

SAGUACHE COUNTY SEXUAL ASSAULT RESPONSE TEAM (SART) GUIDELINES

The **Saguache County Sexual Assault Response Team (SART)** is a multi-disciplinary, interagency sexual assault intervention system composed of public and private partners working as a team to provide a coordinated, collaborative response to sexual assault.

Primary Objectives

- I. To facilitate communication between all parties in the process to increase sharing of knowledge and promote consistency in response to sexual assault victims, thereby preventing further victimization.
 - II. To help victims understand their rights, and meet their immediate and long-term needs through counseling and advocacy.
 - III. To hold perpetrators accountable criminally by increasing the odds of prosecution with enhanced training and equipment available to law enforcement officers and prosecutors.
 - IV. To serve as a specialized on-call response team, available on-scene when appropriate.
-

Guiding Principles

1. All SART members agree to approach victims of sexual assault with a **victim centered** approach.
 - a. A victim centered approach means that the victim's needs and interests are a central concern
2. Victim will feel safe and supported when reporting a sexual assault as they experience a professional community responding effectively, efficiently and in collaboration on behalf of themselves, their family, and the public safety.
 - a. To do this:
 - i. The violation will be acknowledged and the victim's individual response will be validated as his or her own unique response.
 - ii. All team members will express their understanding of the scope and effects of sexual violence.
 - iii. Empathy will be expressed for the victim
 1. Examples of this include but are not limited to:
 - a. It should not have happened to them.
 - b. They did nothing to cause the attack.
 - iv. Victims will be empowered to discuss the experience of loss that results from the assault.
 - v. Victims will have the right to make a statement about the impact of the crime at sentencing.

3. Each and every victim will be treated with compassion and respect.
 - a. They will not be blamed for their victimization.
 - b. They will be informed and have access to crisis intervention and support services whenever they are needed.
 - c. Cultural diversity will be recognized and respected.
 - d. Friends, family and peers of victims will be given the skills and information they need to provide meaningful support.
 - e. They will understand their options for financial restoration, restitution, and reparations.
4. Victims will be included as vital participants.
 - a. They will be consulted about their desired outcome for the case.
 - b. They will know their statutory rights and how to access them.
 - c. They will know about the criminal justice system, including key roles, players, responsibilities and procedures.
 - d. They will be kept up to date on the progress of their case through the criminal justice system.
 - e. Information will be provided in a language the victim can understand.
 - f. They will have access to trained advocates throughout the process.
 - g. Resources will be provided to enable their participation in the process.
5. Team members will recognize and support victims as they assume control over their own lives.
 - a. Privacy and confidentiality will be maintained whenever possible, and the victim will be informed before information is shared.
 - b. When victims choose not to continue their legal cases, they will continue to be supported, respected and treated compassionately.
 - c. Law enforcement and systems-based advocates may encourage victims to report the crime with minimal details even if they do not want pursue legal or criminal action, so that law enforcement can be aware of potential serial perpetrators.
6. Offenders will be held accountable
 - a. Community will foster an environment that encourages victims to report sexual assaults in a manner respectful of the victim's wishes, i.e. anonymously, criminally, civilly, or not at all.
 - b. Witnesses to sexual assault will be encouraged to report the crimes.
 - c. Victim-impact statements will be a standard part of the process.
 - d. Suspects will be arrested to prevent further victimization.
 - e. Offenders will be incarcerated as appropriate.

7. All team members will work together effectively
 - a. Key providers necessary for effective response are active, equal members and include but are not limited to: advocates, law enforcement, healthcare providers, justice systems, other related professions, and institutions.
 - b. Long term commitment to a quality Guideline development cycle, not just producing a final product.
 - c. Relationships among and between members and victims will be based on equality, democratic principles, dignity and respect for cultural and socio-economic diversity.
-

Medical

I. Healthcare Providers

In this component of the Protocol, the victim will be referred to as patient. This is to reflect the person's actual status when dealing with healthcare providers.

1. The Primary objectives of the healthcare provider are to provide:
 - a. Life-saving interventions
 - b. Timely patient treatment
 - c. Evidence recognition, preservation and collection
2. Healthcare providers accomplish this by:
 - a. Providing assessment and treatment of the patient
 - a. Assuring life-threatening injuries are identified and treated.
 - b. Treating the patient as one would any other traumatized patient that is seen in a medical facility
 - c. Remembering that the patient is a crime scene.
 - d. Providing timely, priority care to the patient.
 - e. Providing a medical forensic examination by specially trained medical professional.
 - f. Providing treatment appropriate to the patient's injuries, including but not limited to prophylaxis for sexually transmitted infections and emergency contraceptive protection.
 - g. Providing written instructions to the patient. This instructions should include:
 - i. Further medical care they should seek
 - ii. Referrals to other healthcare providers and
 - iii. Referrals to the local advocacy agencies.
 - h. Maintaining the confidentiality of the patient and integrity of the medical forensic record.

