



San Diego County Sexual Assault Response Team (SART)

Standards of Practice

For Members of the Interdisciplinary SART Team

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**San Diego County
Sexual Assault Response Team (SART)**

Mission Statement

“To promote social change that fosters a society responsive to victims/survivors, their families and our community that holds offenders accountable.”

Values

Culture & Community Support:

We are committed to meeting the diverse needs of all members of our community.

Education:

We are committed to educating ourselves and the community through multi-disciplinary training and adhering to current standards or professional practice.

Professionalism:

We are committed to an objective state of the art knowledge based practice, continuing education, non-judgmental and honest interaction with victims and open, respectful communication with other professionals in the field.

Sensitivity:

We are committed to recognizing the physical and emotional needs of the victims, providing gentle, and thorough acute and follow-up care.

Communication:

We are committed to listening to one another’s concerns, opinions and offering support through community education and resources.

Introduction

In 1990, the San Diego County Board of Supervisors authorized the establishment of a multi-jurisdictional, interdisciplinary Sexual Assault Response Team (SART) Model in San Diego County.

There are two primary objectives of the SART Model.

- To improve the provision of services to victims of sexual assault in San Diego by providing sensitive, efficient, interdisciplinary services, and
- To ensure accurate evidence collection to promote the apprehension and prosecution of perpetrators

Necessary to the accomplishment of these objectives, especially in a Team comprised of a wide range and variety of disciplines, is a written outline for all team members describing the various roles, procedures and expectations for each discipline/team member. Consequently, the SART Systems Review Committee (SSRC) presents these *Standards of Practice* for the providers of care to define these roles, procedures and expectations for all team members. It is hoped that, with these *Standards*, the Team will be better able to accomplish its objectives and, ultimately, provide optimal care for the victim of sexual assault. By realizing these objectives, the Team hopes to promote social change that fosters a society responsive to victims/survivors, their families and our community that holds offenders accountable. The Team calls this “*Response with a Heart.*”

These *Standards of Practice* address the timeliness and quality of examinations, access and availability, cost, prosecutability, and communications among providers of services. As with any dynamic process, these *Standards* are a continual work in progress. It is recommended that they be reviewed and revised yearly.

The Victim-Focused SART Model

The SART Model improves services offered to victims of sexual assault by providing:

SHORTENED TIME FROM VICTIM REPORT TO MEDICAL-LEGAL EXAMINATION

- Regional system for cases reported to law enforcement
- Designated sites for care, instead of multiple Emergency Departments
- Written script for triage nurse to follow in activating the SAFE and Advocate
- Algorithm for hospital Emergency Medical Department (EMD) to follow in activating care for the victim, based on time of presentation and presenting symptoms
- Streamlined communications between law enforcement and health care

PRIVACY

- Separate setting from the Emergency Department for the medical-legal examination
- Waiting room separate, and at a distance from the interview room

- Consent by minors over 12 years old for the medical-legal examination, treatment and an explanation of the findings without the consent of a parent (Civil Code 34.9)

EMOTIONAL CARE

- Officers, Detectives, Nurses, and Advocates trained in techniques to affirm and support victims. These techniques help the victim rebuild self-respect, limit self-blame and pursue prosecution.
- A trained advocate to befriend, provide support and provide initial crisis intervention.
- A link for follow-up counseling care. The advocate is home-based at the crisis center where the patient will be referred for follow-up professional counseling.
- Expert Sexual Assault Forensic Examiners (SAFEs), to integrate emotional care and crisis intervention during the medical-legal examination.

A SEXUAL ASSAULT REVIEW COMMITTEE, AUTHORIZED BY THE BOARD OF SUPERVISORS

- Quality Assessment
- Recommendations from the SART Program to the SART community
- Track SART facility, law enforcement and advocate agency participation
- Track demographic victim information and medical-legal examination findings
- Improved the quality of the forensic exam, based on interdisciplinary interaction and from written input from patients
- Provide grant funding and clinical research on sexual assault victims
- Track and evaluate judicial outcome
- An interdisciplinary think tank, decision making body

EXPERT FORENSIC EXAMINERS

- SAFEs are specially educated and experienced in care of victims and suspects
- Demonstrate a willingness to work with sexual assault victims, law enforcement, and attorneys in prosecuting the cases and testifying in court
- Provide optimal use of colposcopic magnification for evidentiary purposes
- Strict attention to principles of evidence collection and to chain of custody
- Thorough, consistent written and photographic documentation
- Up-to-date skills through monthly SAFE training, annual competency, in addition to the basic education
- Objectivity in the medical-legal examinations of victims and suspects
- Strict attention to the preservation of evidence, based on changing guidelines
- Follow-up examination, as needed, with same SAFE
- Referral for general medical follow-up

