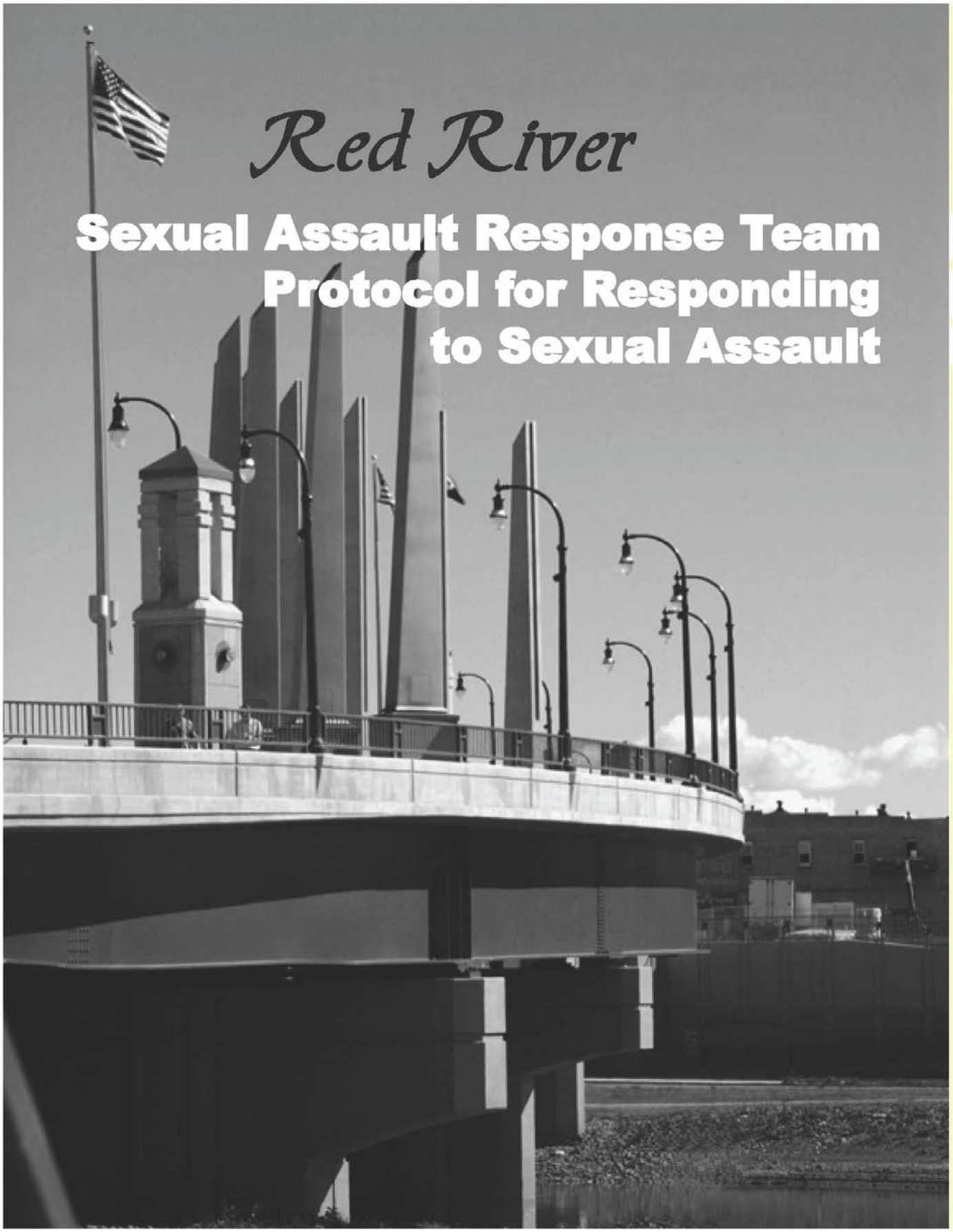

Red River

Sexual Assault Response Team Protocol for Responding to Sexual Assault

Red River Sexual Assault Response Team (RRSART) Protocol Manual

October, 2009

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Acknowledgements

We greatly appreciate the members of the Red River Sexual Assault Response Team (RRSART) who offered their time, expertise and hard work toward the completion of this document. We also offer our sincere thanks to those individuals who reviewed draft versions of this document and offered their comments and criticisms for consideration. This is a stepping stone to providing victim-centered coordinated services in our community.

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The following organizations produced model protocols prior to the development of the RRSART protocol. They offered valuable sources of insight and knowledge on the topic of responding to sexual assault and served as resources and guides for developing this protocol.

- Minnesota Model Sexual Assault Response Protocol, June 2000
- Ramsey County Adult Sexual Assault Response Protocol, 2004
- City of Austin, Texas Sex Crimes Unit
    - Investigations Standard Operating Procedures
    - Victim Services Standard Operating Procedures
- International Chiefs of Police, Investigating Sexual Assault Model Policy
- Orange County SART Protocol, North Carolina, October 2007
- University of North Carolina at Chapel Hill, Sexual Assault Response Guidelines, September 2007
- New Jersey Attorney General Standards for Providing Services to Victims of Sexual Assault, December 2004
- Bismarck/Mandan Sexual Assault Coordinated Community Response Protocol, September 2003
- Pennsylvania Coalition Against Sexual Assault Sexual Assault Response Team Guidelines, 2002
- San Diego County Sexual Assault Response Team, Standards of Practice, April 2001

Proclamation of Intent

Red River Sexual Assault Response Team

September 2008

WHEREAS, as part of the Red River Sexual Assault Response Team (RR SART), this proclamation of intent is being executed amongst the following agencies, with the authorized representatives listed, to develop, implement, and evaluate a victim-centered community protocol to coordinate efforts in responding to victims of sexual assault;

Moorhead Police Department,
Shannon Monroe
Clay County Sheriff's Office,
Chad Hagen
Fargo Police Department,
Pat Claus
West Fargo Police Department,
Greg Warren
Cass County Sheriff's Department,
Steve Gabrielson
Meritcare Hospital,
Jane Taber
Meritcare Hospital,
Brenda Johnson

Innovis Hospital,
Beth Ashmore
Clay County State's Attorney Office,
Brian Melton
Cass County State's Attorney Office,
Mark Boening
Rape and Abuse Crisis Center,
Roxanne Kuhn
Rape and Abuse Crisis Center,
Glen Hase
Rape and Abuse Crisis Center,
Shelley Guida and

WHEREAS, the Red River Sexual Assault Response Team's mission is to work to ensure the integrity and quality of the criminal justice process while meeting the needs of victims and holding offenders accountable in all sexual assault cases; and

WHEREAS, values embraced and promoted by the team include:

Collaboration, which is creating consistency in the forensic evidence collection and criminal justice process that improves services to victims and increases opportunities for prosecution

Communication, which is **c**ommitting to listen to one another's concerns and opinions, and offer support through community education and resources

Professionalism, which is respecting the roles, responsibilities, needs, and opinions of each member on the team to meet the needs of the criminal justice process and support victims

Victim-Centered, which is recognizing the physical and emotional needs of sexual assault victims throughout the process and providing gentle and through acute and follow-up care; and

NOW, THEREFORE BE IT RESOLVED, as community service agencies within Cass County, North Dakota and Clay County, Minnesota, we recognize our commitment and obligation to serve on the RR SART.

BE IT FINALLY RESOLVED we, signed below, on this date, September 23rd, 2008, voluntarily agree to participate in this process, provide the resources needed to be successful, and to continue to work collaboratively to better serve the victims of sexual assault in our community.

Moorhead Police Chief – David Ebinger

Clay County Sheriff – Bill Bergquist

Fargo Police Chief- Keith Ternes

West Fargo Police Chief – Arland Rasmussen

Cass County Sheriff – Paul Laney

Senior Executive of MeritCare Health System – Evelyn Quigley

Chief Administrative Officer of Innovis Health – Kevin Pitzer

Clay County Attorney – Brian Melton

Cass County State's Attorney – Birch Burdick

Rape and Abuse Crisis Center Executive Director – Greg Diehl

City of Moorhead Mayor – Mark Voxland

City of Fargo Mayor – Dennis Walaker

City of West Fargo Mayor – Rich Mattern

Red River Sexual Assault Response Team

Mission:

The Red River Sexual Assault Response Team's mission is to work to ensure the integrity and quality of the criminal justice process while meeting the needs of victims and holding offenders accountable in all sexual assault cases.

