However, School Based does a really good job, just in the 30 sites, and hopefully, in the next couple of weeks, we're going to hear about 15 more sites -- in working on a local level to provide the kinds of services that all of the State agencies want to provide. We can't do it all. We're small. We get very little funding. But I'm really happy that the school district that I brought this HiTOPS program into hired, through my funding -- which is less than \$200,000 a year, and I have five full-time therapists, myself, a health educator, and an employment counselor -- that I was able to transfer this particular program to the school district funding so that I could free up some dollars to do some other programs.

So these are the kinds of things that we would hope -- where we bring in these new and innovative and hopefully very responsive kind of work



with kids, and then we try to have the school district buy into it and fund them through local school districts.

ASSEMBLYWOMAN WEINBERG: That, what you just raised, if I--

Every time I turn the microphone on, I think of the joke of the legislative correspondence ball, that it's only in the State Legislature that a red button means it's on.

Anyway -- that we might look into having some kind of coordination of efforts -- you said for all adolescent programming, perhaps--

ASSEMBLYWOMAN HECK: I think it's such a big, big job that when you start working in funding coordination, you start losing--

ASSEMBLYWOMAN WEINBERG: Well.

ASSEMBLYWOMAN HECK: --the creative efforts of the individuals.

I think it's important for you to look for more funding for what you're doing.

MS. HODES: And we do. And we do.

ASSEMBLYWOMAN WEINBERG: But I would like to see if our staff could, perhaps, get us a list, maybe, of what -- at least what the programs are that are out of the State because I was amazed, when I went to this meeting of the Bergen County Coalition to prevent adolescent pregnancy, that they were feeling-- There had been some kind of a State conclave run under the auspices of the Health and Senior Services Department, in which they were told they were not allowed to bring their student peer leaders.

So there were some questions--

ASSEMBLYWOMAN HECK: I don't think we better get involved with the administration--

MS. HODES: But do understand.

ASSEMBLYWOMAN HECK: --and what they're doing in different counties on that level because we're leaving the date rape community.

ASSEMBLYWOMAN WEINBERG: But, Rose, my--

ASSEMBLYWOMAN HECK: Please--

ASSEMBLYWOMAN WEINBERG: In order to provide the appropriate educational programs to youngsters on this date rape program, I would like to know what is out there, who's doing what, and who's tripping over whom, or where there might even be duplicate funding.

So maybe if we could, at least, just get a list of what the programs are that are dealing with these issues, it might be helpful to take it from there.

ASSEMBLYWOMAN HECK: Submit a list, and we'll do that.

ASSEMBLYWOMAN WEINBERG: Well, I think our staff will have to do that.

ASSEMBLYWOMAN HECK: We can do it, but she knows.

MS. HODES: I would suggest you contact Kay Rice.

ASSEMBLYWOMAN WEINBERG: I'm sorry, what was that?

MS. HODES: Do you know Kay? Kay Rice is the Director of the Office of Special Initiatives, and she'll give you a much better, sort of, systemic perception. And her number is 609-292-0908.

ASSEMBLYWOMAN HECK: Terrific.

ASSEMBLYWOMAN WEINBERG: Thank you.

ASSEMBLYWOMAN HECK: Thank you.

Ladies, thank you very much.

Marlene, did you want to sit with your--

And you're the therapist.

**M A R I E E G G L A N D:** I'm the therapist.

ASSEMBLYWOMAN HECK: We're going to need this after getting all this exposure to this frightening situation.

MS. EGGLAND: I work in the trenches with these wonderful children.

My name is Marie Egglan. I'm a licensed clinical social worker, who was trained at St. Francis Counseling Service, which is the sexual assault and abuse program of Ocean County. And I was really excited to hear how advanced Ocean County is. I know that we've listened to Mr. Farley a few times down in our school. So that feels really good.

In Pinelands, every child and family has availability to our services, and yet there's eight of us on staff. So we're talking about a lot of children and a lot of families who need to come through our doors.

When it comes to adolescent, we call it date rape-- In Ocean County, St. Francis has been asked, in every high school, to go in and do presentations because I used to do it for them before I was contracted into Pinelands.

One-shot date rape presentations are wonderful, but it's not enough because adolescence spans three different developmental stages. We have the early adolescents, which we call 10-14; the middle adolescents, which is 15-17; and then the late adolescents, which is 18-21, which has now been

moved up because nobody moves out of home anymore, so that stage has changed a little bit.

The programs needed for each one of those stages are very, very different, and yet most of the dating presentations are geared for the older children, those ready to go to college. And that's what we used to do, prepare them.

In Pinelands, it's the 11th grade health curriculum -- has myself and a person who works with family planning go in as part of the curriculum. I go in and do dating violence because many of the girls that I've worked with have been raped by boyfriends. And it really is a systemic problem, like Leslie said.

Recently, I had a girl come back from a vacation in the Poconos. She had been gang-raped. She had been given a date rape drug, whichever one it was, I'm not so sure -- has very little memory of what took place, except that she knew that there were four young men that held her captive in a room, while her friend, who had been raped the night before but didn't share it, stayed outside the door trying to get in. These are 15- and 16-year-old girls.

Now, I've worked with these girls. They know all the warning signs, but teenagers think they're invincible, and it's not going to happen to them.

And so, we really have to-- And the program I try to do is-- I do talk about date rape, but I talk more about their own value system and belief system.

I had another girl just recently raped by a white supremacist, who pretended, on the Internet, to be in his early 20s and turned out to be 28 and a

perpetrator that has done this to 14- and 15-year-olds. She walked into his bedroom, and she got raped because she was afraid, when she saw the Nazi swastika signs hanging all over, to start screaming. And his parents were right outside the door.

So this stuff really does happen.

If you want some shock value, we had 12-year-old who said, "Should I give up my virginity to my 13-year-old boyfriend as a birthday gift?" So do we have to hit and target younger kids? Yes. We can't wait until they go to college.

We really have to, somehow, get more funding. I figured it out. My interventions, depending on if it's a half-hour or an hour, are about \$20. That means, for a large pie -- pizza pie and some soda, you could have more of us in the schools. In every high school I've been into, they say, "How can we get one of you?" Because after doing a presentation, we would often get girls who'd come up and say, "I've been raped." And then I have to leave the school. I mean, we would tend to them and try to hook them up to a counseling service.

But with school based, I see these children -- these three girls that I talked about were in my office every day for weeks. I'm there five days a week. They have availability to my services. I pulled in families. I explained-- Parents need support when they find out their child has been raped. I pulled in parents to see how they needed to be supported. This type of program is what needs to happen.

We can do the hotshot one time to a big assembly, which is what I used to do. It's not the same impact because as much as I'd like to say I can

prevent date rape or dating violence, very often I can't because of the developmental stages and the risk taking that the kids that I work with display. So very often, I do after the fact. And you know what? These girls will not be as traumatized. They will always be traumatized by what happened in their life, but because they have consistent services-- One girl I worked with for four years to get her on the graduating stage after she had been raped in Atlantic City. This is what needs to take place in every high school, in every middle school, and maybe even in fifth and sixth grades of elementary school.

I put together a program for the middle school called inappropriate behaviors, because there was a gentleman who was sexually harassing girls. And that's when the Clarence Thomas stuff was all in the media, so they called it sexual harassment.

These children need to know what's appropriate and inappropriate with their peers because, you know what, that's when they're beginning to find out and experiment with the opposite sex. So these are all the things that we need to do.

And when Mr. Farley was talking about the drugs-- Half the students I work with use marijuana on a weekly basis. They talk about the blunts. They have trained me about Ecstasy and Rophinol and all of the drugs that are out there. And we have a heroin crisis down in Pinelands, I think, in Ocean County, probably all over because it's easier to get heroin, right now, than marijuana.

So, is this is a problem? It is definitely a problem in the State of New Jersey, and probably all over the country.

So what I would ask is, if you can't pass a law to help our culture stop desensitizing and sexualizing-- Kids are objects now. They see each other as objects, not as humans. And what we need to do is to train them that they have human value and worth.

And so, for \$20 in intervention, a trip to McDonald's-- That's all it costs. So, if you can put some more funding into-- I'm excited that we're getting 15 more sites. But I think every school in New Jersey should have at least the eight counselors that we do -- that have the availability to the children.

I do an anger management group. These are the ones who are going to become the perpetrators because people say, if someone has been abused, why do they abuse as adults. Well, the answer is, they have a choice. Their patterning is to be a victim or to be an abuser. That's all they see. And they choose to be an abuser rather than a victim again.

So very many of these boys and some girls become abusers. And with support -- weekly support, the anger management group-- These kids are some of the most volatile kids in the school, and yet they're eating out of our hands because we show compassion, trust, respect. And that's what kids need. They say, "How can you teach our parents how to listen like you do."

So there's lots of different things we can do in the schools. It's a wonderful opportunity for us to be there consistently. And I think that's why it works so well.

ASSEMBLYWOMAN HECK: When do you meet with the youngsters on any given school day?

MS. EGGLAND: I am there from 7:15 a.m. to 3:15 p.m., and I do a family night. My coworkers are there the same times. And we have two therapists come in from St. Francis who also assist me in the family counseling. So we're there when school is open.

We just got a \$250,000 grant, starting July 1, to work with sixth graders coming into the seventh grade -- and work with them all year as after-school programs. So that's something that we're just starting to implement.

ASSEMBLYWOMAN HECK: Good.

Any questions? (no response)

Thank you so much.

MS. EGGLAND: You're welcome.

ASSEMBLYWOMAN HECK: I appreciate it.

Linda Altieri, the President, New Jersey Coalition--

UNIDENTIFIED SPEAKER FROM AUDIENCE: She's not here.

ASSEMBLYWOMAN HECK: Oh, Linda's not here.

Deborah.

**DEBORAH K. SHEPHERD:** I'm here.

ASSEMBLYWOMAN HECK: Deborah Shepherd is the Executive Director of the New Jersey Coalition Against Sexual Assault.

MS. SHEPHERD: I want to first ask that-- I distributed my testimony before. There's a very crucial knot left out of it, so--

ASSEMBLYWOMAN HECK: Oh, okay.

MS. SHEPHERD: --could you redistribute that, the ones with the posters. I would also ask if you would put the posters up in your district offices.



ASSEMBLYWOMAN HECK: Good.

Thank you.

MS. SHEPHERD: Well, I can still say good morning because we've got five more minutes of morning, I think.

Good morning. My name is Deborah Shepherd, and I am the Executive Director of the New Jersey Coalition Against Sexual Assault, NJCASA. I want to thank the Chair and members of the Assembly Advisory Council on Women for inviting us to testify today.