3. In Saguache County a healthcare provider is either:
 - a. A registered nurse
 - b. A Sexual Assault Nurse Examiner
 - c. A nurse practitioner
 - d. A physician assistant, licensed to practice in the State of Colorado
 - e. A physician, licensed to practice in the State of Colorado

4. Healthcare providers should be specially trained to provide comprehensive care to the patient.
 - a. All Sexual Assault Forensic/Nurse Examiners shall have completed the required specialized training.
 - b. All Sexual Assault Forensic/Nurse Examiners shall have a current State of Colorado license to practice medicine.

5. The healthcare provider(s) should understand that advocacy is only one component of the Sexual Assault Response Team. One thing that healthcare providers should focus on is having a **victim-centered** approach when interacting with patients.
 - a. The Victim Centered Approach means that the needs and interest of the sexual assault patient are of central concern to system personnel as they respond. For healthcare providers this means they will:
 - i. Be an advocate for the patient's physical and psychological well-being.
 - ii. Provide the patient with a safe, secure and private place for their exam and treatment.
 - iii. Ensure patient confidentiality is maintained.
 - iv. Ensure that the medical/forensic examination is conducted in a professional and appropriate manner.
 - v. Serve as an advocate of the truth by creating an accurate medical forensic record that will assist in the investigation of the legal case by the Judicial System.

II. The Medical Facility

1. The medical facility administration **MUST** support the SART and the physicians and nurses who wish to provide medical/forensic exams. If the facility administration does not support the program, the medical team will find it very difficult to maintain an adequate level of service. Each medical facility should strive towards:
 - a. A dedicated room or an easily converted room for the examination.
 - i. The room should be able to be locked from the inside, and have a bathroom and/or shower attached.

- b. A quite comfortable place, out of the public spaces of the facility where the patient can wait for the examination to begin.
 - i. Space can be used by advocates, clinical support staff and law enforcement to speak with and counsel the patient, their partner and/or family.
- c. Appropriate equipment available to magnify body surfaces, ability to illuminate body surfaces with alternate light source, to allow accurate identification of the patient's injuries and facilitate the accurate documentation of them.
- d. Specially trained medical professionals to conduct the medical/forensic examination.
- e. Specially trained medical professionals to present face and expert witness testimony in court without the medical professional experiencing personal financial loss.
- f. Confidentiality and integrity of the medical/forensic records, held in a secure location, with limited access. Maintain a record of those that see or obtain a copy of this record.

III. The Medical Forensic Examination

1. This examination is first and foremost a medical examination looking for traumatic injuries. It is an integral part of the medical process that provides compressive care of the patient. This involves:
 - a. Assessment, such as gathering information concerning the patient's medical condition and medical history.
 - b. Formulating a diagnosis.
 - c. Formulating a medical care plan.
 - d. Intervention and care of injuries, collection of the forensic evidence and administration of medications
 - e. Reviewing the process to ensure all patient needs are addressed and referrals are made.
2. The medical/forensic examination is completed at the request of the patient or the law enforcement that has received the complaint.
 - a. The patient is required to sign a separate consent form for the Healthcare Provider which covers:
 - i. Consent to the medical forensic examination.
 - ii. Documentation of the patient's history and injuries.
 - iii. Photographic documentation.
 - iv. And collection of any other evidence needed

- b. Treatment Protocols:
 - i. The sexual assault forensic exam is completed to the best of the forensic examiner's ability with the consent of the patient.
 - ii. The forensic examiner is responsible for the collection of evidence from the patient. The evidence is to be collected and documented in accordance with the protocols.
 - iii. The forensic examiner must explain to the patient that the clothing he/she wore at the time of the assault needs to be kept as part of the evidence collection.
 - iv. The forensic examiner should coordinate with the law enforcement officer on identifying articles that need to be collected, as well as those items the patient may keep.
 - v. The forensic examiner must complete the collection of evidence following the instructions listed on the Colorado Sexual Assault Evidence Collection Kit.
 - vi. The patient is given options to be treated prophylactically for sexually transmitted infections.
 - vii. The forensic examiner must discuss the possibility of pregnancy with patients.
 - viii. The forensic examiner should discuss treatment options with patients
 - ix. The forensic examiner should provide options to the patient with immediate access to emergency contraceptives if so desired by the patient.
 - x. The forensic examiner must give evidence directly to the law enforcement agency in charge of the investigation. The chain of evidence is annotated.
 - xi. The Sexual Assault Forensic Examiner shall communicate with the investigating officer after completion of the examination.

IV. Sexual Assault Forensic Examination for the Suspect

- 1. Guidelines for suspect examination
 - a. Immediately after the preliminary suspect interview, the investigating officer should determine whether a forensic sexual assault examination should be obtained for the suspect.
 - b. A 41-1 non-testimonial evidence warrant may be needed to collect any evidence from the body of the suspect or even to collect clothing.
 - c. If the suspect consents to such evidence collection procedures, documentation of voluntary consent shall be provided in the police report.
 - d. The investigator shall clearly document the suspect's freedom to decline any part of the examination and to leave at any time.

2. Evidence Collection

- a. The forensic examiner shall document the suspect's medical history, document all injuries that are observed, and collect biological and trace evidence from the suspect's body
- b. If in custody, the suspect shall be given a *Miranda* warning by the officer (preferably the investigator) before the examination.
- c. Both the examiner and attending officer shall be prepared to document any spontaneous statements made by the suspect regardless of whether or not the suspect is in custody and whether or not the suspect was provided with a *Miranda* warning.