Team values:

Collaboration

- Creating consistency in the forensic evidence collection and criminal justice process that improves services to victims and increases opportunities for prosecution

Communication

- Committing to listen to one another's concerns, opinions, and offer support through community education and resources

Professionalism

- Respecting the roles, responsibilities, needs, and opinions of each member on the team to meet the needs of the criminal justice process and support victims

Victim-Centered

- Recognizing the physical and emotional needs of sexual assault victims throughout the process and providing gentle and thorough acute and follow-up care

Guiding Principles

- The RRSART will develop, review, and evaluate procedures and protocol that ensures the quality and integrity of the investigation and support victim needs.
- The physical, emotional, and psychological well-being of the victim will be given strong consideration throughout the investigation.
- The RRSART will strive to develop a coordinated team approach, affording each victim access to needed services.
- Victims will have their diverse needs recognized and action will be taken to provide appropriate services.
- Victims will be given the opportunity to make informed decisions.
- Each victim will have an opportunity to provide feedback regarding access to, the process of, and services provided by the RRSART.
- The law enforcement representative will ensure the quality and integrity of the sexual assault investigation.
- The sexual assault advocate will consider the well-being, safety, and needs of victims.
- The sexual assault nurse examiner will conduct a prompt, compassionate, comprehensive, and objective forensic medical exam for victims seeking care.
- The prosecuting attorney will work in coordination with the respective agencies to ensure an effective response to sexual assault.
- The RRSART will train and educate on the dynamics of sexual assault and the RRSART process in the community.

Notes:

The term “survivor”, “victim”, “patient” and “witness” are used by different types of professionals to identify a person who has been sexually assaulted. This protocol will use the term victim for consistency and as recognition of the work of the team to ensure the integrity and quality of the criminal justice process while meeting the needs of person’s sexually assaulted and holding offenders accountable. With that in mind, this protocol may use “survivor”, “witness”, “victim” or “patient” interchangeably when the use of those terms makes the most sense and especially within the sections of this protocol where those terms are most applicable.

The age of victims served by the RRSART is based on a person’s legal ability to access emergency medical treatment. Individuals ages 13 and over are permitted to access emergency medical treatment without the consent of a parent. Due to this, the RRSART works with individuals ages 13 and over. For younger individuals, the RRSART would refer the person to the Red River Children’s Advocacy Center for evaluation, forensic interviewing, and support services.

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Team Response

The primary objectives of a team response are to:

- Ensure the integrity and quality of the criminal justice process.
- Meet the needs of victims of sexual assault.
- Hold offenders of sexual assault accountable.

A victim-centered approach is incorporated into a team approach by:

- Working together as a community of professionals responding to victim reports of sexual assault effectively, efficiently and in collaboration with one another.
- Providing opportunities for victims to have input into the process.
- Working towards collaborative decision making and coordinated action to minimize additional victimization and maximize offender accountability.
- On-going analysis of the coordinated response of the sexual assault team to address issues, improve responses, and create a community that is safer.

Recommended Protocol for a community team response:

1. Monthly RRSART meetings will be held as scheduled, the second Wednesday of every month from 1:30 to 3:30.
2. Monthly meetings will be used to address protocol updates, case review, team operation, community activities, and other business to coordinate the team.
    a. Case Review
        i. Summary of type of sexual assault and circumstances of the case.
        ii. Was each professional able to follow the community protocol (dispatch, interviewing, evidence collection, chain of custody, team interaction)? If not, what happened that prevented it?
        iii. What was the victim feedback, if known of a specific case?
        iv. What worked well with this case?
        v. What were the difficulties with this case? Suggestions or ideas for improving these issues?
        vi. Is there anything that can be handled differently during future cases to improve response?
    b. Protocol Review and Updates (at least annually, more often if needed)
        i. A compilation/overview of case review minutes will be provided to team members by the SART coordinator/minutes.
        ii. Based on these suggestions and highlights, including a summary of victim input through completed surveys, members will review the written protocol.
        iii. Edits and updates to the protocol will be completed and a revised copy distributed to each participating agency.

3. Victim evaluation of the team and process.
    a. Each team member will bring back to the team meetings comments, suggestions, and ideas provided by victims about the process.
    b. With the victim's permission, an evaluation survey will be provided to them by the advocate.
    c. Evaluations will be returned to the sexual assault advocate for compilation and presentation at the SART meetings.

4. Ongoing participation with the multidisciplinary team.

5. Work to promote interagency and internal agency policies and protocols to meet the mission of the RRSART.

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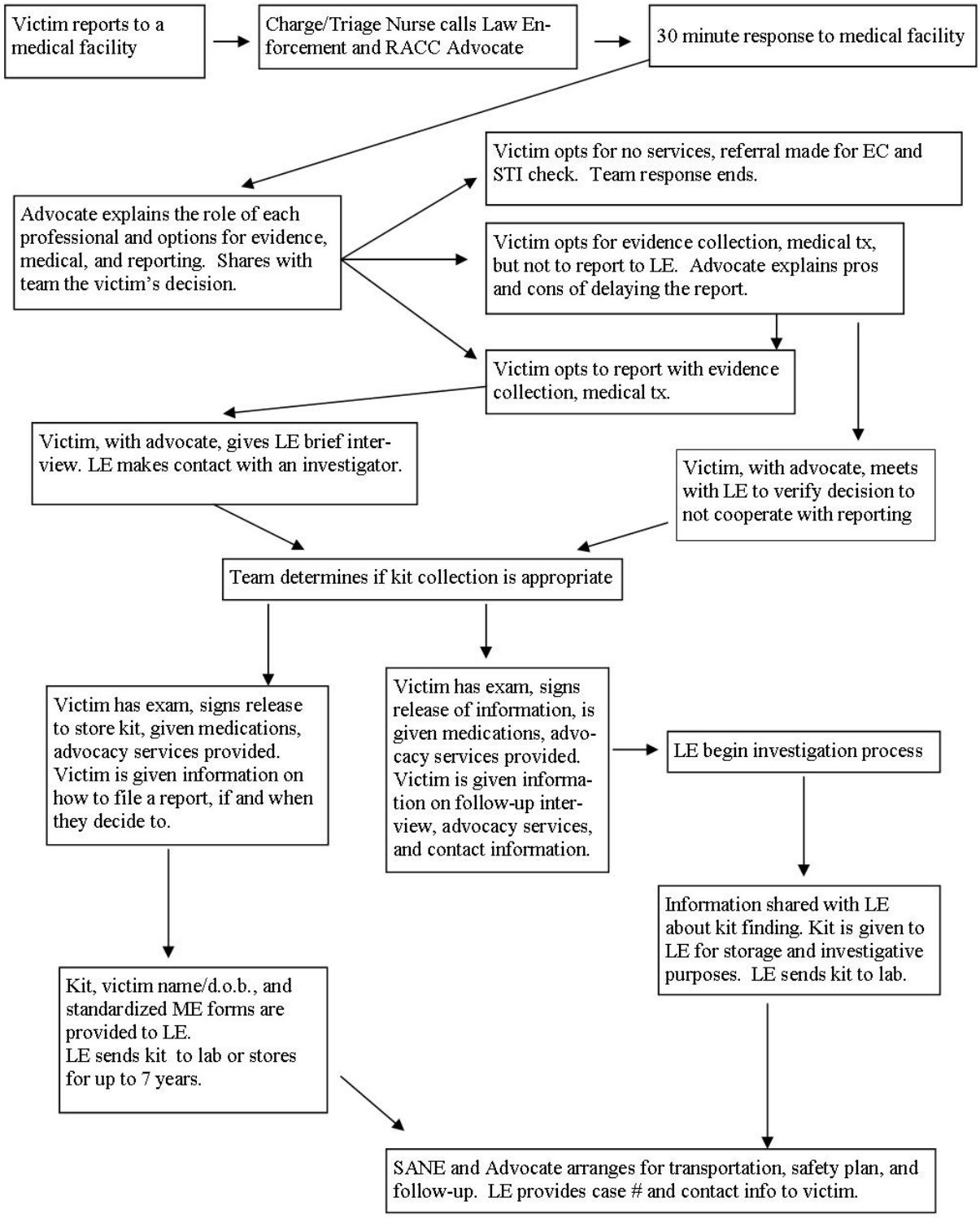
Red River SART Process Chart
Medical Facility Entry Point



April 2009

Health Care Providers

The primary objectives of the healthcare providers are to provide:

- Life saving interventions
- Timely patient treatment

A victim-centered approach is incorporated into patient care by:

- Providing assessment and treatment of the patient, assuring life-threatening injuries are identified and treated.
- Treating the patient as one would any other traumatized patient that is seen in a medical facility.
- Remembering that the patient is a crime scene.
- Providing timely, priority care to the patient.
- Maintaining the confidentiality of the patient and integrity of the medical record.