IMPROVED COMMUNICATION

- An interdisciplinary team consensus, in which members facilitate each other in their roles with the goal of timely, efficient service to the victim
- Open networking with detectives and prosecutors on the documentation that is needed in order to clarify the case
- Input from criminalists at the crime lab on evidence collection
- Interaction with Crisis Centers on patient follow-up, risk reduction and advocate training
- Regional (County) interdisciplinary, multi-jurisdictional meetings

- Cross training among SART Team members (detectives train nurses, nurses train detective etc.)
- Confidential communications, open only to those with a need to know
- Prompt physician involvement for major injuries
- Expert Witness for court, detectives, and prosecutors
- Risk-reduction education
- Referral for further education in risk reduction techniques
- Teaching materials provided at discharge
- Speaker's Bureau to provide community education
- Willingness to conduct community education

Background for the Development of the SART Model in San Diego County

In response to a number of incidents wherein victims of sexual assault were not provided optimal care, the San Diego County Board of Supervisors and the Department of Health Services (now the San Diego County Health & Human Services Agency) responded by authorizing a Task Force to examine improved access to services and continuity of care for the sexual assault victim. This interdisciplinary, multi-jurisdictional Task Force was to investigate the issues in providing services to sexual assault victims and to make recommendations. Concurrently, Pomerado Hospital began operating a Sexual Assault Response Team, guided by two emergency nurses who had obtained training as sexual assault examiners. The Palomar-Pomerado Hospital Foundation supported this effort by acquiring a site on the hospital grounds but outside its Emergency Department, and by purchasing the required specialized equipment.

In August 1991, the County's Task Force recommended that the Board establish a regional Sexual Assault Response Team (SART) model to provide the most timely, efficient, and consistent services to sexual assault victims. The Task Force recommended that there be only a few designated sites for immediate care and for provision of the medical-legal examination, and that these examinations should be provided by examiners specially trained in that role.

The Sexual Assault Forensic Examiner (SAFE) is the health care arm of the SART team. The role of this individual includes the physical and psychosocial assessment of the victim, as well as the gathering of medical evidence to assist in the prosecution of the perpetrator. Physicians may serve in the SAFE role, as well as appropriately trained Registered Nurses (the American Academy of Forensic Sciences recognized forensic nursing as a scientific discipline and has sanctioned the role of the appropriately trained Registered Nurse to practice as a SAFE).

In October 1991, the first medical-legal examinations were conducted under this new regional SART model at three hospital-based centers in San Diego County. Services have been provided continuously since then, with over 3,000 examinations being conducted for sexual assault.