3. Victim Safety

- a. Both law enforcement and the forensic examiner should take precautions to ensure victim's safety when planning to conduct a suspect examination.
- b. If possible, avoid conducting the victim and suspect's examinations at the same time and/or in the vicinity of each other.
- c. At no time should the victim and suspect have any form of contact.

Law Enforcement

- The Law enforcement officer's primary objective is to identify information that supports the facts of the case, identify and preserve evidence, identify the offender, develop probable cause to support the arrest and prosecution of the offender.
- The law enforcement officer should be aware of the emotional well-being of the victim and should take all reasonable steps to alleviate the negative impact of the investigative process.
- This department shall respect a victim's decision to not cooperate with law enforcement and will be willing to offer continued assistance and referrals.
- The officer(s) should recognize that law enforcement is but one component of the Sexual Assault Response Team. One thing that the officer(s) should focus on is having a **victim-centered** approach when interacting with victims. A victim centered approach means that the victim's needs and interests are a central concern.

I. Dispatch

1. When a caller reports a sexual assault, dispatch should follow standard emergency response to include evaluating and properly prioritizing the call, securing medical assistance, inquiring about a suspect's current location, and obtaining detailed information to identify the suspect. Information about the relationship with the victim, weapon use, and history of violence shall also be obtained.
2. Obtain important case information and accurately relay information to responding officer and victim advocate.
3. To ensure critical evidence is not lost, dispatch should:
 - a. Ask whether the victim has bathed, douched, urinated, or made other physical changes and advise against doing so
 - b. Ask the victim to use a clean jar to collect the urine should the victim have to urinate
 - c. Let the victim know that other evidence may still be identified and recovered so the crime should still be reported if the victim has bathed or made other physical changes
 - d. Preserve the communications tape and printout for the investigation
 - e. Explain to the caller that these questions will not delay an officer's response to the caller's location

II. Responding Officer

1. Ensure the immediate safety and security of the victim. Call an ambulance if major injury is noted or suspected
2. Determine special needs of the victim.
 - a. Are there language barriers?
 - b. Does the victim have children that need to be cared for?
 - c. Does the victim have a disability for which he/she needs immediate assistance?
3. Conduct a brief, preliminary interview of the victim in a private area to determine whether and what crime(s) may have occurred and where evidence might be located. A preliminary victim interview is necessary to permit the reporting officer to relay accurate information that may be vital in the identification and apprehension of the offender. However, this should not delay emergency medical treatment.
4. Locate and secure the crime scene.
5. Determine if the suspect is present at the crime scene. If not, obtain a description and/or identification of suspect and consider the need for a crime broadcast.
6. At the crime scene, protect the integrity of all physical evidence, including:
 - a. Fingerprints, trace evidence, the victim's clothing, and any evidence that may be collected immediately from the victim.

- b. If the victim has changed clothes since the assault, ask for any clothing that was worn at the time of the assault.
 - c. If crime scene is susceptible to weather conditions, photograph evidence in order to preserve its integrity.
7. Locate and identify witness (es).
8. Call out the SLV Victims Response Units Advocates to help provide emotional support for the victim.
 - a. If the victim is willing to cooperate with law enforcement ensure that system based victim advocates are called out.
9. If needed, inform the victim that evidence may be inadvertently destroyed by such activities as washing, showering, brushing teeth, using mouthwash, smoking, eating, drinking, douching, urinating, or defecating.
10. Explain the importance of preserving potentially valuable evidence, which may be present on clothing worn during the assault, after the assault, and on bedding or other items/materials that are at the assault scene.
11. Inform the victim of the importance of seeking an immediate medical/forensic examination.
 - a. A specially trained Sexual Assault Nurse Examiner or health care provider should be utilized if available.
12. Advise the victim that he/she is not responsible for the cost of the forensic exam.
13. Explain each step of the investigation and what the victim should expect
 - a. This includes the need to ask personal, detailed information relative to the assault.
14. Should the Victim choose to seek medical treatment and/or undergo a medical/forensic examination, the law enforcement officer should:
 - a. Notify the appropriate facility that a sexual assault victim is coming to the medical facility for a medical/forensic examination.
 - b. Ensure that the victim has transportation to and from the appropriate facility.
 - c. Utilize SLV Victims Response Units Advocates and/or Tu Casa Advocates to assist in calming, supporting and building rapport with the victim.
 - d. The officer shall brief the examining nurse or physician about the known details of the sexual assault.
 - e. Take measures to ensure chain of custody for the sexual assault kit
 - f. Be aware of signs and/or statements that imply a drug facilitated sexual assault.
 - i. If a drug facilitated sexual assault is suspected the officer should ensure that urine and blood samples are obtained and preserved.
 - g. Advise the victim of his/her rights as a crime victim
 - i. Have an advocate meet with the victim to explain what support services are available to the victim.
 - h. After the examination, all evidence shall be transferred to the department for storage.