Recommended Protocol for Medical Facilities:

The medical facility administration must support the SART and the physicians and nurses who wish to provide medical care. Unless the facility administration supports the program, the medical team will find it very difficult to maintain an adequate level of service. Healthcare providers will become discouraged and drop out of the program. Each medical facility should meet the minimum standard of care outlined in the Standards of Emergency Nursing Practice. These standards are listed below.

1. The physical, emotional, psychological, socio-economical and cultural well-being of a victim of sexual assault shall be recognize and given triage priority.
2. Victims of sexual assault shall receive age specific treatment and services.
3. Victims of sexual assault shall receive the same standard of care regardless of the circumstances of the sexual assault.
4. Emergency departments shall develop and implement a sexual assault response policy as recommended by the North Dakota Sexual Assault Medical Standards Committee.
5. A physician, and/or nurse, trained in the care of sexual assault victims, shall assist with the examination and/or follow-up planning to include referrals to medical, advocacy, mental health, social services, law enforcement, and crime victim compensation service providers.
6. Emergency department shall provide an environment which publicly values and promotes a victim-centered approach to sexual assault.

Sexual Assault Nurse Examiner (SANE)

A SANE is a registered nurse specially trained in the comprehensive care of a sexual assault patient that competently collects evidence and provides expert testimony in court.

The primary objectives of SANEs are to provide:

- Assessment of patient's medical condition.
- Formulate a nursing diagnosis.
- Formulate a medical care plan.
- Intervention and care of injuries.
- Collection of forensic evidence.
- Administration of medications.
- Reviewing the process to ensure all patients' needs are addressed.
- Make referrals for follow-up.

A victim-centered approach is incorporated into victim/patient care by:

- Minimizing the number of people a victim has to tell about the sexual assault.
- Explaining to the victim the process.
- Obtaining both written consent on forms, and ongoing verbal consent to all aspects of the forensic medical examination.
- Providing a private location for the victim to speak with the medical professional and other team members.
- Discussing confidentiality limitations and mandatory reporting requirements with victims.
- Documenting the patient's relevant medical history and injuries.
- Completing a sexual assault forensic evidence collection kit following protocol to maintain the chain of custody and ensure the integrity of samples and documentation.
- Establishing consent for photo-documentation of injury.
- Working with the victim to manage and complete the entire forensic medical exam, respecting that patients may decline some parts.

Recommended Protocol for SANE Programs:

1. Upon arrival at the hospital, the victim will register at the emergency center.
2. The victim will meet with the triage nurse for a brief initial interview. The triage nurse will assess the victim's needs.
3. The triage or charge nurse will notify the RRSART, to include the SANE, law enforcement from the appropriate jurisdiction, and the RACC advocate.
4. The victim will be made comfortable and given a private waiting area or is taken to the examination room. The victim's friends/family may remain with the victim. In order to minimize the possibility of loss or destruction of evidence, the triage nurse will ask the victim not to eat, drink, smoke, use the restroom, or clean without first informing emergency care personnel. If the victim has to use the restroom, the triage nurse may collect a urine sample and advise the victim not to wipe.
5. Once the SANE arrives, the SANE will explain the RRSART protocol to the victim.
6. The RACC advocate will join the victim and SANE upon arrival. The victim will be provided with an informational packet, and the SANE will complete the forensic interview.
7. Once law enforcement arrives, the team will discuss the case information and determine if kit collection is appropriate.
8. The victim will meet with law enforcement. If the victim agrees to cooperate with reporting, law enforcement will conduct an interview and begin the investigation. The advocate may remain with the victim during the interview, but the SANE does not.
9. The SANE will complete the forensic examination and collection of evidence, and consult with the emergency center physician. The advocate may remain present with the victim's permission. In accordance with EMTALA guidelines, the SANE will ask the victim if they would like to see a physician. If the victim does not, it is documented in their record.
10. Upon completion of evidence collection, SANE will maintain chain of custody until the evidence is released to law enforcement.
11. The SANE will provide the victim with medications and information regarding follow up referrals.
12. The SANE and advocate will assess for further discharge needs.

STEP 1

HIPAA AUTHORIZATION FOR RELEASE – Reporting and Non-Reporting Options

The "**HIPAA Authorization for Release**" pertains to release of information. When a victim signs this form, she or he permits attending medical personnel to communicate with advocates, law enforcement, and the state's attorney's office about **information gathered during administration of the forensic-medical examination**.

Items obtained as evidence may be released from a hospital **only** if this written authorization is in place. Therefore, it is important to obtain consent **prior to collecting evidence**. If a victim chooses evidence collection but does not want to speak to law enforcement, the consent is signed by the medical provider and the information is turned over to law enforcement for storage.

An informed **adult victim**, age 13 or older, may sign the authorization. If the victim is a **child**, however, or appears **unable** to understand or execute the release, an **authorized third party** may act on the victim's behalf.

In general, the following signatures must be obtained regarding the **release of items collected as evidence**:

- Signature of the **victim or authorized third party** on the "Authorization" form.
- Signature of the **hospital staff person** turning over the evidence.
- Signature of the **law enforcement representative** taking custody of the evidence.

One copy is kept and sealed in the kit, one copy is kept for patient's medical record, one copy is kept for law enforcement, and one copy is kept to file with the reimbursement request.

STEP 2

INFORMED CONSENT FOR EXAMINATION AND TREATMENT

It is standard practice in any medical facility to **receive informed consent prior to administering** any procedure, treatment, or care.

Prior to any evidence collection or treatment, the informed consent form should be signed by the adult victim or by an authorized third party.

One copy of this form should remain with the **victim's medical records**, one given to law enforcement, and **one copy** should be sealed in the **Kit**.

STEP 3

URINE SAMPLE COLLECTION KIT – a separate evidence collection piece (Urine Toxicology Kit)

There are **two absolutely crucial practices** regarding evidence collection, drug screening, and sexual assault:

- **It should never be routine** to collect drug screens on sexual assault victims.

- Before a specimen can be collected, the victim must give **informed consent** to the drug screen. The victim can give informed consent on the form mentioned in Step 1 – "HIPPA Authorization for Release." She or he gives consent by **initialing** this sentence on the form:

"The **results of tests for the presence of drugs**, legal or illicit, from the urine sample collected."

If attending medical personnel **suspect a drug-facilitated sexual assault**, they should abide by the following procedures:

- **Explain** to the victim the **need to collect a urine sample** for a drug screen – and **why** (i.e. a drug-facilitated sexual assault is suspected).

- Clearly inform the victim that a urine sample can indicate **any illegal or prescription drugs that he or she may have taken during the previous several days or months**. Explain that any evidence obtained as part of the forensic evidence collection cannot be used in the prosecution of a victim.

- Explain that he or she **may refuse the drug screen**.

- **Determine whether <u>ingestion</u> of the drug in question occurred within the previous 96 hours**. If so, **<u>immediately</u> collect a urine specimen** as specified below.

    - **Use a sterile urine container –** one from either the **hospital supply** or the **Urine Toxicology Kit** from the State Crime Laboratory**.**

    - Collect **100 ml** of urine. If it is not possible to collect 100 ml, **at least 30 ml** should be collected.

    - **Label** the container with the victim's name and the date and time of collection.

    - **Seal** the container and place it in a Ziploc or **plastic bag** to avoid leakage.

    - Indicate on the **documentation** provided in the Kit that a **drug-facilitated sexual assault is suspected**.

    - **Freeze** the specimen, maintaining appropriate procedures for **chain-of-evidence**.

    - **Document**

        - the estimated date and time the suspected **drug ingestion occurred**;

        - how many times the patient **urinated** since the estimated time of ingestion; and

        - whether the patient has taken any **prescription or over-the-counter medications** during the previous four or five days;

            - if so, the **names of these medications**, as well as the dates and times they were taken.

STEP 4

CLOTHING DOCUMENTATION

In order to maintain the chain of evidence, documentation should be made of **all articles of clothing that are collected**.