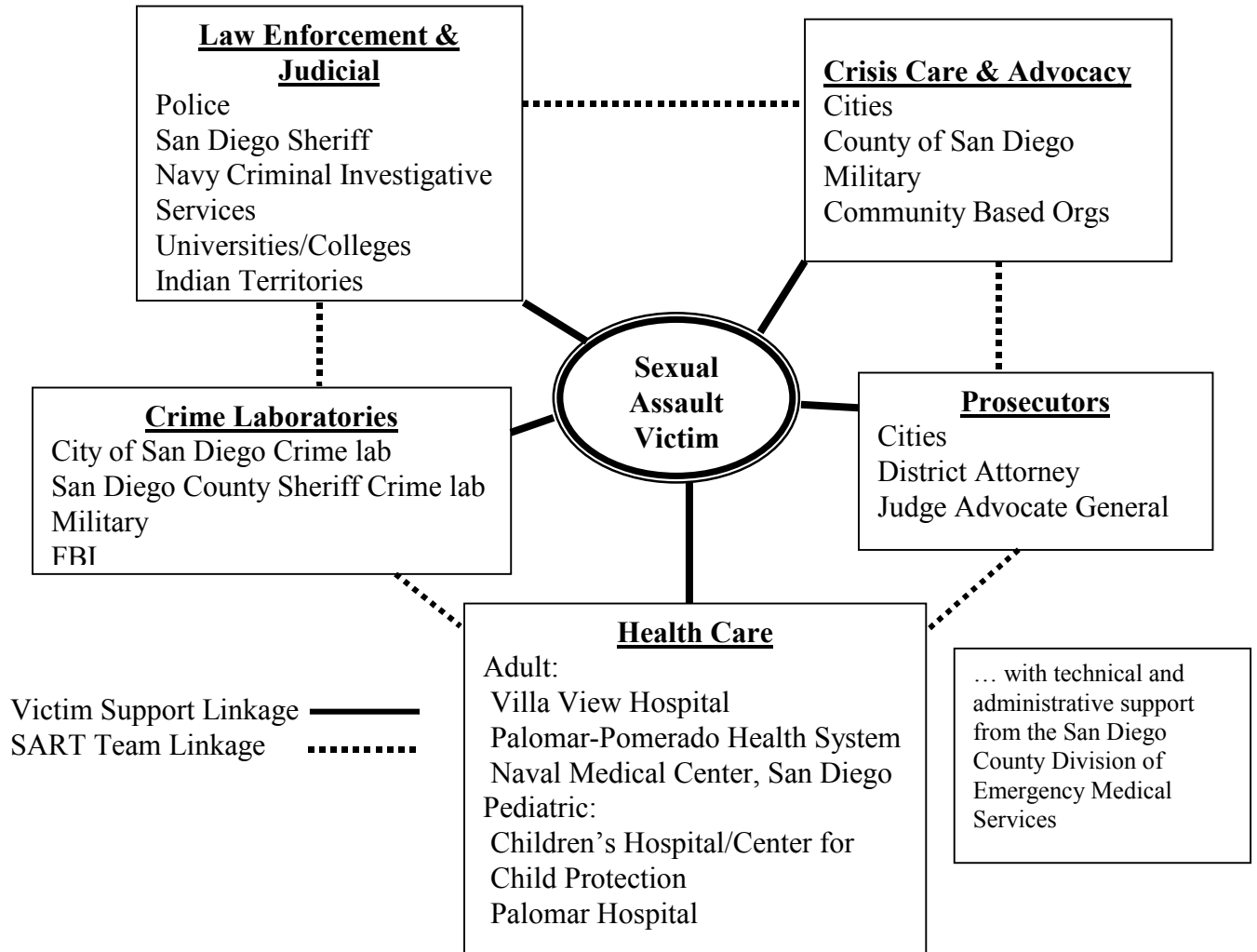
Activities of the San Diego County SART System are coordinated by the *SART Systems Review Committee* (SSRC). The purpose of the SSRC is to provide for ongoing guidance to the SART program in San Diego County. It serves as a forum for interdisciplinary communications, countywide protocols, recommendations for the resolution of concerns, and the development and revision of *Standards of Practice* for the SART Program. The SSRC includes representation from:

- *Child/Adolescent/Adult SART facilities*
- *Children's Hospital and Health Center*
- *Naval Medical Center San Diego*
- *Law Enforcement*
- *Advocacy programs*
- *District Attorney's Office and Victim/Witness Assistance Program*
- *Crime Labs*
- *Indian Health Council*
- *San Diego County Health and Human Services Agency, Division of Emergency Medical Services*

The County of San Diego, Health & Human Services Agency, Division of Emergency Medical Services provides administrative and technical support to the San Diego County SART System. This support includes management of all SART data, the publication of periodic SART system statistics, and assistance with fundraising activities.

The Regional SART Model – San Diego County

In the SART Model, the sexually assaulted person is in the center of the SART process, with the interdisciplinary team (including law enforcement, health care and crisis care providers) supporting the victim. In San Diego County, the SART model contains the following components:



SART Team Training

Ongoing training is an essential component of the SART model. The following training opportunities are offered locally for SART Team members:

Interdisciplinary Training:

Office of the District Attorney Training - semiannually
California Sexual Assault Investigators Association (CSAIA)– Local Chapter, Monthly
California Sexual Assault Investigators Association (CSAIA)– State, Biannual
California Medical Training Center – periodic
San Diego Police Department Menu Classes – every 4 months

Examiner Training

SAFE Monthly Training
SAFE Annual Course – periodic
International Association of Forensic Nurses (IAFN) – yearly
IAFN Chapter – monthly

Law Enforcement Training

Basic Regional Law Enforcement Academy – for Recruits

Advocate/Counselor Training

Advocate Training – for Advocates
Crisis Counselor Training – for SA Crisis Counselors

In addition to locally offered courses, there are a number of websites that provide training and resources, as listed in Appendix D

Cross-training among SART members facilitates understanding and communications between the care providers. Most local training is open to any SART member.

SART Outreach

Sexual Assault Speakers Bureau – Community and Professional Training conducted by San Diego Police Department, Sex Crimes Unit. The Bureau was developed and is coordinated by Sergeant Joanne Archambault. They conduct school and community training.