NJCASA is the unified voice for victims of sexual assault, their loved ones, and the rape crisis centers of New Jersey. Its board is made up of directors of the 21 Division on Women funded rape crisis centers across the state, one in each of our counties. NJCASA's mission is to promote the compassionate and just treatment of victims and their loved ones, foster collaborative relationships between community systems, and effect attitudinal changes in society as we work toward the elimination of sexual violence against all people.

Today's hearing on date rape couldn't come a moment too soon. For obvious reasons, young people have more opportunities to go to parties and to date during summer than at any other time of the year. Unfortunately, this also means that there are more instances of date and acquaintance rape. Particularly we found, in our shore communities, the numbers go way up in the summer.

NJCASA has recently launched a public education campaign, Begin by Believing. And this (indicating) poster over here is one of the examples. It's not only to inform New Jersey residents about help that is

available to victims and their loved ones, but to make people aware of the breadth of the problem, to dispel the myths surrounding the issue, and to engage all of us in the struggle to eliminate sexual violence from our society. This (indicating) is the second poster. I don't have a large one. One of the myths is that only certain people are victims of sexual assault. This (indicating) one is anyone can be a victim. In fact, this (indicating) poster is now up in PATH Trains, New Jersey Transit stations, and New Jersey Transit trains and buses.

First, we must begin by believing the victim when she -- and I will use she here, but as we know, males are victims of sexual assault as well -- says she's been raped. Only about 2 percent of reports of rape turn out to be false, about the same percentage as any other crime. We must begin by believing that the victim is never to blame, no matter where she is, what she is doing, what she is wearing, or what she's not wearing. I don't think that we would say to someone whose car has been stolen, "Well, what did you think? You were driving that Lexus. Of course you deserve to have it stolen. It's a flashy car." We would never say that to a victim of any other crime. But rape victims are constantly being asked those kinds of questions and being blamed.

We must begin by believing that anyone can be a victim. Sexual assault is a crime that does not discriminate on the basis of gender, age, race, ethnicity, or one's position in society. We must begin by believing that over 84 percent of sexual assaults are perpetrated by someone known to the victim and dispel the myth that the typical rapist is a stranger who jumps out of the bushes or a dark alley. Unfortunately, the typical rapist may be the guy who sits next to you in class, a coworker, a relative, or even your husband. But

again, we've heard today about the date rape drugs, and this may be changing. This is a statistic that has been in effect for years, but there are horrifying scenarios in the picture now.

We must begin by believing that no means no; silence means no; that if someone is too drunk, disabled, or too young to say no, that that also means no. We must believe that people have a right to change their minds about having sex, even if it has already begun. Young women must believe that they don't owe their date sex because he's paid for dinner, and young men must believe that sex is not something that is owed to them.

We must begin by believing and enforcing that against her will is against the law, that this is not a sexual act, which should be loving, respectful, and consensual, but is an act of aggression to exert control and to humiliate and degrade the victim. Sex is merely the weapon.

We must begin by believing that help is available to all victims of sexual assault 24 hours a day, 7 days a week. As part of its campaign, NJCASA has launched a hot line, which is not only on the posters, but I put palm cards over there, (indicating) with the hot lines of all the rape crisis centers in the state, to be distributed. We are having these posters and cards distributed by all of our centers in schools, community centers, putting them up on laundry bulletin boards, community bulletin boards, libraries, bars as well. Each center is putting their own hot line sticker on the posters in the communities. When they call the hot line, trained advocates are available at any time to aid victims and their loved ones. NJCASA also has information on risk reduction, as well as information about date rape drugs.

Finally, we must begin by believing that all of us have a part in eliminating sexual violence against all people. We must begin by according all people respect and to treat them as we would wish to be treated. We must begin by teaching this to our children in the home and in the school. We must begin to believe that rape will end when men become part of the solution, when they realize that all of the women in their lives are affected by rape, and they begin to speak to other men -- speak out against sexual violence to other men.

We must begin by believing, on a State level, that it is absolutely essential that the Sexual Assault Protocol Council, which has issued standards that will ensure that victims are treated respectfully and justly throughout the state, continue to meet on a regular basis. This is the only forum where representatives from all systems that interact with victims can discuss these issues and devise solutions.

We must also begin by believing that allocations for rape care must be raised so that centers can continue to do the good work they do, 24 hours a day, 7 days a week, 365 days a year, no Christmas, no New Year's, no time off for holidays. Last year, our rape crisis centers received 30,000 calls, and this is only the tip of the iceberg because, as we know, rape is the most underreported crime.

Most of the centers have one or two professionals, many of whom are always on call. We anticipate that, as more people become aware of the help that is available, calls will go up. For the last 20 years, the line item for rape care in the State budget has remained stagnant at \$500,000. This is

divided among 21 centers. With Federal funding for rape care being reduced, it will become impossible to offer the kinds of services that victims need.

The New Jersey Legislature must also begin by believing that it, too, has a key role in fulfilling NJCASA's mission to promote the compassionate and just treatment of victims and to work toward the elimination of sexual violence against all people.

Thank you very much.

ASSEMBLYWOMAN HECK: Any questions? (no response)

I did want to take a moment to mention what Lydia Pizzuti (phonetic spelling) talked to us about yesterday. The Bergen County clothesline -- the rape crisis center was sponsoring that yesterday. And Lydia said that they -- that you are beginning to get a lot more calls from males. But you only have one opportunity because the men don't like to say -- and the young boys don't like to say they've been raped.

MS. SHEPHERD: Right.

ASSEMBLYWOMAN HECK: And they won't come in.

MS. SHEPHERD: They don't want to get follow-up calls. They won't come in.

ASSEMBLYWOMAN HECK: They won't come in. They don't want follow-ups. So you have one time to talk to them because they're in such a state of depression or confusion.

MS. SHEPHERD: And terror.

ASSEMBLYWOMAN HECK: And terror.

MS. SHEPHERD: And the statistics are not that different.

ASSEMBLYWOMAN HECK: Do you hear that, Terry?

MR. FARLEY: Yes.

ASSEMBLYWOMAN HECK: You know that men -- young boys are being attacked now.

MR. FARLEY: Yes.

MS. SHEPHERD: One out of three--

ASSEMBLYWOMAN HECK: I'm sorry, let me clarify, by other males.

MR. FARLEY: Both.

MS. SHEPHERD: Both.

ASSEMBLYWOMAN HECK: Both?

MS. SHEPHERD: In fact, we just did a television--

ASSEMBLYWOMAN HECK: The world is upside down.

MS. SHEPHERD: We just did a television -- public service announcement. We just filmed it last week. And we had four people actually sort of doing -- acting out these "He loves me, he loves me not." We had a young child saying, "He loves me, he loves me not." The next one was an adolescent boy saying, "She touched me, she touched me not." So that was a decision that we made because we don't want people to think this is just male on male.

ASSEMBLYWOMAN HECK: Male on male.

MS. SHEPHERD: So this is-- It is--

ASSEMBLYWOMAN HECK: That's an area that none of us really know much about. And we should know that this is happening.

MS. SHEPHERD: It is happening.

ASSEMBLYWOMAN HECK: Especially mothers of sons.

MS. SHEPHERD: Right.

ASSEMBLYWOMAN HECK: They should know this.

MS. SHEPHERD: In fact, when I was interviewed on a radio program, somebody asked me about the Mary Kay Letourneau case in the state of Washington. This was a teacher who was having a relationship with her 13-year-old student. And he said to me, "In circles that I've traveled in, men think it's really terrible -- men think it's terrible that older men with younger women -- that's clearly rape, but they see an older woman with a young boy as an initiation right. What do you think of that?" And I said, "You know what? This is rape, no matter what, whether it's a boy or a girl."

So we need to dispel those kinds of attitudes, as well.

ASSEMBLYWOMAN HECK: I think that's important. I'm glad that we spoke of about this in brief, and I'm glad you clarified that.

Thank you very much, Deborah.

MS. SHEPHERD: Thank you.

ASSEMBLYWOMAN HECK: Ruth Anne Koenick, Director, Department of Sexual Assault Services and Crime Victim Assistance at Rutgers University.

**R U T H A N N E K O E N I C K:** It's a long title.

Thank you.

ASSEMBLYWOMAN HECK: Yes.

MS. KOENICK: It shows the evolution of how this got started, and we didn't want to lose the sexual assault identification, but we do a lot more than that. And that's a little bit about what I'm going to talk about this

morning. I'm really pleased to be here, and I want to thank the Council and Assemblywoman Heck for inviting me.

I've been doing this a long time. I've been in this field 30 years. I've worked with about 3500 survivors in my career. And so I think I've seen just about everything. And then I sit, and I listen to people who have testified before me, and I realize, maybe I haven't.

But I've been asked to talk about sexual assault on a college campus and the type that we commonly call acquaintance rape or date rape, to look at methods of education, and to make recommendations about legislative direction.

I want to start about telling you a short story of my first referral when I got to Rutgers 10 years ago. I had been hired to look at acquaintance rape. And that was at a narrow focus in those days. And we know that that constitutes about 85 percent of the assaults that happen on a college campus. I was prepared. I got to Rutgers. I was really excited. This was like my dream job. I had run the rape crisis center in Middlesex County for 10 years, but I wanted to be back on a college campus.

So I was prepared to implement all of the recommendations of the acquaintance rape task force report. And I waited anxiously for the students to come back from semester break. And about 10 minutes after they arrived, or so it seemed, I had a phone call from one of the residence life directors who told me that a couple who were dating, who had lived in the same residence hall, got into a fight, and he beat her up out in the hallway, and would I please talk to this young women.



They put her on the phone, and it was very clear that she didn't want to have anything to do with me. And I'm not in the business of making people do things that they don't want to do. By the time they get to me, and many of my colleagues in this room, somebody's already done that to them. So I asked her if she would just consider coming to see me one time, and if she didn't like what she saw, that was it. She didn't have to come back as far as I was concerned.

We made an appointment. She came to my office. It was a very small office in those days. And I don't think she was any further away from me than the woman on my left, but she got as far away as she could. She crossed her arms. She glared at me with that kind of adolescent, I dare you to be nice to me stare. Those of us who have adolescent children know it very well. And I was doing what I do well. I was telling her about confidentiality. I was saying how glad I was that she had decided to come talk with me. And she cuts me off in mid sentence, and she says, "I don't know why everybody's making such a big deal about this. It's not like he broke any bones."

It was clear to me that she had drawn her line in the sand, and that was acceptable behavior. He could beat her. He could rape her. He could humiliate her. But don't break any bones.

Now, I know neither she nor the man that abused her came out of the womb like that. So I began to look at what can we do -- what have we done to these children, what can we do to change that.

It was clear that my mandate was much too narrow, and I needed to expand it to include a broad range of things, including domestic violence, including all of the things that happen to our kids on a college campus that are

violent between people because after that young woman, I had a parade of students who were being stalked, harassed by peers, supervisors, professors, students involved in relationship violence, and those who had been sexually assaulted as children and those as adults. I was a one-woman office then, and I covered Camden, Newark, and the New Brunswick campuses.