Clothing may contain stains, rips, cuts, stretches, blood, hair, saliva, or other trace evidence that can **corroborate a victim's statement**. All such trace evidence should be **documented** for personnel at the State Crime Laboratory.

In addition, each item should be carefully **inspected**, so that clothing can be **packaged** in a way that protects stains, marks, and alterations from **cross-contamination**.

STEP 5

SEXUAL ASSAULT REPORT FORM FOR CRIME LABORATORY

Certainly, it can be helpful to the State Crime Laboratory to receive certain written information with the Kit. By their nature, however, medical records may contain **confidential information that is not required for the forensic examination**.

Therefore, in the interest of protecting and **maintaining victim confidentiality**, a **separate form** is recommended for the purpose of providing information that is required **solely for the forensic analysis of evidence**.

Examples of **confidential medical information not relevant to the forensic evaluation of evidence** include the following:

- Information concerning **gynecological history**, such as abortions, past or current pregnancy, hysterectomy, or and tubal ligation.
- Information on the victim's **emotional status**, drug **allergies**, or past **medical concerns**, such as cancer.

The following **information should be included** with the evidence sent to the State Crime Lab:

- **Date and time** of **collection**, as well as date and time of **assault**.
    - This includes information regarding **period of time that has elapsed** between the assault and the collection of evidence.
- **Number** and **gender** of **offenders**.
    - Personnel at the State Crime Lab seek evidence of **cross-transfer of trace materials** including foreign **hair** and the deposit of **secretions** from the assailant(s) on the victim. Knowing the **number of offenders** in advance enables the State Crime Lab to **obtain evidence more quickly and thoroughly** from the victim's specimens, the scene of the crime, and the assailant(s).

- Information regarding the **gender(s) of the perpetrator(s)** helps the State Crime Lab to determine, among other things, the **type of foreign secretions** (i.e. semen or vaginal secretions) that might be found on the victim's body and clothing.

- **Actions of the victim** since the assault.
  - The **quality of evidence can be critically affected** both by the victim's actions and by the passage of time. For example, **self cleansing** by the victim – as well as length of time that elapsed between the assault and collection of evidence – can affect the rate of drainage of semen from the vagina or rectum. **Trace evidence can also be lost**, evidence such as foreign hair, fibers, plant material, or other microscopic debris deposited on the victim by the assailant or transferred to the victim at the crime scene.
  - The State Crime Lab should be informed about which activities the victim performed prior to examination – activities including **bathing, urination, brushing of teeth, and changing of clothes**, all of which could explain any **absence of secretions or other foreign materials**. For example, douching would have an obvious chemical effect on the quantity and quality of semen remaining in the vagina.
  - If apparent contradictions are **not adequately explained**, failure to explain the circumstances under which evidence could have been destroyed might **jeopardize criminal prosecution**. Conversely, **adequate documentation** can be crucial in providing **support** to the victim and to the criminal justice system.

- Information regarding **contraceptive** use and **menstruation**.
  - Various contraceptive preparations can **interfere with accurate interpretation** of the preliminary chemical test that is frequently used by the State Crime Laboratory in the analysis of potential seminal stains. In addition, **contraceptive foams or creams** can destroy spermatozoa.
  - Knowing whether a **condom** was used can be helpful in explaining the absence of semen.
  - **Lubricants** of any kind, including oil or grease, are **trace evidence** and may be compared with potential sources left at the crime scene or recovered from the body of the assailant.
  - **Tampons** and **sanitary napkins** can absorb the assailant's semen, as well as any menstrual blood. In addition, the presence of **blood** on the vaginal swab can be the result of trauma, menstruation, or both.

- **History** of the sexual assault.

    - An **accurate description of the sexual assault** is crucial to the proper collection, detection, and analysis of physical evidence. This description should include information as to whether there was **oral, rectal, or vaginal penetration** of the victim; **oral contact** by the offender; **ejaculation** (if known by the victim); and **penetration** digitally or with a foreign object(s).

- Details of physical **examination**.

    - In the search for cross transfer of trace evidence, it is essential that State Crime Lab personnel know the **location and extent of injuries** sustained by the victim. This information enables the Lab to ascertain whether the victim's blood, for instance, might be found on the **body or clothing of the assailant**, as well as at the **crime scene**.

    - If the victim was **bitten**, the assailant's **saliva** may have been deposited on the victim's body or clothing. As such, **swabs** should be taken of those specific areas of the victim's body. In addition, the State Crime Laboratory must know **precisely where any bites occurred**, so that they may perform an effective search for possible saliva stains on the victim's **clothing**.

    - Marks, bruises, cuts, scrapes, and other injuries may be visible on the victim's body and should be **photographed**. This photographic documentation is critical in **corroborating the victim's non-consent** in sexual activity. Because bruises do not tend to appear until days after the assault, however, arrangements should be made with the victim so that **maturing bruises** can be photographed in 12 to 24 hours if possible.

STEP 6

OUTER CLOTHING AND UNDERWEAR COLLECTION

<u>Clothing Evidence</u>

Clothing often contains **important evidence**:

- Clothing can provide **laboratory standards** for comparing trace evidence from the victim's clothing with trace evidence collected from the suspect or the crime scene. Clothing offers a surface on which **traces of foreign matter** may be found, such as the assailant's semen, saliva, blood, hair, and fibers, as well as debris from the crime scene. Though foreign matter can be washed or worn off the body of the victim, the same substances can often be found intact on clothing for a **considerable length of time following the assault**.

- Damaged or torn clothing may serve as significant **evidence itself**. Clothing may offer physical evidence of **force** or **struggle**.

Clothing Collection Procedures

Trace evidence may be present on **items that come into contact with the victim's clothing**.

- If the victim was wrapped or resting in a sheet during **emergency transport** to the treatment facility, the **sheet** should be collected.

- To minimize loss of evidence, the **victim should disrobe over a white cloth or sheet of paper**. This white cloth or sheet of paper should also be collected.

Before any clothing is collected as evidence, the victim's **consent must be reaffirmed** and the **reasons for clothing-collection** must be fully explained.

All pertinent clothing should be **collected** in accordance with the following **procedures**:

- If the victim cannot undress without assistance, such that items of clothing must be cut away, **no cuts should be made through existing rips, tears, or stains.**

- In **all cases** where the victim gives consent for the collection of clothing, the **underwear** that he or she is wearing should be collected.

- Depending on the history of the assault, **hosiery, blouses, shirts, and slacks** are likely to be sources of evidence. There also are instances when **coats** and even **shoes** may contain evidence and should be collected.

- Prior to the full examination, great care must be taken by the attending medical personnel to **determine if the victim is wearing the same clothing he or she wore during or immediately following the assault**. If so, any clothing should be collected that appears to be **torn or damaged** or to contain **debris, hair, or stains** related to the assault.

- If it is determined that the victim is **not wearing the same clothing involved in the assault**, the attending medical personnel should inquire as to the **location of the original clothing** (e.g. at the victim's home or at the laundry for cleaning).

    - This information should then be given to the **investigating officer** so that he or she can make arrangements to retrieve the clothing before any potential evidence is destroyed.

- Any **statement the victim makes** that pertains to her or his clothing should be documented in **quotation marks** in the "History" section of the "Sexual Assault Form for Crime Laboratory" (e.g. "He grabbed my left arm.").

Clothing Packaging Procedures

It is imperative that garments be **packaged separately** and **sealed**, both to prevent cross-contamination and to enable the State Crime Lab to **reconstruct the crime**.

For example, if semen in the female victim's underpants is accidentally transferred to her bra or scarf during packaging, the finding of semen on those garments might appear **contradictory** to the victim's own testimony in court.

Thus, the following **procedures** should be followed in the **packaging** of clothing:

- All items should be placed in **separate paper bags**.
    - **Small items** (e.g. underpants, hosiery, slip, and bra) should be placed in separate small paper bags.
    - **Larger items** (e.g. pants, dress, and blouse) should be placed in separate larger paper bags.
- Each piece of clothing should be **folded inward**. **A piece of paper should be placed against any stain, so that the stain is not in contact with the bag or with other parts of the clothing.**
- Each item of clothing should be **individually bagged,** properly **sealed**, and **labeled with evidence tape**. The label should include the description of contents, date, and time.
- The Kit contains paper bags for outerwear, pants, shirt, underwear, and bra. **If the Kit does not contain enough paper bags, any clean paper bag is acceptable.**
- Any **foreign materials** should be collected, placed in a small **paper envelope**, properly **labeled**, and **sealed with evidence tape**.