Crisis Center Outreach - Community and school district education is also conducted by the local Crisis Centers in each of their jurisdictions.

Role of Standards

Standards are authoritative statements by which professions describe the responsibilities for which its professionals are accountable. Consequently, these standards reflect the values and priorities of the professionals that care for or relate to sexual assault victims. In the San Diego County SART Program, the following types of providers are represented, and agree to adhere to these *Standards of Practice*:

- Law Enforcement – Officers, Deputies, Investigators, Criminalists
- Sexual Assault Forensic Examiners (nurses and physicians)
- Rape Crisis Advocates
- Rape Crisis Counselors
- Prosecuting Attorneys
- Forensic Pathologists

Standards will provide direction for professional practice and a framework for the evaluation of that practice. Written in measurable terms, standards also define the professional accountability to the public and the outcomes for which professionals are responsible. Standards are expected to change in time reflecting advancements in knowledge and in professional practice.

The scope of professional practice is bound by legislation and regulations, societal demands for expedient quality forensic care, economic climate and health care delivery trends and the interface among the professionals providing services to sexually assaulted victims. At these intersections, the professionals collaborate toward a common goal of improved transmission of information and services to victims of sexual assault. *Standards of Practice* help to achieve that goal of improved services by:

- Promoting communication, coordination, and consistency among law enforcement, health care providers, advocacy agencies and prosecutors
- Projecting a compassionate, coordinated model for victim safety and offender accountability
- Describing the foundational structure for services in the disciplines
- Enhancing collection, preservation and transmission of forensic evidence
- Guiding a deliberative evaluation of services and quality improvement
- Serving as practice goals, since the services described may not be available in all communities where assaulted victims are seen.
- Encouraging research to validate and improve practice

The *Standards* are organized as follows:

For each specific discipline or profession represented on the interdisciplinary team, various performance standards are identified. Performance standards may include such components as assessment, ethics or research.

For each performance standard, there will include a rationale supporting that performance standard, and expected final outcome. The specific measurable performance criteria that are intended to lead to the expected final outcome are outlined.

Standards of Practice are presented for the following SART Team members:

1. Law Enforcement: Patrol Officer/Deputy/Uniformed Officer
2. Law Enforcement: Investigator
3. Law Enforcement: Criminalist: Forensic Scientist
4. Health Care Provider: SART Call Receiver [EMD Triage Nurse (Palomar-Pomerado), Operator (Villa View), Clerk (Children's Hospital), Triage Nurse (Naval Medical Center, San Diego or Marine Corps Base Camp Pendleton)]
5. Health Care Provider: Sexual Assault Forensic Examiner
6. Crisis Care Provider: First Response Volunteer Rape Crisis Advocate/ Rape Crisis Advocate/SAVI Advocate/Crisis Interventionist
7. Crisis Care Provider: Rape Crisis Counselor
8. Crisis Care Provider: Victim/Witness Assistance Advocate
9. Prosecutor: District Attorney/City Attorney/Judge Advocate General

1. Law Enforcement: Patrol Officer/Deputy/Uniformed Officer

The officer responds to the assault call, assesses the medical needs of the victim, and interviews the victim to determine whether a crime has occurred. The officer notifies the on-call investigative sergeant for the on-call investigator response, per department policy when appropriate. Additionally, the officer collects evidence, documents and submits a written report to the investigator. The site of the crime or the origin of the crime (such as with a kidnapping) determines the jurisdiction.

The law enforcement jurisdictions within San Diego County are:

- All city police departments within the County
- San Diego Sheriff's Department, whose jurisdiction includes the unincorporated areas of San Diego County, as well as eight contract cities and 23 tribal communities.
- Those specific to universities and colleges. For example, the jurisdiction of the San Diego State University (SDSU) Police Department is the campus of SDSU, SDSU residence halls, residential fraternities and sororities and all properties owned or operated by the San Diego State University Foundation
- Those specific to the military
- Those specific to State of California and Federal buildings

1.1 STANDARD: ASSESSMENT

The officer shall provide an accurate and thorough assessment of the crime reported in order to help reconstruct what happened. This may lead to prosecution.

Rationale: Assessment is a series of systematic, organized and deliberate actions to identify and obtain data supporting the identification of the suspect, a victim's inability to give consent (either due to age, disability drugs or alcohol) or the use of force during the crime. Evidence present on the suspect, identifying the victim or demonstrating force is also relative to the investigation and part of this assessment.