15. If the assault occurred over 72 hours ago:
 - a. Schedule a non-acute medical/forensic exam.
 - b. Obtain all information necessary to complete the initial offense report.
 - c. This would include the preliminary interviews of all witnesses
 - i. Including the victim and outcry witness(es).
 - ii. The report should include primary and alternate telephone numbers and physical addresses for follow-up victim contact.
 - iii. Elements of the offense(s) should be listed in the initial report.
 - d. Explain each step of the investigation and what the victim should expect
 - i. This includes the need to ask personal, detailed information relative to the assault.
 - e. Have a SLV Victims Response Unit advocate and/or Tu Casa Advocates meet with the victim to explain their rights as a crime victim and what support services are available to the victim.
16. Although explicit details of the sexual assault are not normally needed at this point in the investigation, the initial report should include all elements of the offense.

III. Investigating Officer

1. Review crime report
2. Make contact with the victim
 - a. Provide support and transportation when necessary.
 - b. Contact with the victim should happen as soon as possible.
3. Interview victim and verify/clarify the contents of the preliminary investigation.
4. Check crime scene and secure all physical evidence, including.
 - a. Fingerprints, trace evidence, photographs of the crime scene, the victim's clothing, and any evidence that may be collected immediately from the victim.
 - b. If the victim has changed clothes since the assault, ask for any clothing that was worn at the time of the assault.
 - c. Collect evidence from technological devices, including cell phones, Facebook, etc.
5. Interview witness (es).
6. If suspect is unknown, attempt to identify suspect.
7. Conduct investigational research, if applicable, on the prior history of the suspect, including information available through the sex offender registry, prior unreported allegations involving the suspect, victim or witnesses, current and prior Child or Adult Protective services reports.
8. Involvement of a victim in a pretext phone call to the suspect should be taken into consideration.
 - a. Victim's emotional and physical state should be taken into consideration.
 - b. A SLV Victims Response Unit Advocate and/or Tu Casa Advocate should be present when possible to offer support.

9. Disseminate a crime intelligence bulletin to area police departments about the offense.
10. Question suspect(s), obtain arrest warrants and/or search warrants or 41-1 non-testimonial evidence warrant.
11. If suspect is identified and the elements of the crime exist follow procedure for arrest of suspect.
12. Provide the victim with timely updates on the status of the investigation and the final disposition as soon as possible.
13. Consult with the prosecutor's office, victim assistance, and Tu Casa advocates to prepare the victim for court appearances.
14. Submit request to crime laboratory to analyze physical evidence. Consult with crime laboratory on the outcome of the analysis

I. Follow-Up Victim Interview (if necessary)

1. A follow-up interview shall be conducted after the victim has been medically examined and treated, and personal needs have been met.
2. In the event that the victim is still under the influence of drugs or alcohol, has been injured, or as a result of the assault has not slept, and barring exigent circumstances requiring an arrest or identification, the interview shall be delayed.
3. Arrange for equipment to tape record or videotape the interview so the officer can focus on listening to the victim.
4. The interview should be conducted in a location that is convenient, accessible, and comfortable for the victim. The investigator should provide or arrange for transportation for the victim when needed.
5. At the start of the follow-up interview, the officer shall:
 - a. Discuss the purpose and scope of the interview
 - b. Review contact information for both the victim and investigator that may need to be updated
 - c. Explain the need to tape record or videotape the interview and request the victim's consent
 - d. Address arrest decisions including an explanation of the status of the case
6. While conducting the follow-up interview, the officer shall:
 - a. First allow the victim to describe what occurred without interruption
 - b. Relay what he or she heard for accuracy, identify new information or developments, and ask questions
 - c. Clarify any inconsistencies with earlier accounts of the sexual assault in a non-threatening manner
 - d. Document the victim's actions in response to the attack, the victim's state of mind during the attack, specific statements made by the perpetrator, and the nature of

- any relationship with the suspect and explain the importance of these questions from a prosecutorial standpoint
- e. Inquire about any circumstances that may indicate the use of a drug to facilitate the sexual assault (such as whether the victim experienced any loss of memory, disorientation, severe illness, or hallucinations)
 - f. Encourage the victim to call police if the suspect violates any existing criminal or court orders or if the suspect contacts the victim in any way
7. Once a thorough follow-up investigation has been completed, the investigating officer shall:
- a. Evaluate impounded evidence and determine which items might have probative value based on the statements and other information
 - b. Prepare and submit all preliminary and follow-up investigation reports to the district attorney's office.
 - c. Encourage the victim's continued support in the investigation, apprising the victim of future investigative and prosecutorial activities that will or may require involvement

II. Contacting and Interviewing the Suspect

1. The investigating officer(s) should follow department procedures for:
 - a. Identifying the suspect.
 - b. Conducting the suspect interview.
 - c. Collecting evidence in a sexual assault investigation.
 - d. Follow departmental procedures for arrest of suspect if warranted.

III. Sexual Assault Forensic Examination for the Suspect

1. Guidelines for suspect examination
 - a. Immediately after the preliminary suspect interview, the investigating officer should determine whether a forensic sexual assault examination should be obtained for the suspect.
 - b. A 41-1 non-testimonial evidence warrant may be needed to collect any evidence from the body of the suspect or even to collect clothing.
 - c. If the suspect consents to such evidence collection procedures, documentation of voluntary consent shall be provided in the police report.
 - d. The investigator shall clearly document the suspect's freedom to decline any part of the examination and to leave at any time.
 - e. First-line officers and supervisors shall be trained to collect cells from inside a suspect's cheek for DNA profiling.