It was rare that someone in a dating violent relationship was not being sexually abused or sexually assaulted as part of that relationship. Women students were being stalked by former boyfriends and partners, and women were being harassed in the classroom and via the Internet.

Adult survivors and some victims of adult sexual violence had a lot of problems as a result of this, and just a few of them are severe depression, eating disorders, financial and academic problems, fear of returning home, particularly when the abuser lived in their neighborhood. Many times, these women were exacerbated by cultural -- these problems were exacerbated by cultural problems, as well.

Women, primarily Asian and Middle Eastern cultured women, would say that they can't seek assistance because if they tell their families, as a couple of the women have said to me, "They'll send me back to the country, and I'll be killed." How do we intervene and help people who have that issue that can't reach the kind of support system that they need?

I've worked with women who were sexually abused as children that have such severe bulimia that the enamel is gone on their teeth. I've seen women that are being prostituted by their boyfriends, beaten by fathers, raped by their roommate's boyfriend, thrown against a wall and down the steps by someone who pretends to love them. I've seen women who were raped by their

best friend's -- by their boyfriend's best friend, by a mere acquaintance, by a predatory upperclass student, a member of their study group, a star athlete, and by a group of friends who used Dobermans as a threat. They got her up into an attic with Dobermans surrounding her -- and friends -- used that as the threat.

All of this trauma and more parades through my office on a regular basis, and so I talk to you about the broad range of types of violence that happens to our students, not just in colleges, but in high schools and the broader community. A lot of people don't think this happens.

One of the things that we're doing -- that we've been doing, that we've been funded by the rape care program and the Division on Women, is our SCREAM Theater Project. And SCREAM Theater performs about-- It's a peer interactive theater group, and there's a brochure in my packet for you -- that performs about 75 times a year on the Rutgers campus, other colleges and universities. We're actually going up to Montclair next week to teach them how to start a peer interactive theater program. We reach about 10,000 people a year. And this year, we've spent a lot of time working with programs throughout the state that serve at-risk youth, such as the Juvenile Justice Restorative Project and the Somerset Youth Program. But it never fails to amaze me when I have a high school principal that won't let us come in because we use, what my daughter calls, the "F" word. I hear administrators say that students don't talk like that. Their students are different. (laughter) "Our students," as one school system last week said, "haven't ever seen this kind of violence." It's interesting, and I wonder where they've been hiding all of their lives and if they really talk to their own students.

I'm not going to go through a whole long list of the kind of research that I've provided for you. It really speaks to some research that was done by the National Institute of Justice and the CDC. I've provided you with copies of that. So in the late hour, I will certainly -- I will skip over that.

But one of the points that I wanted to make here was that 54 percent of the women in this study of 16,000 people, 8000 women and 8000 men, 54 percent of the women reported being raped -- had first had this occur under the age of 17. Seventy-six percent of the women who were raped as adults were raped by somebody who was a current or former spouse, cohabiting partner, or date, sometime in their lifetime. And we need to look at this as a real social problem. The survey reported that one in six U.S. women and one in thirty-three U.S. men experienced an attempted or completed rape as a child or as an adult. We need to not forget the men in our lives who are having this, and we need to reach out to them.

I've said I've been involved in this for a good many years. We have done a poor job of reaching out to men who were sexually abused as children and as adults and those who are also abused in same-sex relationships. If you think it's hard to come forward when a woman's raped by a man, in a same-sex relationship, it just doesn't come out.

What this tells us is that we need to look at these issues of sexual and relationship violence as significant social problems and the problems that happen, primarily to our youth and adolescents, that studies are needed to determine the prevalence and the significance of this on our college campuses in this state.

I asked my staff to review their cases and tell me what they believe are the primary issues that clients present, and so what were the problems that we need to be looking at. First was a general fear of entering a system that can be overwhelming and abusive and not user-friendly. There are internal and external pressures not to tell anyone, particularly when they come from a cultural background that says don't talk about this. I had a young student whose parents were from Japan. And she was abducted and raped nearby the campus. And when I would talk to her mother, she would say, "She too American. She wants to talk about this." And so there's a lot of pressure from families of our international students and our students from nonwestern cultures to not talk about this topic.

Clients don't want to access their medical insurance because it goes through their families. And so when they need medication or when they need extended therapy that's not available to them, they have no place to go. They have no money, and they have no place to go because they can't access their insurance, otherwise their parents will find out.

As a parent, I would want to know this, but I need to respect that I have -- I have a child that graduated from college. I needed to respect that he needed his privacy, as well. And so we can't intrude, but we do need to look at ways to provide extended care to people who need access to mental health because of the violence that has permeated their lives.

We also need to look at their academic schedules and their housing. One of the things that often happens is that students start missing classes, as you're going to hear in a little bit from a former student at Rutgers -- that she had difficulty getting out of bed in the morning. People miss classes.

And so we need to be able to help institutions help their students by rearranging class schedules, getting different housing to them, and try to make up some of the losses that they experience.

I had a student who was-- What happened to her was so painful that she needed to drop out of school or she needed to reduce her course load, but if she did, her financial aid was in jeopardy. So we need to look at ways to help our students who experience this without further traumatizing them or abusing them.

One of the things I want to reference back, that you all are familiar with -- and I know, Assemblywoman Heck, you are, as well -- that the commission to study sex discrimination and the statutes issued a report -- a legislative report in 1995. And one of the things they said was that they needed to make priority -- permanent funding for rape crisis centers and sexual assault systems in New Jersey. That has happened. There is permanent funding, as Deborah mentioned a moment ago. But there is not enough.

The Division on Women rape care program does an excellent job of allocating resources, and my program is one of the beneficiaries of this. But I just got the RFP yesterday. And you can apply for between \$35,000 and \$70,000. That's a pittance. That really is not anything. I'm not going to turn it down if I get it again because it funds my theater project. But think of what these women, who run programs on a beg, borrow, and steal budget, have to do. They come to the table, as we used to say, and can't lift their heads up off the table because they're working long -- 24 hours a day, seven days a week. They're doing the craziness that I did when I first came to Rutgers and running through all the campuses. We need to find more money for them. The

bottom line is money, and I believe that there's money available. I'm not, certainly, knowledgeable about the intricacies of budget planning within the Legislature, but everybody can find things for their own pet projects. And I would really encourage you to look for more funding -- more stable funding for the rape crisis centers in New Jersey.

I also just want to briefly mention the Campus Sexual Assault Bill of Rights that was passed five years ago. I think the Legislature did a wonderful job in passing that, but it needs to go much further. What's really happening on college campuses? Do we know? Is there any follow-up to this? Are we looking to see how they're being implemented? Is there a standard for how things need to be done? We need to look at what are the consequences of institutions who might ignore the essence of this law. Are there any? Are staff being properly trained. I chaired the committee that trained the staff around the state, but that was three -- four -- five years ago. What's going on now to help staff to learn how to do this? And what kind of institutional support are people getting? Does the President support this? I often say that every time the President of Rutgers says something nice, it open doors for me. Administrators who don't want to believe that this is an issue take their cue from getting institutional support at the highest levels.

There's research that I also-- I think I supplied you a copy from the National Association of Student Personnel Administrators that looked at domestic violence on college campuses and found that people knew what was happening, but they weren't doing anything about it. They weren't developing policies or protocol. They weren't including outside agencies. And they weren't providing the kinds of services their students needed. Why? I don't

know. But we need to do that in New Jersey. New Jersey needs to continue to be cutting edge on these. We have a wonderful domestic violence law. Let's extend some of that to include some stuff for the college community because it's happening there. And we all know that violence in a dating relationship is a precursor to violence in a marital relationship.

I'm really going to stop there.

ASSEMBLYWOMAN HECK: The law that includes the dating victims is not including events of violence on the campus?

MS. KOENICK: Oh, it is.

ASSEMBLYWOMAN HECK: Oh.

MS. KOENICK: That is, but what we're not doing is having college campuses develop policies on how to deal with that.

ASSEMBLYWOMAN HECK: Policies.

MS. KOENICK: And protocol for dealing with that.

ASSEMBLYWOMAN HECK: Okay.

MS. KOENICK: Just like we had to do on the Campus Sexual Assault Bill of Rights.

So yes, it includes-- It has increased our numbers dramatically, but it does not do anything to get people who want to deny that this is a problem to develop policy and protocol around it.

I'm going to stop there because I've gone on about this. There's more in my testimony, and I want to give other folks a chance to talk about this. But I do want you to think about the intertwining of these topics -- to talk about sexual violence in a vacuum really denies that all of these happen to



our students. And Rutgers is no different than anyplace else. It's not different than your community, and it's not any different than mine.

So thank you very much for providing me the opportunity.

ASSEMBLYWOMAN HECK: I just want to add that at the last Victims' Rights Summit, when we held one of the seminars -- the programs, it was said by one of the members -- one of the commissioners -- actually the man whose life was "The Commish" on television-- He said, "Schools, from grammar school through colleges-- That's violence in the workplace because that is your workplace."

Thank you.

MS. KOENICK: Thank you very much.

ASSEMBLYWOMAN HECK: We have Tom Brettell, is it? Are you here, Tom? No? Yes? (affirmative response) Oh, good.

And is Bob Laurino here?

UNIDENTIFIED SPEAKER FROM AUDIENCE: No.

ASSEMBLYWOMAN HECK: No. Okay.

Tom is the Chief Forensic Scientist for the New Jersey State Police.

**T H O M A S   A .   B R E T T E L L ,   P h . D . :** Thank you, Madam Chairperson.

Honorable members of the Assembly Advisory Council on Women and interested guests, I want to thank you for the opportunity to speak to you about one of the most important issues facing our society today, that of drug-facilitated sexual assault. As you hear testimony of actual victim experiences, problems with the law enforcement of these crimes, statistics concerning the

rising prevalence of such abuse, and other key pieces of information, you can begin to understand the urgency with which we need to address this issue.

I would like to focus on the problem of drug-facilitated sexual assault from the forensic laboratory analysis perspective and raise your awareness to some of the problems with analyzing the evidence in these crimes and the issues which arise from the results of such analysis.

Anyone who has dealt with cases of drug-facilitated sexual assault recognizes the difficulties surrounding these investigations. Problems include the vast number of drugs that can be used to commit the crime, the reporting of the crime, the collection of proper specimens, and the lack of findings in the forensic toxicology laboratory. Interestingly, many of the obstacles encountered in these investigations are directly related to the drugs themselves.