Outcome: Appropriate evidence is collected that will help to hold the offender accountable. This is conducted in an atmosphere that is sensitive to the victim's trauma.

Measurement Criteria:

The officer:

- assesses immediate medical needs of the victim and refers as appropriate
- calls an ambulance if major injury is noted or suspected
- conducts a preliminary interview to determine if a crime occurred
- conducts the victim assessment – crime scene, general physical appearance, clothing, non-genital trauma
- requests additional resources to investigate the crime, document and collect evidence, i.e., requests assistance from investigations, crime lab, evidence technicians, etc
- walks the detective or other essential personnel through the crime scene, if appropriate

- obtains all pertinent information from all witnesses
- identifies and collects clothing and other crime scene evidence as determined by the victim's history of the assault
- authorizes the medical-legal examination based on the victim's history if the sexual assault occurred within 72 hours of the report
- may request an exam to corroborate chronic injury or excessive force (if assault is >72 hours old)
- obtains a court order for a medical-legal exam if the patient is unconscious or otherwise unable to consent to an examination
- explains to the victim what basic services are available
- explains that an examination is necessary for evidence collection and if delayed, how apprehending and prosecuting the assailant may be adversely affected
- allows the victim to withdraw her consent or to terminate the examination with a full knowledge of the implications of that decision
- explains each step of the investigation, especially the need to ask personal detailed information about the assault
- ensures the victim understands her/his rights
- provides the victim with the *Crime Victims' Bill of Rights*, with the right to request an order:
 - restraining the attacker from abusing the victim or any other family member
 - directing the attacker to leave the victim's household
 - preventing the attacker from entering the victim's school, business or employment
 - directing the accused (if legal obligation) to pay support of minor children
 - either or both parties to participate in counseling
- calls the ED triage nurse or clerk, requesting a medical-legal examination with a realistic estimated time of arrival
- arranges transportation to a healthcare facility with the victim's agreement
- consults with the SAFE prior to the exam to determine what clothing needs to be collected
- consults with the SAFE regarding the presenting situation, the crime scene and other information that would help to focus the medical-legal examination
- finds an interpreter for the purpose of facilitating the medical-legal examination
- uses an interpreter to assist the patient during the interview, as needed
- participates in the interdisciplinary interview part of the medical-legal examination
- addresses issues of domestic violence if the suspect is an intimate and discusses a safety plan
- informs the patient of the next steps in the legal/investigative process
- ensures that evidence is safely secured by the SAFE or, depending on agency policy, impounds the evidence at the police department

Officer Processes Suspect:

- identifies the suspect by victim statement, curbside lineup, photo lineup, live lineup or by investigative follow-up (e.g. DNA)

- develops probable cause for arrest, obtains consent from the suspect or a search warrant for a suspect forensic examination
- performs a suspect assessment for the purpose of evidence collection-physical appearance, clothing, non-genital trauma
- authorizes the medical-legal examination for the suspect, based on the history
- informs the SAFE about details of the assault prior to the medical-legal examination
- removes the handcuffs during the medical-legal examination, based on the history
- arranges for additional clothing for the suspect, if clothing will be impounded as evidence
- provides cover for the safety of the SAFE, during the medical-legal examination

1.2 STANDARD: INVESTIGATIVE RESPONSE

The officer makes a deliberative plan to thoroughly investigate and collect the evidence.

Rationale: A full understanding of the incident with supporting evidence helps to resolve a case in a timely manner.

Outcome: The victim understands their role in the investigation and their involvement is minimized only to that which is required.

Measurement Criteria:

The Officer:

- deliberately establishes and follows the steps in an investigation
- ensures that the victim brings additional clothing to the medical-legal examination
- activates their Crisis Intervention Team to respond to the crime scene where a victim may be delayed for some time
- obtains a suspect forensic examination
- follows the chain of custody in submitting the physical evidence to the crime lab, property room or otherwise handling the evidence
- completes a thorough and accurate written report

1.3 STANDARD: ETHICS

Ethical principles are essential for helping the officer make decisions in the best interest of the victim.

Rationale: Practice based on the principles of beneficence, nonmaleficence, autonomy, justice, confidentiality and truth-telling are basic to ethical service.

Outcome: The officer provides services with an objective of obtaining information for a thorough report, collecting evidence, and providing referral in an environment that is non-judgmental and maintains respect for the dignity of the person.