- i. Cotton-tipped swabs or other buccal DNA collectors shall be readily available to investigators in the field.
 2. Evidence Collection
 - a. The forensic examiner shall document the suspect's medical history, document all injuries that are observed, and collect biological and trace evidence from the suspect's body
 - b. If in custody, the suspect shall be given a *Miranda* warning by the officer (preferably the investigator) before the examination.
 - c. Both the examiner and attending officer shall be prepared to document any spontaneous statements made by the suspect regardless of whether or not the suspect is in custody and whether or not the suspect was provided with a *Miranda* warning
-

System-Based Sexual Assault Advocates (San Luis Valley Victims Response Units)

- The victim will be treated with fairness, respect, and dignity throughout the process.
- The advocate provides support, reassurance, crisis intervention, safety planning, and information to the victim during the medical, investigative and judicial process.
 - This leads to the victim feeling empowered and supported through the medical, investigative and judicial process.
- The key function of a system based sexual assault advocate is to provide a continuity of information and care to the victim and their family.
- The primary objective of a system based sexual assault advocate is to inform and support victims and their families through the aftermath of sexual assault.
 - This can be accomplished by:
 - Providing crisis intervention
 - Normalizing the feelings of the victim and the family/friends.
 - Providing information about crime victims' rights
 - Educating and providing information to the victim and family/friends on topics such as:
 - What the victim may be experiencing emotionally and/or physically.
 - Procedural events that may follow.

The advocate(s) should understand that advocacy is only one component of the Sexual Assault Response Team. One thing that advocates should focus on is having a **victim-centered** approach when interacting with victims.

I. Hospital Advocacy:

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 victim. Follow local HIPAA (Health Insurance Portability and Accountability Act) protocol if applicable.
3. If law enforcement is present:
 - a. Introduce yourself.
 - b. Inquire as to which detective is handling the case.
 - c. Ask if the detective has any requests.
 - d. Obtain updates on progress of the case.
4. Greet victim and victim's family/friends. Identify yourself and the agency you represent and that you are there to offer support and information.
5. Inform the victim that anything s(he) says to the advocate is not confidential and can be repeated to law enforcement officers.
 - a. Ask victim's permission to contact Tu Casa advocate to respond to hospital, therefore bridging the gap between system-based services and community based services.
6. Inquire if there is anything that s(he) needs.
 - a. Comfort needs as appropriate (e.g. blanket, extra pillow, cool cloth).
7. Offer to contact family or friends.
8. Provide information and emotional support:
 - a. Reassure the victim that s(he) is now safe
 - b. Provide empathy and support to the victim and family
 - c. Validate the victim's responses
 - d. Let the victim know you are available to listen
 - e. Discourage feelings of guilt and self-blame
 - f. Listen to the victim.
9. Regularly inquire if the victim has any questions
10. Inform the family/friend(s) in the waiting room of the progress of the exam at the victim's request
11. Provide information and support for the family/friend(s) of victim.
12. Encourage the victim to make a follow-up appointment in two weeks with her/his personal physician or other medical provider.
13. Inform the victim about relevant community resources. Provide written information to the victim on how to access the community resources including the 24-hour hotline number.
 - a. All this information can be found in the packet of information that will be left with the victim.

14. Provide a written copy of victim's rights to the victim.
 - a. This also can be found in the packet of information that will be left with the victim
15. Facilitate access to other services as needed.
16. Ensure that the victim leaves the medical facility safely, with family, friend, or law enforcement.
 - a. Help arrange transportation if needed.
17. Assess sense of safety at time of discharge and help to arrange for safe housing if needed.
18. When requested by the victim to be present during follow-up interviews:
 - a. Contact the detective and inform him/her of the victim's request.
 - b. Ask if the detective has any requests
19. In all phases of the investigation, provide accompaniment, emotional support, information and advocacy for the victim as requested by the victim.

II. Medical/Forensic Exam

1. Explain to the victim that s(he) has the right to ask any questions s(he) may have at any time before, during or after the exam.
2. Be prepared to answer any questions regarding the forensic/medical exam.
3. If the medical/forensic exam has already started, look for family/friends of the victim and law enforcement. After the medical/forensic exam is over, approach the victim to offer information and support.

III. Delayed Reporting:

1. Inform the victim that anything s(he) says to the advocate is not confidential.
2. Inform the victim of the next steps in the reporting process.
3. Answer any questions the victim may have about any of the steps in the process.
4. Inquire if there is anything s(he) needs.
5. Offer to contact family or friends.
6. Accompany victim to law enforcement agency.
7. Ask permission to contact a Tu Casa advocate, therefore immediately bridging the gap between system-based services and community-based services.
8. Provide information and emotional support:
 - a. Reassure the victim that s(he) is now safe
 - b. Provide empathy and support to the victim and family
 - c. Validate the victim's responses and feelings
 - d. Let the victim know you are available to listen
 - e. Discourage feelings of guilt and self-blame
 - f. Listen to the victim
9. Regularly inquire if the victim has any questions.