Although the media has labeled drugs such as flunitrazepam, Rohypnol, and gamma hydroxybutyrate, GHB, as the date rape drugs of the 1990s, in actuality, these are only two of the many drugs that have been used in recent years to incapacitate an unknowing victim. I have listed, in Table I, drugs that have reportedly been detected or suspected in cases of drug-facilitated sexual assault. And this echoes Terry Farley's comments earlier in the day. Of those listed, ethanol is the most common finding in investigations of drug-facilitated sexual assault. Although no other one drug is as prevalent as ethanol, benzodiazepines are present in a significant number of drug-facilitated sexual assault cases.

And I have listed several. I just want to point out that there is over 100 benzodiazepines, and it doesn't include their metabolites. So there's a vast menu to pick from, if you choose to do this.

How common is drug-facilitated rape?

ASSEMBLYWOMAN HECK: Before you leave, would you leave copy for-- I don't see that you have copies--

ASSEMBLYWOMAN POU: Assemblywoman, it's on our desk.

ASSEMBLYWOMAN HECK: Oh, it is on the desk.

Thank you.

It probably got buried.

DR. BRETTELL: I'm sorry.

ASSEMBLYWOMAN HECK: It's okay.

DR. BRETTELL: I apologize, too. I addressed it to the wrong person. And I apologize to you, Chairwoman.

No one really knows because today's research tools do not offer a means of measuring the number of incidents. Ethnographic data seems to indicate that flunitrazepam may be a problem, but our own data from New Jersey indicates only one confirmed confiscation in the past year and one-half has been submitted to our laboratory. However, data for GHB and Ketamine from around the country correlates well with confirmations of drugs in New Jersey and seems to indicate that these two drugs are a problem. In particular, GHB shows signs of increased use among young people, and that's testimony you've heard earlier from Terry Farley. Another major source is Ecstasy or MDMA, and this drug is showing rapid signs of increase in the state and has been reportedly used in a number of drug-facilitated rapes around the country.

I just want to point out that we had 400 confiscations submitted to our laboratory in the last year and one-half. And to give you the increase -- or the extent of increase-- Last year, between January and February, one of our

laboratories reported no submissions. So this is on an increase, and I'm scared to think what's going to happen this summer with this drug.

Incidentally, to put things in perspective-- Terry Farley mentioned that marijuana and cocaine are a problem. We take in over 30,000 drug submissions in our laboratory annually. And we do not analyze drugs from five of the counties. There are five forensic laboratories, so the major problem, of course, in New Jersey, for them--

Available law enforcement statistics on seizures and trafficking, primarily from the DEA, tend to corroborate the ethnographic and survey data. These measures may not represent the true scale of the drugs' use, however, and more rigorous scientific measures have not been in place long enough to give the researchers the ability to project accurate trends.

Another factor complicating science's ability to measure the incidence and prevalence of these drugs is the lack of law enforcement evidence. Investigations of suspected drug-facilitated rapes often turn out to be inconclusive because many victims do not seek assistance until hours or days later, in part because the drugs have impaired recall and in part because victims may not recognize the signs of sexual assault.

There have been reported cases in which the victims were not aware that they had been sexually assaulted until videotapes were uncovered that showed the assault while they were sedated. By the time they do report a suspected assault, conclusive forensic evidence may have been lost. Even when victims do suspect a drug-facilitated rape and seek help immediately, law enforcement agencies may not know how to collect evidence appropriately or how to test urine using the very sensitive methods required.

A number of the drugs listed are considered low-dose preparations and have synergistic effects when mixed with ethanol or alcohol. Because such small amounts of the drugs are required to cause sedation in an individual, it is difficult to detect the presence of the drug in a biological specimen unless sensitive methodologies are used in the forensic toxicology laboratory.

Achieving the lowest level of detection needed for these cases often requires the use of targeted analyses in which testing focuses on only one drug at a time. Keep in mind, I mentioned there are over 100 benzodiazepines alone in that class. Needless to say, the analysis of a specimen for all of the drugs in Table I proves to be a time-consuming challenge.

The pharmacological properties of these drugs can present another problem for the toxicologist. Many of the drugs listed in Table I are quickly absorbed after oral administration, resulting in a rapid onset of the effects. Depending on the drug or drugs used, these effects can include strong sedation with loss of consciousness, lowered inhibitions, amnesia, or combinations of these effects.

Many of these drugs are rapidly biotransformed into numerous inactive metabolites that may be conjugated. Some have very short half-lives, whereas others remain in the body for a fairly long period of time. One, for example, GHB, is an endogenous product that is naturally occurring at low levels in the human body. This presents the toxicologist with the additional burden of quantitating the amount of GHB in the body and the problem of interpreting the quantitative data as to the meaning of the results.

Another difficulty is that many of these drugs cause effects that are characteristic of ethanol intoxication. Unfortunately, this leads many law

enforcement officers to assume that the victim was drunk, and realizing the difficulties of such a case, they may delay a thorough investigation. Of course, any delay in the collection of biological evidence in a sexual assault is harmful to the toxicological investigation, so every effort must be made to collect appropriate specimens as quickly as possible.

Given the fact that there is usually a substantial delay between the drugging and the reporting of the crime, the urine allows for a longer window of detection of drugs commonly used in these crimes. A urine specimen, approximately 100 milliliters, is probably of little value if it is obtained after four days of the suspected drugging of the victim. Because drugs are generally detectable in blood specimens in a much shorter period than in urine, blood specimens are usually useful only when the collection has occurred within 24 hours of the drugging. So there's not much time to collect and then do the analysis.

Although usually not the case, the forensic toxicology laboratory can actually be an impediment to the successful investigation of drug-facilitated sexual assaults. Because of differences in budgets, personnel, and caseloads, forensic toxicology laboratories differ in their capabilities to perform sensitive screening tests for the drugs in Table I. Today's demand for rapid determination of common drugs of abuse in biological matrices has driven the field to rely heavily on immunoassays.

Of particular concern is the fact that many of the benzodiazepines listed in the Table, and their metabolites, do not cross-react well with the antibodies in these assays, particularly at the levels seen in cases of drug-facilitated sexual assault. This can lead to many false negative results. Proper

procedures should be in place to perform sensitive analyses for the drugs listed in Table I.

Forensic toxicology laboratories should develop and validate analytical procedures that can detect and identify the common date rape drugs at low concentrations. I am proud to report that the New Jersey State Police Forensic Science Laboratories are in the process of completing the development and validation methods for detecting these drugs. This has been made possible by a grant provided by VAWA funding and matching state funds. However, in the process, we have had to reassign personnel to this project who were performing valuable casework analysis in other areas of the laboratory. I just want to mention that we have over 30,000 cases a year. We have less than 80 scientists doing that work. And we have had to reassign a lot of them to handle the DNA analysis and the sexual assault kits that we're here today talking about. So we have the other end of this analysis, also -- is looking for the DNA in these cases.

Furthermore, more work needs to be done to evaluate and validate an automated immunoassay system, which would help expedite the screening of the samples for the class of benzodiazepines. The present 15-year-old enzyme immunoassay system in use by the forensic laboratories is not sensitive enough to detect single dosage levels of these drugs. However, this cannot be done until funding has been made available to purchase such equipment.

Finally, support is also sought for the purchase of a new negative chemical ionization gas chromatograph/mass spectrometer to confirm the presence of the low-level benzodiazepines. At the present time, we are developing methods to identify this class of drugs, but the purchase of such an

instrument would significantly expedite the process of confirming the presence of these low-level drugs in drug-facilitated sexual assault specimens. The cost of such equipment, including a better immunoassay system, is approximately \$250,000 for this state-of-the-art technology which would provide the laboratory the ability to analyze these types of drugs at such low levels.

The New Jersey State Police Forensic Science Bureau Laboratories presently have 23 alleged drug-facilitated sexual assaults pending analysis. Most of these have been submitted within the past six months. Once the validation of the methodology has been completed, the analysis of this evidence will be initiated. Upon completion of these cases, we should have more data to help us understand the extent of the drug-facilitated rape issue in New Jersey.

I just want to comment that we have approximately 50 cases pending with the analysis of these drugs. Something that hasn't been mentioned here is that we're seeing a crossover into DWI and fatal accidents now from people ingesting these drugs and then getting into an automobile and driving on our roads. So we're faced with that chore, also. In addition, one of the first cases that was submitted for analysis was, two men were given GHB and a solvent. So it goes both ways.

In summary, the difficulties and problems arising from drug-facilitated sexual assault can be addressed by providing support for personnel and state-of-the-art instrumentation to provide toxicology laboratories the ability to detect single dosage level drugs in the blood and urine. In addition, a mechanism for support should be provided for training of police officers, sexual assault nurses examiners, other hospital personnel, and the public in



general, to raise their awareness for recognizing the symptoms of drug-facilitated sexual assault, and to train those personnel in the procedures to properly collect, preserve, and analyze specimens from victims of these atrocious assaults including victims -- should provide money for victims, especially for those.

Other than that, I would just like to thank the committee (*sic*) for giving me the opportunity to speak. I would be glad to help answer any questions. I applaud what you're doing here. I would like to help in any way I can.

ASSEMBLYWOMAN HECK: I appreciate that very much, and I think if we work as a team, we'll be able to tighten up some of the laws that are needed to protect -- and, of course, the need for professionals to analyze the evidence, so to speak. It's very, very important.

And I'm going to look -- talk to you, Ron, afterwards.

Thank you.

Any questions?

MR. FARLEY: Madam Chair.

ASSEMBLYWOMAN HECK: Terry, you have questions?  
(laughter)

MR. FARLEY: Just a comment.

I should have, and completely neglected to mention the importance of the laboratories. Tom mentioned the State Police labs, and we have our own in Ocean County, as four other counties do. Everybody is desperately in need of money for them.

And another place that you might want to look into funding is some money for the laboratories at our local hospitals. They're very important to us in the investigations of these cases and the collection of evidence. So if we're going to look into putting some money--

ASSEMBLYWOMAN HECK: I see a big package of bills coming out of this hearing today. (laughter)

MR. FARLEY: I think what we're hearing here is wonderful, and everybody's on the same page. You can see how big a problem it is.

ASSEMBLYWOMAN HECK: It's really very, very good. Very good.

UNIDENTIFIED SPEAKER FROM AUDIENCE: I would just want to suggest one umbrella of sexual assault bills--

ASSEMBLYWOMAN HECK: No, you can't do that, sweetheart -- then you lose. You lose if you try to do a big bill. You do a lot of little bills, and you take the odds that most of them will get through. We know.

ASSEMBLYMAN LeFEVRE: Madam Chair.

ASSEMBLYWOMAN HECK: Yes.

ASSEMBLYMAN LeFEVRE: Just one question.

I guess to Terry, really. You mentioned four other counties in addition to Ocean?

DR. BRETTELL: Yes, there's five counties: Union, Hudson, Burlington, Cape May, and Ocean. And there's also-- Newark PD has a laboratory, also.

ASSEMBLYMAN LeFEVRE: How about that.