Bags used for the collection of clothing should be given to the officer collecting all evidence in individually sealed bags.

STEP 7

DEBRIS COLLECTION

<u>Dried Fluid or Dried Secretions</u>

Semen and **blood** are the most common secretions deposited on the victim by the assailant. Other secretions, such as **saliva**, can also be analyzed by State Crime Laboratory personnel to aid in the **identification of the perpetrator**.

<u>Dried Fluid Collection Procedure</u>

A number of procedures should be followed in **collecting dried fluids**:

- During the examination itself, medical personnel should **examine the victim's body for evidence of foreign matter**.
- Dried secretions (such as blood or semen) should be collected by slightly moistening a swab with **saline or sterile water**, and then **swabbing** the indicated area.
    - A **different swab** should be used for **each secretion collected from each location** on the body.

    - Extra supplies are not provided in the Kit; however, so **available hospital supplies** should be used.

- The swab should be allowed to **dry** and then returned to a **mailer**.

    - **If no cardboard tube is available**, the cotton swab should be allowed to **dry** and then placed in an **envelope** or **paper bag**.

- The mailer (or envelope or paper bag) should be **labeled** and **sealed with tape**.

    - The label must indicate the **location of the secretion** on the victim's body.

STEP 8

FINGERNAIL SCRAPINGS

During a physical crime, a victim comes into contact with both the **environment** and the **assailant**. Trace materials – such as skin, blood, hair, soil, and fibers from upholstery, carpeting, blankets, etc. – can **collect under the fingernails of the victim**. As such, fingernail scrapings are collected as potentially useful **evidence of cross-transfer** or **identification**.

The following **procedures** should be maintained in obtaining fingernail scrapings:

- Determination should be made as to **whether a victim may have scratched the assailant's face, body, or clothing**.

- Scrapings for each hand should be made **over a separate piece of paper** (i.e. one paper for the **left hand**, one for the **right**).

- The victim's fingernails should be scraped, **one hand at a time**, using the **stick** provided in the Kit.

- If fingernail damage is present, the nail should be **clipped proximal to the damage**. A **victim may want to perform this function** and should be encouraged to do so.

    - **Please note: Nails should <u>not</u> be clipped unless they are damaged or broken.**

- **Scrapings** for each hand should be placed in **separate envelopes**.

- Each piece of **paper** should be **folded** and placed in a **standard, individual envelope** (i.e. one envelope for the left-hand piece of paper, and one envelope for the right-hand piece of paper).

- Each envelope should be **labeled**, making a clear differentiation between "**left hand**" and "**right hand**." The envelopes should then be **sealed with tape**.

STEP 9

HEAD HAIR COMBINGS

In order to collect all loose hair and fibers, the **victim's head hair – top, back, front, and sides – should be combed over a piece of paper**.

The **combings, comb, and paper** should be placed in an envelope marked "**head hair combings**." After labeling information is complete, the envelope should be **sealed with tape**.

STEP 10

ORAL SWAB AND FLOSSING COLLECTION

The **purpose** of this test is to **recover possible seminal fluid** from recesses in the oral cavity where traces of semen could survive. If the assault is reported **within 12 hours**, seminal fluids may be present at the time of examination.

Because the oral samples can be as important as the vaginal or anal specimens, the following **procedures** should be closely maintained:

- **Four cotton swabs** should be used to swab the mouth.
    - **Attention** should be given to the areas where seminal material might remain for the longest period of time, such as **between the upper and lower lips and gum**.
- If the victim reports that oral copulation occurred, **unflavored floss or floss sticks** may be used to floss the victim's teeth.
    - If standard floss is used, **only the used portion** should be sent to the State Crime Lab.
    - Floss should be placed in a **paper envelope,** sealed with **tape,** and **labeled**.
- When the oral swabs have **air dried**, they should be inserted into a **cardboard tube**.
- The end flaps of the tube should be **sealed**, taking care **not to cover the air hole** with tape. A white **label** should then be completed and **affixed** to the cardboard tube.
- A **Colposcope** or camera may be used to document oral injury.

STEP 11

PHYSICAL CONDITION FORM

A copy of this form can be found in the ND Kit.

Diagrams

The Sexual Assault Evidence Collection Kit includes **diagrams of adult male and female figures**. In addition to a written description of the trauma, these diagrams should be used to indicate the **location and size of any injuries**. In order to document any injuries to **child victims** of sexual assault, these adult figures should be **adapted**.

Photographs

Photographs of extremely brutal injuries or bite marks can prove beneficial in court. Because some injuries become apparent only after several days, however, there is **no guarantee** that photographs will show the extent or the severity of the injury. Consequently, **photographs should only be taken in those instances where clear pictorial evidence of injury**, such as bruises or lacerations, **can be obtained.**

Colposcope

Colposcope pictures of **genital injury** are highly indicative of **forced sexual conduct**. Pictures taken by trained personnel during a Colposcope exam may show **extremely small injuries** that can only be seen with the aid of this equipment. If these photographs are not available, drawings and accurate written descriptions are essential in **court proceedings**.

Bite Mark Evidence Collection

Bite marks found on the victim **should not be overlooked** as important evidence.

In cases where a bite mark is present, minimum procedures include **collecting saliva**, providing **documentation**, and **photographing** the affected area:

- Saliva from the bite mark should be collected **before cleansing or dressing any wound**.

- Saliva should be collected from the bite mark area by **moistening** a swab with **distilled water** and gently **swabbing the affected area**. The same procedure for **collection of other dried fluids** should be followed.

- Bite marks should be noted on the **body diagrams**.

- To demonstrate the size of the bite mark, an **ABFO Measurement Tool** (ruler) should be placed adjacent to – but not covering – the bite mark. The bite mark should then be **photographed**. (Please note that these supplies are **not provided in the Kit**.)

- In order to show different signs of bite marks and bruising and to prevent the camera's flash from "washing out" the bruise, it is recommended that **at least three photographs** be taken of **each target area**: (1) **straight** on; (2) at a **slight angle**; and (3) at an **increased angle**. For close-up photographs, a **macro lens** is recommended. The **responding officer** or investigator can offer additional suggestions regarding effective camera use.

STEP 12

PUBIC HAIR COMBING

The following **procedures** should be used in gathering evidence from pubic hair:

- In order to collect falling hair and other evidence, a piece of **paper or paper towel** should be placed **beneath** the area of combing.

- A **comb** should be used to collect **any loose hair or fibers** from the pubic area.

    - A **victim may prefer to do the combing** so as to reduce embarrassment and salvage a sense of control over her or his body.

- The combing should be performed in a **vigorous and thorough manner** so that all valuable evidence can be collected.

- If **semen or other material** is present, this evidence may be **collected in the same manner as other dried fluids**. The **swab** should then be placed in a small paper **envelope** and **labeled** "possible secretion sample from pubic hair."

    - Although this evidence can be collected by **cutting** off the matter or material, the victim must give **permission** before any significant amount of hair is removed.

- The **pubic hair combings** and the **comb** should be placed in an **envelope** marked "**pubic hair combings**." After all the labeling information is complete, the envelope should be sealed with **tape**.

STEP 13

VAGINAL OR PENILE SWABS AND SMEARS

<u>Important Information</u>

The **purpose** of making smears is to allow the State Crime Laboratory to test microscopically for the **presence of spermatozoa**. If spermatozoa are not detected, the analyst uses the swab(s) to identify the components of **seminal plasma** and thus confirm the presence of **semen**.

The number of tests that forensic laboratories can perform is **limited by the quantity** of semen or other fluids collected. Therefore, **four swabs** should be used when collecting specimens from body orifices.

For a number of reasons, it is recommended that the victim be encouraged to **allow three orifices – mouth, vagina, and rectum – to be examined** and **specimens** to be collected from them. Depending upon the type of sexual assault, **penetration** may have occurred in any of these orifices. In addition, **semen may leak** from the vagina or penis into the anus, even without rectal penetration. Moreover, due to embarrassment, trauma, or a lack of understanding of the assault itself, the **victim may be vague or mistaken about the areas of sexual contact**.

In cases where a victim insists that contact involved only one or two orifices – or no orifices at all – the victim must be **permitted to decline these additional tests**. This "right to decline" reinforces a primary therapeutic principle of **returning control** to the victim.