IV. Follow-up for Advocates

1. Within 72 hours, the advocate will:
 - a. Contact the victim.
 - b. Explain that there are many resources available for supportive services, that Tu Casa can assist them with their immediate and long-term needs and can be contacted 24-hours a day, 7 days a week. Remind the victim to follow-up with medical contacts.
 - c. Remind the victim about Crime Victim Compensation payments.
 - d. Inquire if there is anything else the advocate can do at the time.
 - e. Ask permission from the victim for further contact.
-

Community-Based Sexual Assault Advocates (Tu Casa, Inc.)

- The advocate provides **confidential** support, reassurance, crisis intervention, safety planning, and information to the victim during the medical, investigative and judicial process
 - This leads to the victim feeling empowered and supported through the medical, investigative and judicial process.
- The key function of a sexual assault advocate is to provide a continuity of confidential care to the victim and their family. The advocate has the only role, which can be present throughout every step of the criminal justice system and the victim's recovery.
- The primary objective of a sexual assault advocate is to inform, support and accompany victims and their families through the aftermath of sexual assault.
 - This can be accomplished by:
 - Providing crisis intervention
 - Normalizing and validating the feelings of the victim and the family/friends.
 - Educating and providing information to the victim and family/friends on topics such as:
 - What the victim may be experiencing emotionally and/or physically.
 - What the victim may go through either emotionally or physically.
 - Procedural events that may follow.
 - Providing referrals to other necessary resources and agencies.
 - Providing support to the victim during the medical/forensic exam when asked by victim to be present.
 - Providing support through the criminal justice and/or recovery process.
 - Providing information about crime victims' rights

- Assisting victims in negotiating the medical, criminal justice systems and any other systems they must navigate due to the sexual assault.
- The advocate(s) should understand that advocacy is only one component of the Sexual Assault Response Team. The advocate should focus on having a **victim-centered** approach when interacting with victims.

I. Hospital Advocacy:

1. Arrive at the hospital in 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 victim. Follow local HIPAA (Health Insurance Portability and Accountability Act) protocol if applicable.
3. 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.
4. Greet victim and victim's family/friends. Identify yourself and the program you represent and that you are there to offer support and information.
5. Inform the victim that anything s(he) says to the advocate is confidential and will not be repeated to anyone without a signed release of information or a court order.
6. Inquire if there is anything s(he) needs
7. Offer to contact family or friends.
8. Provide information and emotional support:
 - a. Reassure the victim that s(he) is now safe
 - b. Provide empathy and support to the victim and family
 - c. Validate the victim's responses and feelings
 - d. Let the victim know you are available to listen
 - e. Discourage feelings of guilt and self-blame
 - f. Listen to the victim
9. Regularly inquire if the victim has any questions
10. At the victim's request, inform the family/friend(s) in the waiting room of the progress of the forensic exam.
11. Provide information and support for the family/friend(s) of victim.
12. At the request of the victim and as appropriate for an advocate, assist with comfort needs. (e.g. blanket, extra pillow, cool cloth)
13. Encourage the victim to make a follow-up appointment in two weeks with her/his personal physician or other medical provider.

14. Inform the victim about rape crisis center services and other relevant community resources. Provide written information to the victim on how to access rape crisis center services including the 24-hour hotline number.
15. Leave the victim with a sexual assault packet that contains helpful information.
16. Provide a written copy of victim's rights to the victim.
17. Facilitate access to other services as needed.
18. Ensure that the victim has clothes when departing the hospital and does not have to leave wearing hospital issued clothing.
19. Ensure that the victim leaves the medical facility safely, with family, friend, or law enforcement.
20. Help arrange transportation if needed.
21. Assess sense of safety at time of discharge and help to arrange for safe housing and other safety planning if needed.

II. Medical/Forensic Exam

1. Explain to the victim that s(he) has the right to ask any questions s(he) may have at any time before, during or after the exam.
2. **If requested** by victim, accompany the victim during the medical/forensic exam. If the medical/forensic exam has already started, look for family/friends of the victim and law enforcement. After the medical/forensic exam is over, approach the victim to offer information and support.
3. Be prepared to answer any questions regarding the forensic/medical exam.
4. If the medical/forensic exam has already started, look for family/friends of the victim and law enforcement. After the medical/forensic exam is over, approach the victim to offer information and support.

III. Delayed Reports

1. Greet victim and victim's family/friends. Identify yourself and the program you represent and that you are there to offer support and information.
2. Inform the victim that anything s(he) says to the advocate is confidential and will not be repeated to anyone without a signed release of information or a court order.
3. Inquire if there is anything s(he) needs
4. Offer to contact family or friends.
5. Provide information and emotional support:
 - a. Reassure the victim that s(he) is now safe
 - b. Provide empathy and support to the victim and family
 - c. Validate the victim's responses and feelings

- d. Let the victim know you are available to listen
- e. Discourage feelings of guilt and self-blame
- f. Listen to the victim
6. Regularly inquire if the victim has any questions
7. Provide referral to a law enforcement agency if victim wants to press charges.