Measurement Criteria:

- ensures that victims have an understanding of their legal rights, as informed by law enforcement
- respects the human dignity and the uniqueness of the victim, unrestricted by considerations of racial, age, social or economic status, personal attributes, the nature of the health problems or the nature of the crime
- maintains respect for the victim in interdisciplinary communications
- maintains appropriate confidentiality of records, photographs and communications, while ensuring that all records are promptly and properly transferred, as required to appropriate persons or institutions.
- reports appropriately according to local, state and federal mandates
- follows the chain of custody when collecting, securing and turning over evidence
- secures photographs in locked space, handles them with respect and dignity for the victim and reveals the photographs only to those with a need to know
- obtains required training and updates to serve the sexual assault population
- provides input and recommendations to the SART, as an interdisciplinary member

2. Law Enforcement: Investigator

The investigator gathers evidence in order to conduct a fair, impartial, sensitive and professional investigation.

2.1 STANDARD: EVIDENCE COLLECTION

Rationale: Clear, complete evidence to the facts of the case facilitates the judgment by the prosecutor to issue the case and proceed through the judicial process

Outcome: Provides evidence to the prosecutor that resolves the investigation by demonstrating identity, the victim's inability to give consent (due to disability, drugs or alcohol) or the use of force. The overriding goal is to reduce sexual assault by facilitating the prosecution of offenders, through vertical case management and prosecution.

Measurement Criteria:

The investigator:

- encourages community partnerships to reduce the risk of sexual assault and to support victims
- enhances cooperation between the law enforcement agency and community organizations
- maintains a victim-focused approach
- gives victims choices and options whenever possible
- provides victims with time to process the information
- demonstrates sensitivity by using non-judgmental questions, comments and body language
- validates and normalizes a victim's rape trauma and post traumatic stress symptoms
- provides the victim with timely updates on the status of the investigation and the final disposition as soon as possible
- establishes and maintains liaison with area commands and specialized units such as Domestic Violence, Child Abuse and Gangs
- assumes an on-call schedule
- receives case assignments
- interviews sexual assault victims and witnesses
- advises the victim of his/her right to an advocate or support person
- completes a neighborhood witness check
- utilizes forensic interviewing specialists at Palomar Hospital or Children's Hospital to interview developmentally delayed adults, if that interview is expected to provide a better service and enhance the investigation
- obtains report from the SAFE regarding the medical-legal examination
- establishes elements of the crime by testimony and/or evidence
- collects identifies, preserves and impounds all evidence
- prepares investigative report and witness statements
- assesses evidence and submits lab service requests based on the case history and the potential impact of possible lab results

- consults with the DA's office, Victim/Witness Assistance and Rape Crisis Center to prepare the victim for court appearances
- provides referrals as appropriate
- gathers all related reports and packages them for the prosecutor's office
- presents the case to the DA and/or City Attorney
- arranges a victim interview with the DA
- completes follow-up investigations and/or cancellations on all case assignments in a timely manner
- keeps supervisor informed on the status of cases
- facilitates communications within the department and among members of the interdisciplinary SART
- provides business cards
- returns calls in a timely manner
- attends required training and seeks out training experiences

The Investigator Processes Suspects

The investigator:

- questions suspects, obtains arrest warrants and/or search warrants
- obtains, examines and preserves physical evidence from suspects
- obtains suitable photographs for photographic line-up
- arranges for a live line-up when appropriate
- submits lab requests
- appears and testifies in court

2.2 STANDARD: ETHICS

Rationale: Practice is based on the principles of beneficence, nonmaleficence, autonomy, justice, confidentiality and truth-telling.

Outcome: The Investigator gathers evidence while maintaining ethical principles.

Measurement Criteria:

The investigator:

- ensures that victims understand their legal rights
- maintains appropriate confidentiality of records, photographs and communications, while ensuring that all records are promptly and properly transferred, as required to appropriate persons or institutions.
- respects the human dignity and the uniqueness of the victim, unrestricted by considerations of racial, age, social or economic status, personal attributes, the nature of the health problems, or the nature of the crime
- maintains sensitivity for the victim in interdisciplinary communications
- reports appropriately according to local, state and federal mandates
- follows the chain of custody when collecting, impounding and turning over evidence

- secures photographs in locked space, handles them with respect and dignity for the victim and reveals the photographs only to those with a need to know
- discusses the best way to contact the victim to ensure privacy
- allows the victim the opportunity to choose where and when (from among options) the follow-up interview will occur
- avoids coercive verbal and non-verbal techniques
- uses non-judgmental questions, comments and body language
- informs the victim when the arrest is made, when the defendant is released on bail and during each step of the case
- communicates to the appropriate providers throughout the judicial process to facilitate processing the case

3. Law Enforcement: Criminalist / Forensic Scientist

The criminalist analyzes evidence submitted by law enforcement. Specialties in forensic science include: DNA analysis, toxicology, latent print analysis and trace evidence analysis.