ASSEMBLYWOMAN HECK: Do you share information?

DR. BRETTELL: Yes, as a matter of fact, we had our meeting two weeks ago, and we're going to meet with some of the labs next week.

ASSEMBLYWOMAN HECK: Very good.

If you know something in technique, etc., it's good to share that with the others.

ASSEMBLYWOMAN POU: Madam Chair.

ASSEMBLYWOMAN HECK: Yes.

ASSEMBLYWOMAN POU: Is there not a forensic sciences -- forensic laboratory in, I think, Bloomfield or by the State Police--

DR. BRETTELL: There's a -- our North Regional Laboratory in Little Falls.

ASSEMBLYWOMAN POU: Little Falls, right. That was going to be my next choice. It was either Bloomfield or Little Falls, which is in Passaic County. So I thought--

Didn't they have a major expansion or so?

DR. BRETTELL: No, not an expansion. We went through two traumas. One, our front-- Our laboratory up there at North Lab--

ASSEMBLYWOMAN POU: There was an issue of the building.

DR. BRETTELL: --was in two buildings.

ASSEMBLYWOMAN POU: Right.

DR. BRETTELL: They closed the one building and sold the building.

ASSEMBLYWOMAN POU: Right.

DR. BRETTELL: And we had to transfer and stop doing a lot of our services up there and move them down to our central lab.

The other tragedy was--

ASSEMBLYWOMAN POU: So there was a loss in terms of actual--

DR. BRETTELL: Services.

ASSEMBLYWOMAN POU: Oh, okay.

DR. BRETTELL: And the other tragedy was Hurricane Floyd, I believe, in September. When the Route 46 bridge collapsed, we lost our entire laboratory. Our laboratory went under five feet of water. But it opened--

Amazingly, State government-- We did it in four months -- opened the new laboratory. We're taking evidence again, so I'm very proud of that.

ASSEMBLYWOMAN HECK: That's great.

ASSEMBLYWOMAN POU: Good work.

ASSEMBLYWOMAN HECK: That's great.

Thank you, Tom.

DR. BRETTELL: Thank you.

ASSEMBLYWOMAN HECK: Laura Luciano, Survivor.

**L A U R A L U C I A N O:** Hi. My name is Laura Luciano. I'm 24 years old. And I'm here, as I usually am at places like this or conferences, to be the face.

I think, a lot of times, when we're talking about issues, we forget that we're actually dealing with people, so maybe I'm a younger version or an older version or a different size, shape, or color, but I am the face that goes with the many statistics and stories that we've heard today.

I'm here, mainly, because I'm a survivor. And I've been publicly speaking about my own personal experience for over five years to, hopefully, educate people and raise awareness about the issue and about the need to have laws and to have education and training.

I don't know why I'm getting so emotional. I usually don't. I'm very sorry.

ASSEMBLYWOMAN HECK: You have a right to be emotional.

MS. LUCIANO: I was sexually assaulted my third week of college. That was September 26, 1994, after befriending an upperclass person.

I think I quickly did the "right things" that a victim is supposed to do. I contacted some friends of mine, and we quickly contacted the local rape crisis center. I went through a rape kit examination. And afterwards, I went to the police and pressed charges.

I know that-- I realize, and I'm sure all of you realize that I'm the minority in that because it is such an underreported crime. And I think we really, as we look at the ways that we need to be educating people and training people-- We need to be looking at how people are being treated through this and the kind of things that we're told that we should and shouldn't be doing when this issue comes up.

In high school, I had no information given to me about sexual violence. And I'm sure a large reason -- a large part of that had to do with my Catholic education. But I have addressed many, many, many schools that say, "We do nothing. We do no programming." And as someone said earlier, it's really too late. College is too late to hear about this for the first time.

When I started college, I had an orientation program that was done by Ruth Anne Koenick. And at that point, I thought this is not something that happens to girls like me. Everything I knew about sexual violence, I knew from TV and movies and, possibly, the news. And it was something that happened in big cities like Philadelphia and New York, not in good old Carneys Point in Salem County.

So at that point, I had that attitude that many people have, this is not something that happens to me, and therefore, I don't need to have any information on it. And I quickly learned that all of the information that I got in that brief program I did need.

As I said, I did press charges. And at the time, when I realized that so few people do press charges or so few charges stick, I really didn't fully understand why people would choose not to press charges. And then I was completely submerged in the legal process. It's really little or no relief. It extends the time that you have to really get closure. This is, obviously, almost six years later, not something that I'm over. And once, when a Dean of Rutgers University said to me, "It's been three years, aren't you over this yet," I said, "No, this is not something you get over." But three years in the legal system makes it even harder to start to live day to day and be okay.

In the end, the man who raped me was sentenced to five years probation, which was bargained. And although I don't really like what happened to me through the legal process, the bargain was something I, fortunately, met with the prosecutor about. The prosecutor that dealt with my case was wonderful. And she, along with Ruth Anne Koenick and the detective

that handled my case, really helped me to understand the process, which I think a lot of people don't do.

So it was something I agreed to, but only because I was so terrified to go through a trial. And I really do believe he should have gone to prison. But I was so terrified to testify and -- from what I heard about how victims are treated in the courts.

What I really want to get back to is talking about education and training because I really think that is where the key is. We need funding. We need to have programs. I've been doing educational programs for over five years, where I go to universities in New Jersey, and across the country, and give education through my own personal experience. And I've talked to tons of people that said, "We don't have the money to do this." And I charge a very small fee, and they still can't afford to pay me or to create their own programs. It's just not there. And it really needs to be there.

And before -- talking about the rape crisis centers and the little funding that they get-- We really can't just look at preventative programs because we really need to do something about after the fact because we can give people all the education and prevention in the world, and it's still not going to stop sexual assaults from happening.

So we need to be, you know, giving money to rape crisis centers, as well, after the fact -- counseling for people and services they can utilize after they're assaulted. We can't just say we're educating people and that's enough because it's not.

I guess that's all I really wanted to say.

Thank you very much.

ASSEMBLYWOMAN HECK: Do you have any questions of this young lady?

ASSEMBLYWOMAN POU: Madam Chair, I just want to express my heartfelt-- Basically, you're a very courageous young woman to do what you're doing. I think it's important for someone like yourself, who went through a very unfortunate situation, to be able to share that and to share your testimony today with, really, strangers and people who will, certainly, listen. But also, it's important that some people tend to want to forget a horrible situation. You're obviously looking to share this for the purpose of providing knowledge and insight and, hopefully, do some good out of what was, obviously, a very horrible situation.

So I just want to commend you and commend your efforts and your -- just to say that you're a very courageous young lady.

MS. LUCIANO: Thank you.

ASSEMBLYWOMAN POU: We appreciate your testimony.

MS. LUCIANO: Thank you.

ASSEMBLYMAN LeFEVRE: I would just only concur with the the Assemblywoman's comments.

But a side issue, how do you deal with the fact that this guy is on the street today? Now, I don't need to know the circumstances as to where he lives now. But how do you deal with that? How do you deal with something that you might run into someday?

MS. LUCIANO: Well, I avoid the area that I know that he's in. That's one thing which is often difficult because my fiancé is actually from the same -- not the same town, but a close town, so if we go out there, it's always



a constant-- I remember one time being at the mall in that town, and we had to go there. It was a total necessity. And the whole time, I just looked around. I was totally uncomfortable just for the fear of running into him.

The one time that I've seen him since the assault was at his sentencing, which I chose to go to. And at that point, I had been doing programs at Rutgers University, sometimes three programs a week. I mean, I was constantly doing programs and telling my story, so I was very comfortable with talking about it. I am very comfortable talking about it. And I had numerous people say, "You're doing a great job. You're so strong." And then when I saw him, I completely broke down.

I think the one thing that keeps me going-- And I have to tell you that it was, at this point in my life, the hardest decision I've ever made. And the fact that I even got a chance to make that decision-- I know that that's special -- that the prosecutor gave me that option. But the thing that really keeps me going is at the sentencing, the judge said, "I would never accept this bargain if the victim hadn't agreed to it. And with that, I think that you owe her great thanks because she is giving you a chance to be better." Because, through probation -- and he was also sentenced to counseling -- mandatory counseling-- So through that, giving him a chance to be a better person-- And maybe going to prison, he wouldn't, necessarily, become better, and he might not still, but just knowing that -- just recognizing that I was really giving him a chance at rehabilitation-- That might not happen if he went to prison. And just know that-- And I feel very-- I found something that I'm very passionate for because of this. I have to say that, although it sounds morbid, a lot of good has come out of it. So that's what really keeps me going.

ASSEMBLYMAN LeFEVRE: Well, there's another woman in the back who is also in the same situation -- had the opportunity to read some of her comments.

Her situation -- it was her husband at that time -- was under restraining orders--

Is that the same case as you? Does he have a restraining order on him to stay away from you?

MS. LUCIANO: Yes, for the five years, which began in 1996. But before that, he wasn't allowed to contact -- to have any direct or indirect contact with me. But once the five years are up -- that's, I guess, another decision I need to make. But at this point, through his sentencing, it was determined that he cannot have any direct or indirect contact with me.

ASSEMBLYMAN LeFEVRE: You're very courageous.

MS. LUCIANO: Thank you.

ASSEMBLYWOMAN HECK: I think that you've done a great job.

MS. LUCIANO: Thank you.

ASSEMBLYWOMAN HECK: And I think it's important for other victims to know that there is life after this, that you can do something very positive, not only for yourself, but for others. And I join the others in congratulating you on this.

MS. LUCIANO: Thank you.

ASSEMBLYWOMAN HECK: Thank you. Thank you for coming forward.

Karen Coleman, Survivor, SANE Program Coordinator, Rape Crisis Program Coordinator, Victims' Assistance Services, Westchester County, New York.

**KAREN D. COLEMAN, R.N.:** Good afternoon.

That was moving. I'm really proud to be in the same room with Laura.

I sat here, and I kind of listened to all the testimony that came before me, and I kind of wondered what I could do to contribute. I was asked to come here and talk to you and tell you my story. And just as Laura said, you've heard all morning about statistics, so now you're going to hear from a statistic.

I kind of call my talk, "Good Things Can Come From Tragedy." And it's kind of the story of my journey. I'm a registered nurse. I've been a registered nurse for 25 years. And on July 9, 1994, I was raped by my husband. And I want to tell you a little bit about how that happened and how it led me to do what I'm doing now. Indeed, something good has really come out of, probably, the worst experience of my life.

Prior to the actual rape-- Well, I guess I should start at the beginning. I met and married my husband -- my second husband in 1990. In June of 1994, I found out some information that he had had a relationship in addition to our marriage. And when I confronted him with this information, we got into an argument.

Now, I've been a trained emergency nurse for years, and you recognize the potential for violence, and I knew enough not to keep this

conversation going because my safety was an issue, so I dropped the conversation.