IV. Court Advocacy

- See Prosecutors and the Office of the District Attorney section

V. Follow-up

1. Within 72 hours, the advocate will:
 - a. If permission is given, contact the victim.
 - b. Explain that there are many resources available for supportive services including law enforcement accompaniment, court accompaniment, counseling services, assistance with completing crime victim compensation forms, referral to other resources.
 - c. Remind the victim to follow-up with medical contacts.
 - d. Remind the victim about Crime Victim Compensation payments.
 - e. Inquire if there is anything else the advocate can do at the time.

Office of the District Attorney

- The primary objective of the prosecutor in a sexual assault case is to see that justice is done.
- This is accomplished by:
 - Prosecuting the perpetrator when sufficient, credible evidence exists.
 - Providing the Victim with information relevant to the prosecution of the perpetrator.
- The prosecutor(s) should understand that advocacy is only one component of the Sexual Assault Response Team. One thing that prosecutors should focus on is having a **victim-centered** approach when interacting with survivors.

I. Prosecutors

1. Utilizes a vertical prosecution model including law enforcement, medical professionals and the victim in order to reduce the trauma to the victim.
2. Evaluates cases submitted by law enforcement.
3. Determines if sufficient credible evidence exists to support prosecution.

4. Informs victims of the status of the case from the time of the initial charging decision to sentencing.
5. Discourages case's continuances.
6. Explains the reasons for continuances and seeks mutually agreeable dates for hearings that are rescheduled.
7. Arranges for interpreting services for victims and witnesses when necessary to assist a victim to understand questions and framed answers.
8. Brings to the attention of the court the views of the victim on bail decisions, continuances, plea bargains, dismissals, sentencing and restitution.
9. Pursues to the fullest extent allowable by law, those defendants who harass, threaten or otherwise attempt to intimidate or retaliate against victims or witnesses.
10. Arranges for the prompt return of the victim's property if it is no longer needed as evidence in court.
11. Seeks no contact or protective orders as conditions of bail or personal recognizance release.
12. Includes the victim whenever possible in decisions concerning the filing of the case, grand jury presentation, the reduction of charges, plea bargain offers, dismissal or other possible case dispositions.
13. Provides the victim with a business card and the preferred time and method of contact.
14. Responds to inquiries by the victim as soon as possible.
15. Consults with law enforcement, health care personnel, and rape crisis advocates in the furtherance of the prosecution of the case.
16. Notifies the victim of his/her rights regarding HIV testing and available counseling regarding HIV and AIDS.
17. Notifies the victim of the right to receive information regarding compensation from the crime victims compensation fund.
18. Advises the victim of his/her rights to have a support person and advocate present during interviews and in court.
19. Discusses the case with all witnesses prior to trial date.
20. Uses time efficiently when requiring consultation from other team members.
21. Provides input and related teaching to medical personnel and law enforcement as an interdisciplinary member.
22. Recommended Information the Prosecutor Should Provide to Victim:
 - a. Orientation information about the criminal justice system and the victim's role.
 - b. Notification of any change in the case status and the final disposition of the case.
 - c. Information on crime prevention and on available responses to witness intimidation.
 - d. A victim assistance coordinator as liaison for all victim services.
 - e. 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.

- f. Information about available Victim/Witness services to meet victim needs resulting from the crime and referral to other agencies, where appropriate.
 - g. Information about restitution and other forms of recovery and assistance.
 - h. 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
 - i. Information about directions, parking, courthouse, courtroom locations, and transportation assistance.
 - j. Assistance for victims and witnesses in meeting special needs, such as childcare and transportation when required to make court appearances.
 - k. Assistance in making travel and lodging arrangements for out-of-state victims.
 - l. Notification to victims of the right to make an in-person statement, after sentencing, directly to the sentencing court, concerning the impact of the crime.
23. Prosecutors should also take the opportunity during jury training to educate jury members concerning common misconceptions about sexual assault. This might include education on why a lack of evidence found during the medical/forensic exam does not necessarily mean the victim was not sexually assaulted or some of the common reasons why victims may not make their report immediately after the assault. In addition, prosecutors may take this opportunity to prepare jurors for potential graphic language and pictures they may encounter during the trial.

II. Victim Advocates

- **Victim/Witness Coordination** — Building stronger victims builds stronger cases. It is the responsibility of the Victim Advocates within the D.A.'s Office to identify resources and collaborate with necessary partners to ensure that victims are supported and in a position to participate in a criminal justice system response that can last anywhere from six months to two years.
 - Maintaining a close working relationship with law enforcement advocates and the community advocacy agency is a necessary and fundamental component of providing and resources to victims of sexual assault.
 - Facilitating SART member participation, communication among responders, and problem solving will ensure that victims have access to the full range of information and services available to them. This collaborative approach assists victims to feel supported by the criminal justice system.
-

Human Services

Saguache County Department of Human Services will be called on cases involving intra-familial child sexual assault and/or abuse. Requests for interviews may originate from the department. Representatives are SART members.

Saguache County Department of Human Services requests that law enforcement notify them regarding third-party sexual assaults involving minors occurring in Saguache County via the written law enforcement report.