If a victim must use **bathroom facilities** prior to evidence collection, he or she should be **cautioned** that semen or other evidence may be present in pubic, genital, or rectal areas; as such, special care should be taken **not to wash or wipe away** those secretions until after the evidence has been collected.

When taking swabs, the examiner should **take special care not to contaminate** the individual collection with secretions or matter from other areas – such as vaginal to rectal or penile to rectal. Such contamination could **jeopardize future court proceedings**.

Vaginal Swabs and Smears Collection

Vaginal smears should be **prepared** using the following **procedures**:

- As vaginal specimens are collected, the vaginal orifice must **not be aspirated** and secretions must **not be diluted** in any way. If necessary, **sterile** water may be used to enable insertion of a speculum or anal probe.

- **Documentation** must be provided on the **exam form**, indicating which, if any, **lubricant** was used. This information enables the State Crime Laboratory to separate chemicals used in evidence collection from any that pertain to **physical evidence**.

- The vaginal vault should be swabbed using **two cotton swabs** together.

- The sample should be **rolled across the frosted side**.

- The swabbing (with another two swabs) should be repeated, as should the slide preparation. **A total of four swabs and two slides should be collected**.

- The **frosted-end slides** must be properly labeled and include the word "**vaginal**" to indicate the origin of the specimen. To **prevent smudging** of labeling information, a **pencil** should be used.

- **No slide should be fixed or stained**.

- Each glass slide should be permitted to **dry** and then returned to the **mailer**. A label specifying "**vaginal smear**" should be affixed to the mailer. After air-drying is complete, the mailer should be **sealed with tape**.

- After being allowed to **air-dry**, vaginal cotton swabs should be placed in a cardboard tube. The end flaps of the tube should be **sealed**, taking care **not to cover the air hole** with tape. A white **label** should then be completed and **affixed** to the cardboard tube.

Penile Swabs

If the Sexual Assault Evidence Collection Kit is available, the **envelope labeled "Vaginal Smear/Swab" should be used for penile swabs**.

For the male adult and child victim, the presence of saliva on the penis could indicate that **oral-genital contact** was made. The presence of vaginal secretions could help corroborate that the penis was introduced into a **vaginal orifice**. Feces, seminal plasma, or lubricants might be found if **rectal penetrations** occurred.

Specific **procedures** for the collection of penile swabs include the following:

- **Two cotton swabs** should be slightly moistened with **distilled water**.
- The **external surface of the penile shaft and glands** should be thoroughly swabbed, using the two cotton swabs together. In addition, any **outer areas of the penis or scrotum** should be swabbed where sexual contact is suspected.
- The above process should be repeated with another set of swabs. **A total of four swabs should be collected**.
- After being allowed to **air-dry**, penile cotton swabs should be placed in a **cardboard tube**. The end flaps of the tube should be **sealed**, taking care **not to cover the air hole** with tape. A white **label** should then be completed and **affixed** to the tube.

STEP 14

RECTAL SWABS

The following are **procedures** for collecting rectal swabs:

- **Two cotton swabs** should be slightly moistened with **distilled water**.
- The **rectal area** should be thoroughly swabbed, using the two cotton swabs together.
- The above process should be repeated with another set of swabs. **A total of four swabs should be collected**.
- After being allowed to **air dry**, rectal cotton swabs should be placed in a **cardboard tube**. The end flaps of the tube should be **sealed**, taking care **not to cover the air hole** with tape. A white **label** should then be completed and **affixed** to the tube.
- As always, the examiner should **take special care not to contaminate** collections from rectal areas with secretions or matter from other areas. Such contamination could **jeopardize evidence used in prosecution of the offender**.

STEP 15

PHYSICAL CONDITION FORM

A copy of this form can be found in the ND **Kit**.

Using the "Physical Condition Form," findings from the physical examination should be **documented** as completely as possible. **Testimony** of attending medical personnel can be necessary in legal proceedings. As such, a **thorough and legible record**, as well as an accompanying **body diagram**, will assist medical staff in recalling the incident.

Please note: **When gathering information during the medical and evidentiary examination, attending medical personnel must be absolutely certain <u>not</u> to include any subjective opinions or conclusions regarding whether a crime occurred.**

STEP 16

KNOWN SALIVA SAMPLE

<u>DNA Typing and Profiling</u>

The purpose of collecting known saliva and blood samples is for **DNA (deoxyribonucleic acid) typing and profiling**. As the fundamental building block of an individual's genetic makeup, DNA is a **component of virtually every cell in the human body** – including semen or other bodily fluids.

DNA found in the victim's saliva and blood samples can be **compared** with DNA found in samples obtained from the victim's clothing, swabs, and body. This comparison can enable the State Crime Laboratory to identify the **DNA of the possible offender**(s).

<u>Saliva Specimen Collection</u>

The following **procedures** should be maintained in collecting the saliva sample:

- The victim should **not eat, drink, or smoke for a minimum of 15 minutes** prior to collection of this saliva sample.

- **Filter paper discs** – <u>not</u> gauze pads – should be used in collecting the saliva sample. The loose weave of gauze pads can disperse the saliva, making the specimen more difficult to analyze; in addition, filter paper discs dry more quickly. The filter disc and envelope are **provided in the Kit**.

- The **victim** should be instructed
    - to place the disc, **manually**, in her or his mouth, **saturating** it with saliva.
    - **<u>not</u> to chew** the disc, but to **moisten** it for a few seconds.
    - to **remove** the disc with his or her own fingers.

- If the victim is unable to administer the above procedure without assistance, a **hemostat** may be used. Because the slightest contamination from another person's secretions may be detected, however, the **disc must never be touched by anyone other than the victim**.

- When **dry**, the disc should be completely inserted into its original **envelope**. **Labeling** information should then be completed, and the envelope should be **sealed** with tape.

STEP 17

KNOWN BLOOD SAMPLE

For information on **DNA typing and profiling**, please refer to STEP 16 above.

Blood Sample Collection

The following **procedures** should be maintained when collecting a blood sample:

- Using the **lancet** included in the Sexual Assault Evidence Collection Kit, the skin should be **pierced** at the end of one of the fingers.

- **Three to five droplets** of blood should be placed on a **paper disc**.

- The disc should be allowed to **air dry**, placed in an **envelope**, **sealed**, and **labeled**.

COMPLETION

When the Sexual Assault Evidence Collection process is complete, the medical personnel who collected evidence must **carefully check each item** to be certain it is accurately **sealed** and **labeled**.