A woman had called, who he had fathered another child with, and gave me some information earlier that morning. So we had an argument about it. As far as I was concerned, the argument was done. It was over.

Later that night, that same woman called my house. He was sitting on the bed next to me, and she called to see if I was okay. I really didn't know what she was talking about, but she was concerned for my safety because, apparently, he had physically abused her. And he had never physically abused me, so of course, I was not concerned for my safety.

When I hung up the phone, he became very angry, and he accused me of being in collusion with this woman and that we're plotting against him. He threatened to punch me in my face and break my jaw, at which point, being the brave woman I am, I said to him, "If you put your hands on me, I'll call the police." Well with that, he reached into the nightstand, he took a knife out, he put the knife directly in front of my face, and he started screaming at me. He kept saying, "Who did you say you were going to call?" And all I kept thinking is, "He's going to cut me, so I'm not going to say a word."

After about 10 minutes, he puts away the knife, and I'm thinking I had to get out of this room. So I made up this lie that I had to go to the bathroom. Well, I reached over the edge of the bed, when my feet hit the floor, I did not stop running until I ended up at the local police department.

The police came back to the house with me. He was gone. The front door was open. The knife was gone. I went to stay at a girlfriend's house. I went the next day to family court and got an order of protection.

When I told the judge the story, she immediately said he had to be removed from the home. The police came back with me to my home, gave him a few minutes to pack his belongings, and out the door they took him, at which point I thought, "Everything is okay. I'm going to be fine."

Three weeks later I had been at a party at my girlfriend's house. I got home about 2:00 in the morning. It was a really strange thing I did. I put my pocketbook in the closet of my bedroom, and I closed my bedroom door. And I never sleep with my bedroom door closed. But I did.

I woke up the next morning. When I opened the bedroom door, he was standing in the doorway with just boxer shorts on, a knife in his hand, and two ropes. They looked like -- black nylon is the best I can describe them. And I just said, "My God, what are you doing here." And he said, "Lie down on the bed." At that point I said, "No." He punched me in my chest. I fell back into the room. He said, "Lie down." I said no again. He punched me, and out came the same knife. Right at my throat was the knife. So of course, I lied down on the bed. He took these black ropes, which I later found out were the nylon strings that are in sweat pants. He cut the ropes, and he tied my wrists to the headboard. And then he started poking me with the knife. All I kept thinking of was the way you test a cake with a toothpick to see if it's done. That was the weird image that popped into my head. And when he started poking me with this knife, I started to scream.

At the time, I had a scarf on my head. So he took the scarf off my head, and he gagged me with it. At that point, I figured I was going to die because I don't know about you, but when I cry, my nose kind of clogs up and

you tend to mouth breathe. And I'm thinking, how am I going to breathe with this scarf in my mouth.

So I'm tied. My wrists are tied and gagged, and he starts screaming at me, "Where are your panty hose?" I couldn't answer him, so he started slapping me. And I couldn't answer him because I was gagged. When he removed the gag, he asked me again, "Where are the panty hose?" I told him in the dresser drawer.

So he went to the dresser drawer, took out a pair of panty hose, cut them in half, and he used them to tie my ankles. So I was now tied, spread eagle, to my own bed, in my own bedroom, at 9:30 in the morning on a Saturday. At which point, he climbed on top, and that's when he raped me.

I don't remember the rape so much, but I almost remember it like -- you know how you see it on TV, you sort of leave your body, and you're up in the ceiling looking down on the situation. I just kept thinking, I have to remember everything because he's going to court, and I need evidence. That's what popped in my head.

So I made myself look at the VCR, and I could see that it was about 9:40 in the morning. I made myself look at his jeans and his sneakers -- were off on the side of the room to see what color the shoes were, what was on the T-shirt, what colors were on his underwear. I made myself look at the knife so that I could describe it.

When the rape was over, he got up, and he said, "Okay, now I need some money. Where's your pocketbook?" Thank God I put it in the closet the night before. And of course, I couldn't answer him because I'm tied and I'm gagged. So he pulled the gag down, and I said, "It's not here." He

said, "What do you mean it's not here?" I said, "I left it at my girlfriend's house last night because I got home late." I said, "I have to call her because she's coming. We're supposed to go shopping today."

So he cut the ties from my ankles and my wrists, and he let me sit up. And he let me use the telephone. And I figured I could call for help, but he was standing right over me with this knife in his hand. So I called my girlfriend. I said, "You can't come now, I can't go shopping." I was crying and, obviously, upset. She didn't have a clue what I was talking about.

She said to me, "Are you okay?" And I said, "No." She said, "Is Ron there?" And I said, "Yes." She said, "Let me talk to him." So I just handed him the phone and said, "She wants to talk to you." For some reason, the dumb person that he was, and he talked to her.

Now, I'm thinking, while he's on the phone I could sort of made my escape. But at the time, my front door had the lock that you lock from the inside with the key. And the only way I could get to the key was to get to my pocketbook. And I still didn't want him to have my money.

As weird as it seems, I probably went through the worst trauma of my life, but all I kept thinking of was, "You used my body, you're not going to get my money, too." So, of course, I didn't go for the pocketbook.

So I kind of waited. After he got off the phone, he went down the stairs and into the kitchen because he said he was hungry. And while he was going downstairs he said things like, "Well, you're going to court tomorrow, and you're going to tell judge that you want to rescind the order of protection. And I'm moving back in." And all these threats. And, "If you ever tell anyone, I'll kill you because I'm not going to jail for this." I kind of believed him.

I heard the refrigerator door open, at which point I picked up the phone, and I called 9-1-1. And just like you hear on TV, a lady's voice came on. She was very nice. And I said, "My name is Karen Coleman. I have an order of protection. My husband just raped me. He's still in the house." I think I was rambling. She said, "Does he have a weapon?" I said, "Yes." She said, "Is he still in the room?" I said, "No." She said, "Well, I want you to stay on the line." I said, "I can't." She said, "Don't hang up the phone." I said, "You don't understand. He's going to kill me." She kept saying, "Don't hang up the phone."

With that, I heard a door close. And all I kept thinking was "My God, he's coming back." So I hung up the phone. It couldn't have been five minutes, I heard, I don't know how many, police cars and sirens, all coming to the back of the house because, thank God, what I didn't know at the time, is I have a listed phone number. And when you dial 9-1-1 -- because I live in New York State -- it comes up on the computer. So not only did it give them my name, it gave them my address, because I had never told her where I lived, so the police knew where to come.

The door that I heard was the back door because what I didn't remember is that I have extensions in my house. When I picked up the phone in the bedroom, a light went on on the extension phone in the kitchen. So I guess he must have realized that I was talking to someone. Thank God he didn't realize that and come back upstairs. But he left the apartment.

The police came, and shortly have the police came, my girlfriend came. And I could hear her downstairs, and I could hear her saying, "I have to get in." And I could hear them saying, "We can't let you in, ma'am, this is



a crime scene.” Then I just heard her scream. I think she thought I was dead because you see TV, that’s what you think a crime scene is.

So the next horrible thing that happened to me was on the way to the hospital. Now, at the time, I was a nurse, and I was a nurse manager of one of the emergency rooms in the city that I live in. So I opted not to go to the hospital that I work at because I think the last thing you want to subject your staff to is to have to do a rape exam on the boss. So I went to another hospital.

It was probably one of the worst things I could have done in my life. When I got there, I was ushered into a room. The doctor came in. I don’t even think he said hello. He turned his back to me, opened the rape kit up, and he takes out the directions. And I can see him sitting there reading them. And I kept thinking this man doesn’t have a clue. And he didn’t. So there I was again, leaving my body, and looking the whole scene, and I had to direct this man through my own rape exam.

As horrible as it sounds now, that was probably one of the best things that could have happened because at that point I didn’t see myself as the rape victim, I saw myself as the nurse gathering evidence. Evidence just kept popping in my head for some reason.

So we got through the exam. I was fortunate enough to have a wonderful detective that talked to me about counseling and follow-up services that the doctor never mentioned. The nurse in the room was -- she just stood in the corner and shook. They just didn’t deal with this too well.

So the detective convinced me that I was going to have to help catch my husband. He said, “Eventually, he’s going to call you. And when he

does, you've got to talk to him on the phone. You've got to be very nice. You've got to convince him to meet you."

So that's what I did. I went back to work about three weeks after the incident, having moved into my girlfriend Brenda's house and slept on her couch because I wasn't going near that apartment. About, I guess, two or three weeks after the assault, a letter came in the mail. My husband had a compensation case pending where he had gotten injured on the job. And the hearing was due. And I guess they were trying to make a decision whether they were going to reward him this money.

So he called me at work one day. My secretary intercepted the call, and I said, "Put him through." And I just very calmly explained to him that, "I have good news for you. You won your compensation case. You're going to get three years back salary. But in order to get this money, we would have to go to the compensation board. And the meeting is scheduled for such and such a date and time." And when he showed up-- And really had this meeting. When they called his name, he stood up and saw the two detectives sitting on either side of him because he didn't know who they were. So that's how they arrested him.

I'm thinking, I'm okay now.

Now, it's time to go to grand jury. I never even heard of grand jury, I think, prior to that. It consisted of a room of 23 people, and I had to go up and sit in front of them and tell them all the intimate details of what had happened to me in that room, which, in itself, was hard to do, but wasn't quite so bad -- is after the fact, he testified before the grand jury, which, they say, is extremely rare.

What he told them was -- is that this was consensual -- that I had invited him over and that we did cocaine and heroin for the entire night, and that the next morning I just woke up and read the whole thing and decided to say it was rape. What he couldn't explain were the ligature marks on my hands and my ankles, the cut on my neck and my nose from the knife, the bruise on my chest from the punch, and the fact that three weeks prior, I had had enough sense, thank God, to go for this order of protection. So now there was already a legal record of him having threatened me with a knife, the same knife that I was able to describe from the incident.

So, of course, they indicted him for first-degree rape, unlawful imprisonment, assault with a -- second-degree assault with a weapon, and I think burglary or some other charges. Twenty-five thousand dollars bail was set, and he was in jail.

So I began to try to get my life back to order. Things kind of calmed down. I did sleep with a knife under my pillow for about a year. I don't know why because I don't, to this day, don't think I could ever use it on anyone, but it made me feel better. And I began to carry pepper spray on my key rings.

And that was in September. The following April -- it came time for the trial. The whole time I kept thinking, I didn't really want to go through with this. I was determined that he should pay, but I was petrified, not so much for my own testimony because the district attorney was wonderful, I just didn't quite know what his -- what the defense attorney was going to do because you do hear a lot of horror stories.