Mental Health

- Because Tu Casa’s therapists specialize in treating victims of sexual assault and can provide victims and their families with free, trauma-informed therapy in both an individual and group setting, victims should be referred to Tu Casa first.
 - The San Luis Valley Mental Health Center (SLV MHC) and the San Luis Valley Regional Medical Center (SLV RMC) are referral resources for victims and non-offending family members of sexual assault. The SLV MHC also provides Sex Offender Treatment. Representatives are SART members. If a victim is already receiving therapy services with a SLV MHC or SLV RMC therapist or prefers to seek services at either of these two places, this should be respected.
 - Private therapists who have expertise in treating sexual assault trauma may be asked to participate in case review when they are the treatment provider.
-

Appendix I

Cultural Considerations

Cultural sensitivity is essential when providing services to victims in any community. It is necessary to remove barriers facing un-served and underserved populations. Barriers can be reduced by providing culturally appropriate information about the existence of and one’s right to use services, providing mechanisms that enable persons to access services, providing services in the language and cultural context with which the victim is most comfortable, and lastly, by providing assistance from staff and volunteers who are knowledgeable about the unique issues survivors may face in overcoming violence.

Culturally responsive service provision is constantly evolving and Saguache County SART partner agencies are committed to ongoing training and professional development to better serve all populations. Sexual assault response agencies should continuously analyze policies and practices from various lenses: culture, race, religion, ethnicity, ability, gender, sexual orientation and gender identity. While partnering and collaborating with organizations in the community serving specific populations is crucial, the

responsibility lies on sexual assault response agencies to ensure appropriate service delivery. Organizations also strive to ensure staff and volunteers represent the diversity of the program's service area, perform focus groups, research and targeted community outreach.

It is important to take into consideration specific cultural, ethnic, racial, gender identification, and/or sexual orientation histories and experiences regarding sexual assault. People from diverse cultures and backgrounds are reluctant to seek help from professionals because of past insensitivity or mistreatment. Stereotypes and myths often interfere with sensitivity and objectivity in working with persons of diverse cultures.

It is important to take into consideration specific cultural norms when working with victims of varied cultures and backgrounds. The notion that a person's identifying characteristics can create added complexities in instances of sexual assault is widely accepted. A victim's identity can impact many aspects of a sexual assault, including the decision of when and if to report the crime, what details are disclosed and increased shame and blame due to internal or community acceptance of sexual violence. Additionally, a victim may feel even further isolated by agencies that try to help if that agency is perceived as being out of touch with a person's individual needs. These dynamics make a continued commitment to inclusivity a vital component of sexual assault response.

Language barriers are addressed through the use of language and immigration services through the SLV Immigrant Resource Center and/or bilingual community-based victim advocates at Tu Casa. Interpreters with specialized training in crime victimization and legal interpretation are preferred and required by law in some instances like the Americans with Disabilities Act.

Appendix II

Drug-Facilitated Sexual Assault

Interagency Response Protocol

The procedures described herein are adopted with the signing of the Saguache County SART MOU. The collection and analysis of blood and/or urine is indicated when the victim's report and/or observable symptoms suggest that drugs may have been used to facilitate the sexual assault. Victim advocates, physicians and SANE nurses will advise victims to tell law enforcement immediately if they suspect drugs may have been used to facilitate a sexual assault.

The basic symptoms of drug exposures may include: tremors, hallucinations, loss of muscle coordination, anxiety, nausea, severe headache, blurry vision, dizziness, black-outs, loss of speech, loss of memory, slurred speech, confusion, impaired judgment, extreme thirst, chills, extreme exhaustion, coma or death.

Symptoms of a drug-facilitated sexual assault (DFSA) may include: loss of memory, nausea, vomiting, extreme fatigue/exhaustion, sluggishness for days, unexplained aches and pain in genitals or other places, coma or death.

Symptoms consistent with drugs used to facilitate sexual assault may include:

- Alcohol – sleepiness, blackouts, loss of memory
- Rohypnol – hypnotic effect, slurred speech or speechlessness, blackout, loss of memory
- GHB – unconsciousness and fluctuating mental status
- Ketamine – hallucinations, loss of memory, anesthetic “zombie” effect
- Ecstasy – thirst, dehydration, stimulated emotions, muscle spasms, sweating, rapid eye movement, hallucinations, rapid heart rate, hypertension and seizures.
- Benzodiazepines (prescription sedatives)—lethargy, sleepiness, lack of coordination, and slurred speech.

Protocol

1. The SANE, in consultation with the victim, will determine the need for blood and urine analysis (important to use first urine after assault) to rule out a drug-facilitated sexual assault. An analysis is typically collected within 24 hours of ingestion.
2. The SANE will obtain a separate signed consent from the victim.
3. The SANE will utilize Drug-Facilitated Sexual Assault Evidence Collection Kit guidelines.
4. If the responding officer is still present, the SANE will give the officer the urine and blood analysis to deliver to the Property Bureau where it is stored in a refrigerator. If the responding officer is not present, the urine analysis will be locked in the designated refrigerator for a later pick-up by an authorized law enforcement officer.
5. Law enforcement will use the appropriate lab for testing and analysis.

DFSA in Unreported Sexual Assaults

Please see the following enclosed documents:

1. Medical Reporting Cases – Draft DFSA Testing Policy
2. Dual Consent Form
3. Medical Reporting – How to Obtain Drug Test Results