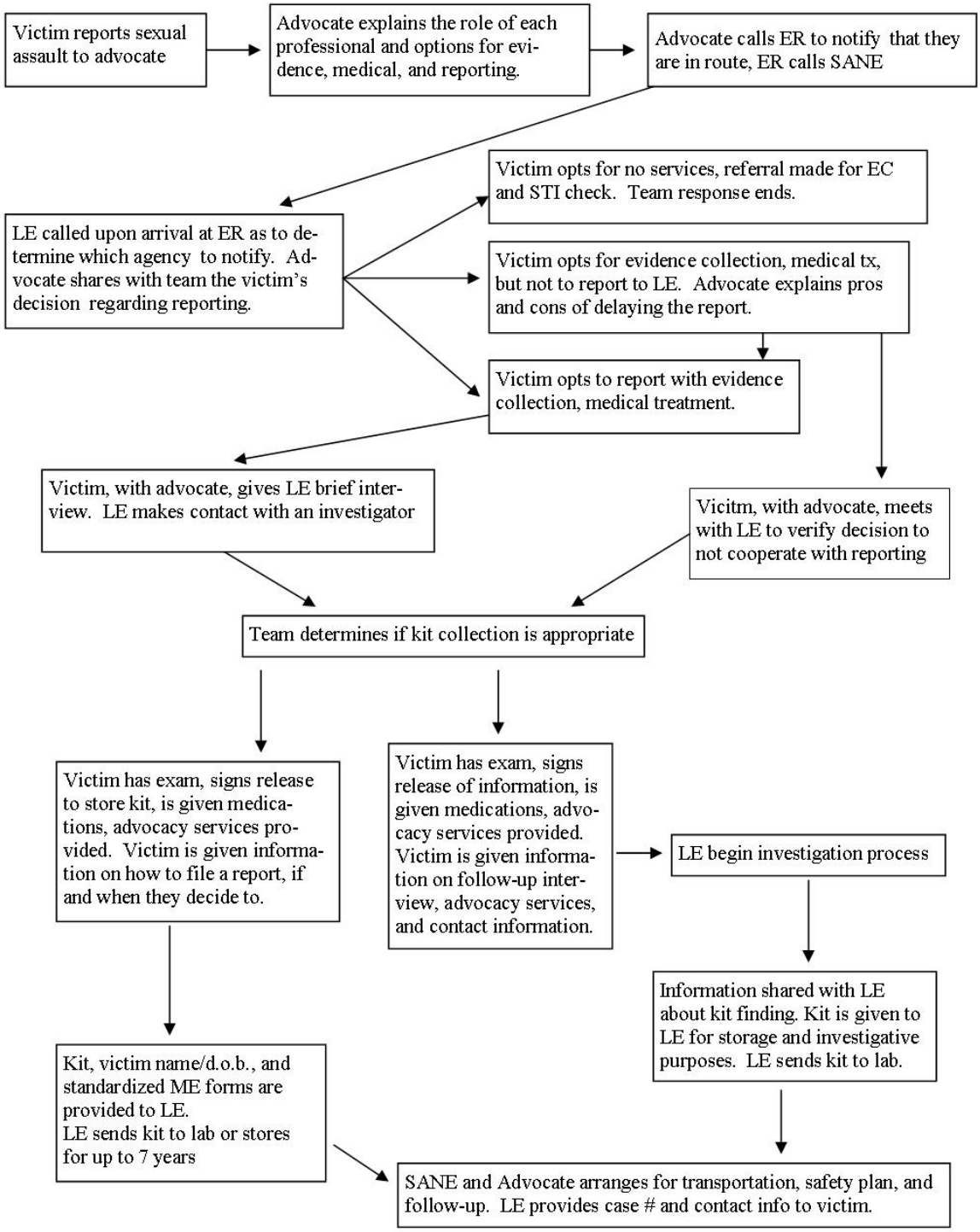
Law enforcement should then be notified that evidence is ready for pick-up at the medical facility. To ensure the proper "**chain of evidence**," all articles must be kept either in the **possession of the medical personnel** or in a **locked location**, until retrieved by law enforcement. Upon release of evidence to a law enforcement officer, the officer must **sign, date, and time** the evidence.

Special Storage and Transportation

- **All Sexual Assault Evidence Collection Kits must remain refrigerated** until delivered to the State Crime Laboratory**.**

- **All Urine Toxicology Samples must remain frozen** until delivered to the State Crime Lab.

Red River SART Process Chart
Victim Advocate Entry Point



April 2009

Advocacy

The primary objectives of advocates are to provide:

- Information and support to victims.
- Crisis intervention when victims need assistance.
- Assistance negotiating the social service, criminal justice, and other helping systems to support the victim throughout recovery.
- Facilitated team members' communication and collaboration.
- Normalization of victim's feelings, reactions, and response to sexual assault.
- Education and information to the victim and the family/friends about what may be experienced emotionally and/or physically and what the victim may still have to go through in the recovery process.
- A continuity of care.

A victim-centered approach is incorporated into victim care by:

- Advocating on behalf of the victim's rights.
- Abstaining from any part of the process that the victim does not want the advocate to attend.
- Giving full consideration to the victim's wants and needs and when presented with conflicting choices, defers to the choice of the victim.
- Ensuring the victim has the information and knowledge to enable them to make informed decisions.
- Respecting the human dignity and the uniqueness of the victim, unrestricted by considerations of ethnic, age, social or economic status, personal attributes, sexual orientation, disability or the nature of the health problems.
- Maintaining respect for the victim in interdisciplinary communications.
- Facilitating communications between all SART members and the victim.
- Working collaboratively with team members to ensure the provision of quality services to the victim.
- Reinforcing explanations by SANE/Healthcare providers, law enforcement, prosecution and professional counselor when appropriate.
- Acting as a liaison between SART members and the victim.

Recommended Protocol for Advocacy Programs:

1. Arrive at the hospital within a timely fashion after the call from the hospital or law enforcement.
2. Notify hospital registration that you have arrived and inquire about the whereabouts of the survivor. Follow local HIPAA (Health Insurance Portability and Accountability Act) protocol as applicable.
3. Greet victim and victim's family/friends. Identify yourself and the program you represent. Offer support and information as needed.
4. Inform the victim that anything he or she says to the advocate is confidential and will not be repeated to anyone without his/her permission within legal guidelines.

5. Inquire if there is anything the victim needs.
6. Provide information and emotional support.
7. Offer to accompany the victim during the exam.
8. Explain to the victim that he or she has the right to ask any questions he or she may have at any time before, during or after the exam.
9. Be prepared to answer any questions regarding the forensic/medical exam.
10. Notify the victim of his or her rights regarding HIV testing and available counseling.
11. Regularly inquire if the victim has any questions.
12. Inform the family/friends in the waiting room of the progress of the exam at the victim's request.
13. Provide information and support the family/friends of the victim.
14. At the request of the victim and as appropriate for an advocate, assist with comfort needs. (e.g. blankets, extra pillows)
15. If law enforcement is present:
    a. Introduce yourself and the agency you represent
    b. Explain, if needed, the role of the advocate
    c. Inquire as to whether or not the officer has any requests
16. Encourage the victim to make a follow-up appointment in two weeks with his/her physician or other medical provider.
17. Inform the victim about The Rape and Abuse Crisis Center (RACC) services and other relevant community resources. Provide written information to the victim on how to access RACC services including the 24-hour hotline number.
18. Provide written information to the victim regarding Victim Rights.
19. Facilitate access to other services as needed.
20. Ensure that the victim has clothes when departing the hospital.
21. Ensure the victim leaves the medical facility safely, with family, friends, or law enforcement. Help to arrange for transportation if needed.
22. Assess sense of safety at time of discharge and help to arrange for safe housing if needed.

The following are responsibilities of the Cass/Clay Criminal Justice Intervention Advocates:

- Within 96 hours, contact the victim.
- Explain that the Rape and Abuse Crisis Center is available for supportive services including law enforcement accompaniment, court accompaniment, counseling services, assistance with completing forms, and referral to other services.
- Remind the victim to follow-up with a medical provider.
- Inquire if there is anything else the advocate can do at the time.

Law Enforcement Advocacy

- Provide assistance to law enforcement at their request.
- Obtain updates on the progress of the case at the victim's request.

Court Advocacy

- Inquire as to which state's attorney is handling the case.
- Ask if the state's attorney has any requests.
- Obtain updates on the progress of the case.
- Be present during interviews per victim request.
- Be available to assist in setting up interviews.
- Provide accompaniment to the victim to all hearings.
- In all phases of the case, provide accompaniment, emotional support, information and advocacy for the victim.