So I remember the day of the trial -- sitting outside for the entire day, waiting, waiting, waiting. And about five minutes to 5:00, the DA came out. And he said, "It's okay, Karen, you can go home. It's all over." I said, "What do you mean it's all over?" He said, "Well, Ron changed his plea from guilty to not guilty (*sic*), and he stood up in open court and admitted what happened. So you can go home, you don't have to testify." And I just said, "Damn, I really wanted to testify." I lied. That is not what I wanted to do, but that's just what kind of came out.

So he was sentenced. He got three to nine years. What happened was, in the midst of our trial, he was arrested for another charge. Actually, I found out that he was arrested for trafficking a large quantity of heroin in Brooklyn. And so that since that occurred-- And had he been found guilty of the first-degree rape and the other charges, that was a possible sentence of (indiscernible). And this other charge was, I think, just about the same amount of time. So they struck a plea with the district attorney. I believe that they probably did me a favor because despite the evidence of the physical injuries, marital rape is extremely difficult to get a conviction on. My case was the second case in Westchester County that was ever tried. The first case did end in an acquittal.

And I do remember, after the fact, the district attorney telling me they had a horrible time even selecting a jury because people believe -- a lot of people believe, for religious reasons, that the wife is the husband's property. A lot of people still believe, to this day, that if you're legally married, you don't have the right to say no. The fact that a person is legally married means that

a person is entitled to sex whenever he wants it, regardless of the order of protection and all that. So it really could have gone either way.

So he got three to nine. He was turned down for parole twice. And unfortunately, he will be out of jail in January of the year 2001 because in New York, you only serve two-thirds of your sentence. So it will be six years at that time.

The reason I call it “Good Things Can Come From Tragedy” is because as a result of going to the local rape crisis center for counseling -- I went three times. They told me I was dealing with it really well. I didn’t need to return again. However, when they decided to start the Sexual Assault Nurse Examiner Program in Westchester County, the lady that was the director of the Rape Crisis Program remembered me, and she called me and offered me the position of coordinator. And I accepted it. So I’ve had the pleasure to be the coordinator of the Westchester County Sexual Assault Nurse Examiner Program. And it’s kind of my way of making something positive come out of tragedy. I have the unique perspective of knowing what it feels like to be on, sort of, both ends of the spectrum. Now I do those forensic exams. And I know how important it is to explain every step, to know what you’re doing when you walk in that door, to remember what it feels like to just have had probably the worst crime perpetrated against you and now have to go through a very horrible 13 -- 14 -- 15-step evidence collection process.

So I feel very committed to this. The only thing that I can say before I close is that I’m not from New Jersey. I’m very close to Eileen Allen, who’ll you’ll hear about, that does run a similar program to mine in this state.

There are wonderful programs. I can’t tell you the countless

number of women that I know that I've personally helped. I've done over 65 of these exams myself, and we've only been up and running -- actually it's two years today because we started June 8, 1998.

So when she gets up, and I'm sure she will ask for money for the programs-- I mean, every county should have one. Education is another really strong component of the program. We hear a lot about prevention, but we need to let women know that Sexual Assault Nurse Examiner programs are out there, that they have someone that's specially trained that can help them through this medical exam, that can help collect this forensic evidence because we are experts at getting it, that we'll be at a grand jury to testify as to the injuries that we saw, that we can document these things objectively, that we will be at that criminal trial to give expert testimony, that she can know the evidence will be preserved in the best way possible. The chain of custody will be maintained. And I believe that if they know that such a service is out there, more women will seek, first of all, medical care, second of all, follow-up rape crisis services, and third of all, hopefully, will begin to realize that yes, we can prosecute people that do these horrible crimes to us because they need to know that they shouldn't get away with it.

So I hope hearing my story has helped you. And I just thank you so much for having the opportunity to address you.

ASSEMBLYWOMAN HECK: Thank you, both, very much.

Two distinct stories. Two horrible experiences.

MS. COLEMAN: But very similar.

ASSEMBLYWOMAN HECK: But both turned around to be positive.

Thank you so much.

MS. COLEMAN: Thank you.

ASSEMBLYWOMAN HECK: Eileen Allen, the SANE Program Coordinator, Monmouth County Prosecutor's Office.

**EILEEN ALLEN, R.N.:** Good afternoon.

My name is Eileen Allen. I'm a Registered Nurse, and I coordinate the Monmouth County Sexual Assault Nurse Examiner Program. And after some of the very moving stories and scenarios you've heard about today, I'm here to tell you that already, in the State of New Jersey, we're doing some very positive things.

First, let me give you a little bit of background. Through a legislative mandate in 1995, Prosecutor John Kaye established the Monmouth County SANE Program as the model project for the State of New Jersey. Since that time, we've assisted in the development of 11 additional programs in 11 other counties throughout the state. And each one of those has adopted parts of the model and have established SANE programs. And several more programs are under development at this time.

Sexual Assault Nurse Examiners programs utilize specially trained registered nurses to provide care to, and collect forensic evidence from, victims of sexual assault. The nurse examiners function as part of a multidisciplinary Sexual Assault Response Team, incorporating the services of rape care advocates from each county and specifically trained law enforcement officers. The goal of the Sexual Assault Response Team is to ensure that the most competent, thorough, and compassionate level of service and treatment are provided to every reported victim of sexual assault.

Since implementation of the Monmouth County model, January 1, 1997, forensic nurses have provided services to more than 300 victims of sexual assault in Monmouth County alone. This number represents only those victims age 13 or older who have come forward within five days of when their crime was reported. The National Crime Victimization Survey indicates that these victims represent only the tip of the iceberg. Statistical data from various sources indicate that less than 20 percent of all victims of sexual assault ever formally report this incident to any type of agency.

The Monmouth SANE Program has carefully tracked data collected since the inception of the team response system. From 1997 through 1999, we provided services to 286 victims. All services are provided free of charge to the victim. More than 52 percent of the victims in Monmouth County sought care within 24 hours of when the assault occurred, and only 8 percent of all the victims that we saw chose to go through a forensic examination, and then not to follow through with law enforcement investigation of their case.

Forty percent of sexual assaults in Monmouth County occur between Friday night and Monday morning. Sixty-seven percent are committed in a location other than the residence of the victim or the assailant. Ninety-six percent of the victims served by the Monmouth County SANE Program are female. Forty-eight percent of all victims were between the ages of 13 and 21. That age range does extend from 13 to-- Our eldest victim served by the program was 67. The eldest victim of sexual assault seen in an emergency room setting and not by the program because of injuries was 82 years old.



Rape is not a crime about sexual satisfaction. It's all about power and control. And as you've heard from the various victims, the sex act is involved -- and especially when we're dealing with young people -- sometimes it's very difficult for them to comprehend the separation. They think that it is all about sex, and they don't understand the issues of power and control. That's a very important element of the education that must continue throughout the state.

Ninety-seven percent of the cases -- the offender was described as male. And in more -- two percent of the remaining cases -- the gender of the offender was unknown. So in our county, it's extremely rare for us to find out about a case where there's been a female offender -- only rare occasions. A person known to the victim committed the crime in more than 72 percent of all the cases seen in Monmouth County. This data is generally consistent with the published national statistics you've been hearing about all morning.

There is no typical sexual assault case, but a relatively large percentage of cases reported in our county -- present with certain similarities. Often, the history is consistent with the following type of scenario. The victim is a teenaged or young adult female who's been in some type of social setting: a bar, a club, or a private party situation. The victim is likely to have voluntarily ingested alcohol. She may have already known or recently been introduced to her assailant. She did not initially consider this person a threat to her safety and willingly spent time interacting with him. She may even have felt that she liked him or she wanted to get to know him better or, to use some of the adolescent terminology, maybe that she wanted to hook up with him. He was appealing to her. She may have spent time with him, either alone or in

this social setting, on one or more prior occasions. She willingly allowed herself to enter into a more private or isolated environment with him. At some point, she perceived that the situation was getting out of control, but she was unable to effectively prevent an unwanted sexual encounter from occurring.

It is unlikely that the victim will have sustained any serious physical injury and very likely that she will have a wide range of emotional responses in the early aftermath of the event. We often see victims who are very confused about their feelings. They frequently express feelings of self-blame and guilt because they believe that they should have known better or they should have seen this coming. Because they voluntarily allowed themselves to be alone with their assailant, many victim's initially report concerns that others will blame them for what happened or that no one will believe their history of the event. It's theorized that these perceptions impact the victim's willingness to report the crime or the victims willingness to give a complete accounting to the details surrounding the incident. They withhold information because they think that everybody else is going to judge them as being at fault.

Another scenario, which has been reported on a more frequent basis in the past two years, is the victim who can't recall any details of what happened to her. These victims do wake up in strangers' beds, on the beach, in the woods, or even in their own beds with no memory of how they got there. They often admit voluntarily ingesting a substantial amount of alcohol or some other mind altering drug, but occasionally, we're hearing disturbing reports of women who have had one or two drinks in a club and suddenly feel ill or disoriented, and then they quickly have absolutely no recollection of anything

that goes on. As Ellen talked about, we hear of victims who don't remember anything for four, six, eight, ten, twelve hours. They just lose an entire block of time. Then they wake up, and they can't remember what happened. Some of them say things like, "I don't know if I was raped. I feel funny. I feel as if somebody was touching me, but I don't remember what happened."

This is a reality of what we're seeing when we're in exam rooms with victims. These are the cases that we are identifying as potential date rape drug cases, and we know that they're cropping up with more and more frequency in our county. We are a shore community. We see a tremendous increase in the population in the summertime, and especially an increase in young adult women who are hanging out at the shore having a good time. And they're calling and telling us about these stories.

The initial development of the SANE Program in Monmouth County, and its subsequent expansion to other counties throughout the state, has demonstrated a positive legal impact on all types of sexual assault cases, but particularly in the event of a date rape scenario. In date and acquaintance rape situations, the assailant often claims that the sexual act did occur but that it was consensual. Historically, these cases are extremely difficult to prove in the courts.

Highly trained and experienced sexual assault nurse examiners are able to use state-of-the-art equipment and techniques to identify, collect, and preserve even the minutest traces of evidence and injury. The only evidence present in some cases may be such insubstantial things as small round bruises on the back of the arms or red marks, which might be indicative of the fact that the victim was restrained and might help to substantiate her history of the

event. On occasion, we will see things like microscopic abrasions or tears in the genital tissue that we're able to visualize because we use highly sophisticated equipment that is also equipped with photo documentation ability. So we now are able to find more evidence in these cases where there's a question -- he said one thing, she said another thing. But yet we're looking for minute traces of evidence and information that may help to substantiate one story or another. Sexual assault nurse examiners are not there to be judge and jury or to make a decision about whether or not a crime was committed. We're there to objectively identify and document evidence that may or may not support a particular history of an event.