3.1 STANDARD: EVIDENCE ANALYSIS

Rationale: Laboratory evidence supports or refutes the history given by the crime victim, establishing sexual contact, identifying the suspect and or corroborating the use of force.

Outcome: Helps prove or disprove the stated link between the victim and the suspect by using DNA and/or latent prints. Provides trace evidence analysis to help identify the suspect or clarify the facts of the case and toxicological analysis to establish the elements of sexual assault, such as drug facilitated sexual assault.

Measurement Criteria:

- receives and reviews the laboratory service request and police incident report and any investigative follow-up
- determines the needed analysis, considering the lab service request and additional information provided by the investigator
- examines evidence relevant to the questions in the case in a systematic matter
- analysis includes:
 - vaginal swabs:
 - conducts a presumptive test for seminal fluid on the vaginal swabs
 - conducts a confirmatory test by examining for sperm
 - conducts a P30 antigen test, if there is a positive presumptive test and no sperm identified
 - identifies DNA profiles in the biological material from the SART kit and compares those profiles to victim, suspects or other consensual partners
 - identifies potential DNA evidence from an assailant
 - explores the local, state and national DNA databases seeking a match for “forensic unknown” DNA profiles
 - identifies the genetic profile and, when possible, the name of the person whose DNA coincides with the suspect's DNA (cold hit; case to case hit)
 - rectal, oral, and skin swabs, trace, and clothing evidence:
 - conducts analyses appropriate to the history of the assault and request of the detective, for instance, if there is a history of oral copulation, oral swabs will be analyzed
 - conducts toxicological, latent, and trace evidence analysis, as needed
 - provides a verbal and written report to the case investigator
 - communicates directly to the prosecutor if the trial is immediately pending
 - maintains the chain of custody
 - provides feedback regarding lab analysis and collection of evidence to the investigators and the SAFEs
 - provides teaching to the interdisciplinary team, as requested

- returns evidence to the “property room”
- participates in periodic training

4. Health Care Provider: SART Call Receiver (Each SART is activated slightly differently, depending on the resources of the SART).

4.1 STANDARD: SART ACTIVATION

4.1.1 Emergency Department (ED) Triage Nurse -Palomar-Pomerado Healthcare System SART

The ED nurse receives the call for a medical-legal examination from law enforcement or their designate.

Rationale: The informed response by the ED facilitates the activation of the SAFE and the advocate which results in the timely initiation of the medical-legal examination, documentation, and retrieval of critical evidence.

Outcome: The SART is activated through the ED as quickly as possible, with critical information being communicated only to those with a need to know.

Measurement Criteria:

The ED nurse:

- follows the scripted questions to obtain information from law enforcement about the assault
- documents the call according to the ED requirements and submits documentation as appropriate
- reports the case to law enforcement if the victim of assault reports to the ED first
- consults the on-call SAFE when there is a question regarding the examination
- queries law enforcement about providing an interpreter if the patient is non-English speaking
- contacts the SAFE and advocate on an emergent basis (see the decision algorithm in appendix B) if:
 - the assault occurred within the last 72 hours, and
 - the victim has consented to the medical-legal examination, and
 - law enforcement has authorized the medical-legal examination.
- contacts the SAFE and advocate on an emergent basis if the assault occurred over 72 hours and
 - there is bleeding, pain, a history of excessive force or
 - the suspect is a stranger assault, there are multiple suspects or
 - the victim is an adolescent, elderly or
 - the victim is transient and may not be located if exam is scheduled later
- advises law enforcement to schedule a non-emergent examination if the assault is greater than 72 hours old (except as above)
- schedules a nonemergent exam if greater than 72 hours has elapsed since the assault (except as above)