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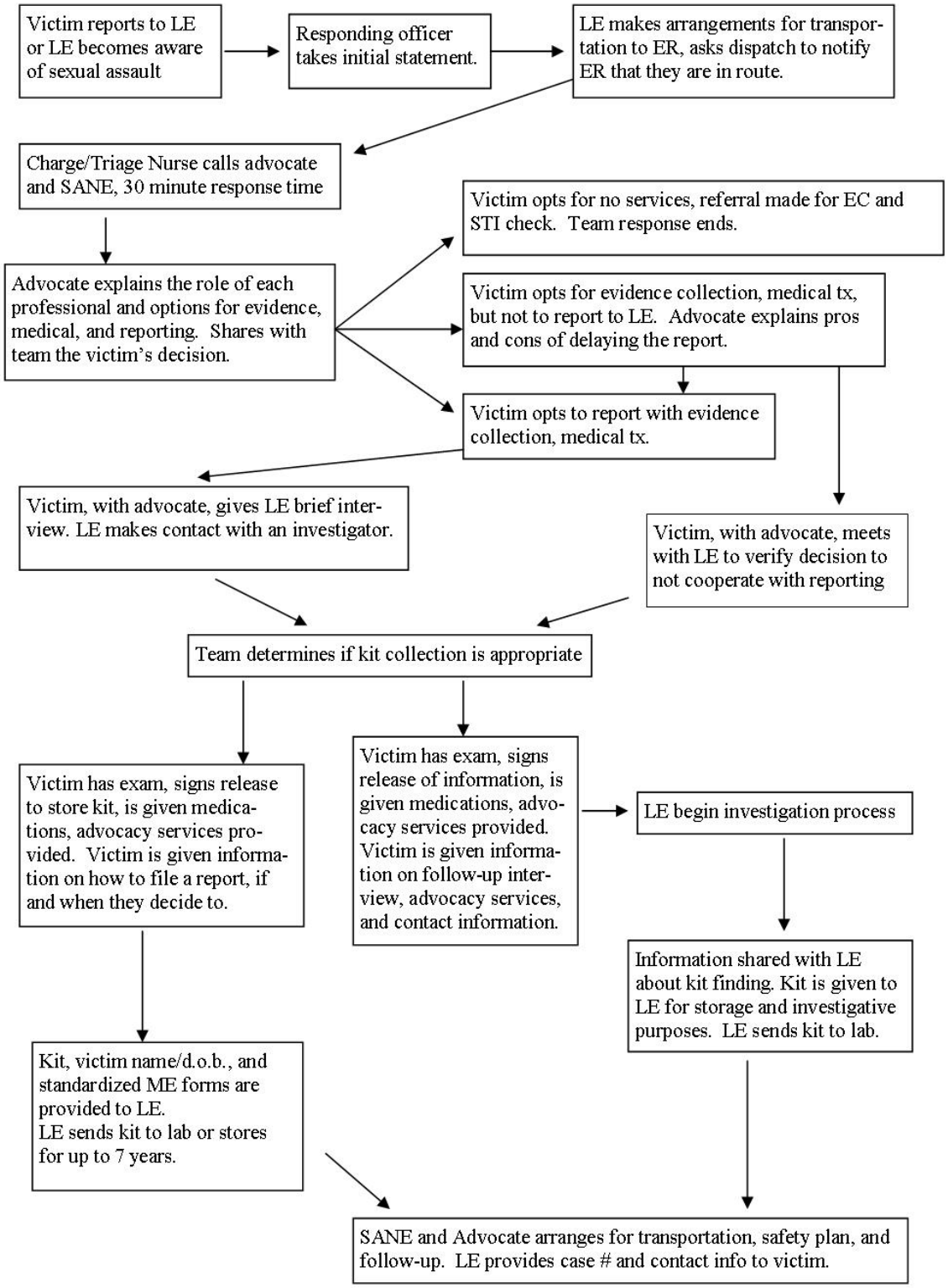
Red River SART Process Chart
Law Enforcement Entry Point



April 2009

Law Enforcement

The primary objectives of law enforcement officers are to:

- Assess the immediate physical, safety and medical needs of those involved.
- Assess if a crime has been committed.
- Collect and preserve evidence.
- Obtain victim, suspect and witness statements.

A victim-centered approach is incorporated into victim service by:

- Demonstrating sensitivity by using non-judgmental questions, comments, and body language.
- Enhancing cooperation between the law enforcement agency and community organizations that may assist the victim.
- Giving victims choices and options to proceed with the investigation.
- Communication among members of the SART.

Recommended Protocol for Responding Officers:

1. Assess the immediate physical safety and medical needs of the victim.
2. Determine if the suspect is present at the crime scene. If not, obtain a description and/or identification of the suspect and consider the need for a crime broadcast.
3. Explain each step of the investigation and what the victim should expect, especially the need to ask personal, detailed information relative to the assault.
4. Conduct a preliminary interview of the victim in a separate private area to determine whether and what crime(s) may have occurred and where evidence might be located.
5. Locate and identify witnesses.
6. At the crime scene, secure physical evidence such as fingerprints, trace evidence, the victim's clothing, and any evidence that may be immediately collected from the victim's person. If the victim has changed clothes since the assault, ask for any clothing that was worn at the time of the assault.
7. Explain to the victim the importance of preserving potentially valuable evidence which may be present on their person, or on clothing worn during the assault, after the assault, and on bedding or other items/materials at the assault scene (evidence may be inadvertently destroyed by activities such as washing, showering, brushing teeth, using mouthwash, smoking, eating, drinking, douching, urinating, or defecating).
8. Advise the victim of their rights as a crime victim and provide referral information to the crime victim program.

If the assault occurred within 96 hours:

1. Inform the victim of the importance of seeking an *immediate* medical/forensic examination. The individual circumstances of each case should be considered when deciding whether to collect evidence after the 96 hour time frame.
2. Advise the victim that he/she is not responsible for the cost of the forensic portion of the examination.
3. Notify the appropriate facility that a sexual assault victim is coming to the medical facility for a medical/forensic examination.
4. Recommend that the victim bring a change of clothing to the forensic examination site in the event that his or her clothing is collected for evidentiary purposes.
5. Take measures to ensure chain of custody for the sexual assault kit.
6. Be aware of signs and/or statements that imply a drug facilitated sexual assault. Communicate information to medical personnel in order to obtain samples.

If the assault occurred more than 96 hours prior:

1. Provide victim with information regarding medical care and potential for evidence collection.
2. If the assault occurred in North Dakota, advise the victim that he/she is responsible for the cost of the medical exam. If the assault occurred in Minnesota, the cost of the exam will be covered.
3. Provide the victim with advocacy program information and offer to contact them for assistance.

Recommended Protocol of the Investigating Officer:

1. Review available information regarding the crime.
2. Interview the victim.
3. Interview witnesses.
4. Check the crime scene and obtain appropriate photographs.
5. Submit request to crime laboratory to analyze physical evidence.
6. If the suspect is unknown, attempt to identify and interview the suspect.
7. Conduct investigational background history of the parties involved.
8. Submit case file to the prosecuting attorney.
9. Conduct follow up investigation as needed.

Prosecution

The primary objective of the prosecutor in a sexual assault case is to see that justice is done.

Prosecutors accomplish this by:

- Prosecuting the suspect when sufficient, credible evidence exists.
- Providing the victim with information relevant to the prosecution of the suspect.

The prosecutor(s) should remain mindful that prosecution is but one component of a Multidisciplinary Team, and that the team concept is crucial in ensuring a VICTIM CENTERED approach to the prosecution.

The Victim Centered Approach means that the needs and interests of victims are of central concern to system personnel as they respond. For a prosecutor this means:

- Enhancing cooperation between the prosecutor's office and community organizations that may assist the victim(s).
- Giving victims choices and options whenever possible.
- Demonstrating sensitivity by using non-judgmental questions, comments, and body language.
- Establishing and maintaining liaison with area law enforcement commands, crime victim witness coordinators, and programs such as The Rape and Abuse Crisis Center, Red River Child Advocacy Center, child and adult protective services and community medical/forensic services.
- Communication among the members of the SART.
- Maintaining respect for the victim in interdisciplinary communications.

Recommended Protocol for Prosecutors:

1. Utilizes a vertical prosecution model including law enforcement, medical professionals and the victim in order to reduce trauma to the victim.
2. Evaluates cases submitted by law enforcement.
3. Determines if evidence rises to the level of proof beyond a reasonable doubt..
4. Informs victims of any criminal charges filed against any person arrested.
5. Discourages case continuances and explains reasons if it does occur.
6. Arranges for interpreting services for victims and witnesses when necessary.
7. Brings to the attention of the court the views of the victim on bail decisions, continuances, plea bargains, dismissals, sentencing and restitution.
8. Arranges for the prompt return of victim's property if it is no longer needed as evidence in court.
9. Seeks no contact as conditions of bail.
10. Explains to, and consults with, the victim in non-technical language details of any potential sentencing recommendations.
11. Responds to inquiries by the victim as soon as possible.
12. Consults with law enforcement, health care personnel, and rape crisis advocates in furtherance of the prosecution of the case.
13. Discusses the case with all witnesses prior to trial date.

Recommended Information the Prosecutor Should Provide to Victim:

1. Orientation information about the criminal justice system and the victim's role.
2. Notification of any change in the case status and the final disposition of the case.
3. Victim impact statement and assistance, if requested, in completing form along with explanation of use of form in court system and for consideration in sentencing and plea negotiations.
4. A victim witness coordinator to meet victim needs resulting from the crime and referral to other agencies, when appropriate.
5. Notice in advance of court hearings and purpose of hearing including arraignment, dispositional conference, motion hearings, trial, sentencing and appeal.
6. A waiting area separate from the defendant, the defendant's family and other witnesses or other provision to minimize the victim's contact with them during court proceedings when available.
7. Notification to victims of the right to make an oral crime impact statement at sentencing.

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