Specialized training enables the nurses to better meet the unique physical and emotional needs of sexual assault survivors. Nurse examiners are well equipped to address the immediate health-care needs of victims, as well as providing education and referral for both medical and psychological concerns. Victims' surveys from our program indicate a consistently high satisfaction level, particularly regarding the victim's perception of the treatments they've received and the level of compassion expressed by all members of the Team, including law enforcement and the rape care advocates that come in contact with them.

In date rape drug situations, particularly, we are educated, and we are experts at being able to identify the possible scenarios, which might be a clue that a drug was used in this case. We are able, also, to know how to collect and how to preserve that evidence so that we can get it to the lab in a condition where, hopefully, they will be able to identify a small amount of that

substance in the system and will be able to substantiate charges of date rape drugging.

In addition, the SANE programs are involved in a variety of community education efforts. I have trained more than 450 police officers in Monmouth County and hundreds of others in other counties throughout the state on how to utilize our services, how to work as a team to give the victim the best possible care and treatment we can when these types of cases arise.

The goals of community education and information and training sessions include the reduction of sexual assault victimization through identification and implementation of risk reduction plans for both teens and young adults. I have been invited to speak at dozens of schools within my own county, and we continually get requests to do speaking engagements all over the state. Unfortunately, as you've heard from other people who are passionately involved with this, I'm one person. I have a family. I have a 40-hour-a-week job supervising 14 nurses who conduct these exams. And try as I might, I'm not always available. We need to make sure that every county has people who are trained to go into the schools and talk frankly.

I'll tell you that many of the high school teachers that invite me to come in and speak have heard about me by word of mouth from other health teachers. And what they tell me is that they appreciate my frankness. It's very refreshing. I'm not afraid to use the terminology. We talk penises and vaginas all the time. I'm comfortable with that. I talk about sexuality. I talk about the fact that I know these kids are out there drinking. I'm not going to be naive and tell them that that's just a bad thing and they shouldn't do it. They do it. But how can they protect themselves when they are going to be in

a more risky environment? How can they reduce their risk of becoming a victim? And we talk to kids about real things that they understand. And we tend to get very positive feedback from students and teachers. And we get invited back. Word spreads. And now we're spread really thin.

The other goal is to increase the reporting of sexual assault crimes. We feel that this can be accomplished through community awareness of the heightened level of competent, compassionate, and coordinated care provided by all agencies when they are participating in a sexual assault response team. We don't want victims to be afraid to come forward because they think the police are going to call them liars. We don't want them to be afraid to come forward because they're worried about a medical bill, they're worried about someone else finding out that they came forward and reported. So we've tried to establish the sexual assault response team system. We've been very successful in our county, and we want to see this implemented throughout the state.

Through the support of Assemblyman Joseph Azzolina and many other legislators, the Monmouth County SANE Program has come a long way toward improving the treatment of sexual assault victims. But there's still much work to be done. Your continued support of SANE and SART programs throughout the state can have a tremendous impact on improving all survivors of sexual assault. There is a bill that will soon be presented in committee calling for the establishment of a statewide SANE Program. We are asking that all of you talk up this bill, consider supporting an effort to establish SANE programs so that no matter where a victim is assaulted, no matter which

institution she happens to reach out to for assistance, she will have the benefit of having the services of a highly trained and compassionate team.

Thank you very much for the opportunity to speak today.

ASSEMBLYWOMAN HECK: You're welcome.

MS. ALLEN: Can I answer any questions for anyone?

ASSEMBLYWOMAN HECK: I think you've been very thorough.

MS. ALLEN: Thank you.

ASSEMBLYWOMAN HECK: Thank you.

Vickie Weaver, Director.

Is Vickie here? (affirmative response)

Safety and Security, Rider University.

And then Sandra McGowan, are you here? (affirmative response)

Oh, good. Thank you.

**VICKIE L. WEAVER:** Good afternoon.

Thank you for inviting me. Today, I'm representing two agencies -- two organizations. The first one is Rider University, which is located in Lawrenceville, New Jersey, and the second one is New Jersey CUPSA, which is College and University Public Safety Association, of which I am a former president of the organization.

Let me begin with Rider University. Rider is a four-year private, residential university located in Lawrenceville, New Jersey.

ASSEMBLYWOMAN HECK: I'm going to have to ask you-- We know what Rider is.

Very shortly, we will have to go to other committee meetings because we thought we'd be through by 1:00. I want you to focus on the most

important part of your testimony. We will read it, and we will have it placed in the record for you.

This meeting-- There will be a transcript of this meeting, but I would like you to focus on what the most important part of your testimony is.

Are there other people to testify besides the -- besides Sandra? (no response) Just checking because there's still so many people here. I think we're all-- We all know the subject matter, that's why we're holding this hearing. But there are bits and pieces that broaden our horizon, so to speak, when we're looking in terms of getting assistance where it's needed. And that's what we're trying to focus on.

And if you would-- I'm not trying to cut you short--

Thank you.

MS. WEAVER: No, that's quite all right.

We've talked about the need for education on the high school level. There's also a continued need for education on the college level. We're in a little different situation because we can't mandate or require our students to attend orientation programs, different types of programming that we offer. But I would encourage--

There's resources that the high schools use and resources that the colleges and universities use. We've had Ellen Bloom at our institution. We've had Ruth Anne Koenick and some other fine folks who are doing a lot of great work in this field. We need additional resources so that these important programs continue.

I'd also like to address, too, at least from the statewide level-- There is some concern -- I should say on a national level-- There is some



concern that there is underreporting of specific crimes or activities that take place on college campuses. And in my experience, working on a statewide level, I have found that not to be the case. I find that my colleagues with whom I work are very committed to addressing the issues of sexual assault on college campuses, finding creative ways to do programming, to find resources, technology, what have you, to combat this very serious problem. And we believe in very truthful reporting. It doesn't do anybody any good to underreport. It causes more problems. Yes, it's unfortunate when a tragedy happens on our campuses, but we're committed to addressing the issues head-on and in finding ways of minimizing future risks that take place.

I'd also like to state, too, that on the national level, there's various programs that are available for us, and we are working together -- more collaboratively, not only within our institutions, but with our colleagues in the State and the Federal level.

We also are mandated by the Campus Security Act, which was passed a few years ago, where we have to report specific crimes. We have to make sure that we have rape prevention programs in place and that we use those services, that we do everything that we can to eradicate these situations.

So very briefly, that's why I'm here to present this testimony. I would also add, too, that there is a little bit of a variance between the 2C code -- criminal justice code in New Jersey and also the UCR. And if there's question, we -- whether to report a statistic or not, we report it. And you'll find it in the reading that I've submitted to you today.

So I thank you very much for the opportunity to meet with you.

ASSEMBLYWOMAN HECK: Thank you very much for taking the time and putting the report together for us so we can utilize it.

MS. WEAVER: Thank you.

ASSEMBLYWOMAN HECK: Thank you.

Sandra McGowan, Morris County Victim-Witness Coordinator, Morris County Prosecutor's Office, a board member of the National Organization of Victim Assistance, NOVA.

**S A N D R A M c G O W A N:** I will very brief because most of what I had to say was covered. And speaking as a Victim-Witness Coordinator, these crimes are the hardest to prosecute through the court system because I generally get the victims after the crime has been committed, keep them apprised with the case, and accompany them to court, make sure they're in counseling, etc., make sure that their needs are met.

But after listening to the two victims, you have to admit, aren't victims the most courageous people in the world?

ASSEMBLYWOMAN HECK: Absolutely.

MS. McGOWAN: They really, really are.

I really don't have too much more to add other than the fact that while I was sitting here, I thought that-- I brought along my book, which is *New Directions from the Field, Victims' Rights and Services for the 21st Century*. That is out May 1998 from the United States Department of Justice in Washington, D.C. And I have a lot of contact with Washington, D.C., on victim issues because I am on the Executive Board of NOVA.

ASSEMBLYWOMAN HECK: It is a wonderful organization.

MS. MCGOWAN: It is wonderful organization, but I will tell you that they are so jealous of me when I go into my quarterly meetings -- board meetings in Washington, D.C. And they're jealous of me because I come from New Jersey.

ASSEMBLYWOMAN HECK: Isn't that great.

MS. MCGOWAN: New Jersey has--

ASSEMBLYWOMAN HECK: It's true. We're leaders. We're leaders.

MS. MCGOWAN: New Jersey has such a stellar record. We have a hardest -- most difficult -- and the most punitive domestic violence laws in the country, and our laws are really admired by people from other -- country.

ASSEMBLYWOMAN HECK: Don't we know that, Miriam.

MS. MCGOWAN: And I will tell you that the victim-witness system that was set up very intelligently by the foresight of the legislators in 1983, I think it was-- It has been -- is admired and being followed now by other parts of the country.

So everything that's in this book -- this is hot off the press -- that the best brains in Washington have put together -- New Jersey-- If you look through this book, you will see that we are right on top of everything. Of course, there's a lot more to be done.

ASSEMBLYWOMAN HECK: I do want to mention that Morris County has been very active, and when we hold hearings to upgrade our domestic violence laws, which we do on a routine basis, Morris County has been there for us. And Michael Murphy has been very helpful to us.

Terry, you remember that -- when we were doing the hearings in Morris and Sussex and going all the way up when it was so difficult because of the State Police and then the reeducation of State Police and how they work with victims.

We received a lot of help from Michael.

MS. MCGOWAN: I think that these meetings alone are what makes everything work in New Jersey, and what makes all the other states jealous of what we have here because they don't have-- I mean, when I speak to other victim-witness advocates from other states, they, first of all -- none of the legislative balance that we have here, which is so important in dealing with the criminal justice system.

ASSEMBLYWOMAN HECK: And OLS staff because Miriam Bavati has worked miracles helping--

MS. MCGOWAN: Oh, I know, I know.

ASSEMBLYWOMAN HECK: --to coordinate all the information that we get. And when we tell her we want this put into legislation, to make our laws as strong as they can be, I know that she works above and beyond what she's supposed to do.

MS. MCGOWAN: Well, I thank you all.

ASSEMBLYWOMAN HECK: So I want to publicly thank her.

MS. MCGOWAN: If the TV cameras were still here, they would think this was being legislatively choreographed. (laughter) The last speaker is thanking everybody.

But I certainly thank the New Jersey Legislature for all the support they've given me in the years that I've worked in the system. And there's a lot

more work to be done, but I always know who to call to get assistance. And I want to thank everybody.

ASSEMBLYWOMAN HECK: Well, we thank all of you for your input today, as always. But you know, this is, as they say, the never ending story because there's always a new twist as we go along. And we have to reexamine where we're at. As Terry said today, some of our laws don't cover the new drugs that are there and the new ways they use things.

So again, to each and every one of you, thank you very much, and hopefully, we'll see some fruits of our labor very quickly because I think we have to do it before this summer.

Thank you.

**(HEARING CONCLUDED)**