- contacts the SAFE and the advocate, providing critical information regarding:
 - the victim, law enforcement agency, contact number, patient age and language spoken, arrangements for an interpreter, site for exam, special needs, advocacy contacted, estimated time of arrival, multiple patients or the presence of a victim and suspect examination
- does not activate the advocate if the patient is a suspect
- calls the forensic director and repeats the call to the on-call SAFE, if the on-call SAFE does not respond in 20 minutes. If the director and the on-call SAFE are not available, then the ED nurse will call down the list of SAFEs until there is a response. The first SAFE reached by the ED nurse will resolve the situation with law enforcement
- advises the SAFE to conduct the examination in the ED if the victim is in need of immediate medical care and is not able to be transferred to the SART facility
- advises law enforcement to schedule a child abuse examination if the patient is under 14 years old (Palomar-Pomerado)
- San Diego Police Department schedules all exams for victims under 18 years old at Children's Hospital
- schedules victims and suspects at different places in order to avoid the possibility of cross contamination of evidence
- provides feedback to SART to make the system more efficient
- reads communications from SART to keep informed about changes in SART protocol
- maintains required training and certification as required by ED

4.1.2 The Operator –Villa View Community Hospital SART

The operator receives the call for a medical-legal examination from law enforcement or their designate.

Rationale: The timely and informed response by the SART facilitates the initiation of the medical- legal examination to provide documentation and retrieval of critical evidence.

Outcome: The SART is activated through the hospital as quickly as possible with critical information being communicated only to those with a need to know.

Measurement Criteria:

The Operator:

- receives a call from law enforcement for a medical-legal examination
- obtains pertinent information regarding the case and patient
- activates the on-call SAFE and provides information about the patient and special needs
- the SART coordinator will be contacted for special circumstances

The SAFE:

- contacts the advocate, provides information regarding the victim and their language needs

- will make decisions regarding any special circumstances regarding the needs for a medical-legal examination
- medical-legal examinations for patients from 14-18 years will be dealt with on a case-to-case basis
- refers all patients 13 years of age or younger to Children's Hospital and Health Center
- schedules medical-legal examinations for victims and suspects at different times
- provides off-site medical-legal examinations at request of law enforcement
- suspect medical-legal examinations are done at designated sites
- will contact the SART coordinator as needed
- provides feedback and recommendations to help make the SART system more efficient
- keeps updated via communications and training regarding new procedures and changes in SART protocols
- maintains continuing education as required by the SART policies

4.2.3 The Clerk - Children's Hospital and Health Center (Center for Child Protection)

The clerk:

- receives a call from law enforcement (who has authorized and will pay for the exam)
- schedules a forensic examination for an adolescent or child
- notifies the SART of the scheduled medical-legal examination

On a case that presents within 72 hours of the abuse, law enforcement brings the patient to the Children's ED. The ED then:

- notifies the after hours SART members (MD + RN)
- notifies the Child Protective Services that a SART will be conducted at the Center for Child Protection (CCP). If the child is seriously injured or very intoxicated, the after hours team conducts the exam in the ED

4.2.4 ED TRIAGE NURSE - Naval Medical Center San Diego (NMCS D) or Marine Corps Base Camp Pendleton

The ED Triage Nurse at NMCS D or Pendleton:

- calls the SAVI Advocate to stay with the patient wherever the patient is located
- SAVI is called by the clinic nurse, chaplain or others who may first receive the patient reporting a sexual assault
- notifies security that an assaulted patient is arriving
- calls Naval Criminal Investigative Services (NCIS)
- NCIS determines how to proceed
 - NCIS obtains a brief history of the assault
 - NCIS calls jurisdiction of incident if it occurred in a non-military area
 - If it is a military jurisdiction where the assault occurred, NCIS decides on the need for timing and location of the medical-legal exam. If no examination is indicated, SAFE and patient will discuss prophylaxis, STD treatment, follow-up and further diagnostic evaluation

- NCIS calls Pomerado Hospital ED Triage Nurse to activate SART, regardless, if assault is over 72 hours
- NCIS helps to arrange for or transports the patient to Pomerado, accompanied by the SAVI advocate
- NCIS helps to arrange for, or transports, the victim home or to a safe alternative

Currently sexual assault exams are not being conducted at NMCSO. When the SART Program is reactivated:

- The ED triage nurse will call the SAFE at NMCSO, after it is determined by NCIS or CCP that a medical-legal examination is to be done at NMCSO

5.0 Health Care Provider: Sexual Assault Forensic Examiner (SAFE)

A registered professional nurse licensed in the State of California, nurse practitioner, physician's assistant or physician who has successfully completed an eighty-hour initial course of preparation and continues to complete annual competency assessment. The SAFE performs the medical-legal examination for any sexual assault victim. This involves collecting evidence, maintaining the chain of custody, providing emotional support, treating for STD exposure and for injury, referring for follow-up care, consulting with law enforcement and prosecutors and testifying as an expert witness at trial.

5.1 STANDARD : ASSESSMENT

The SAFE shall provide an accurate and thorough assessment of the physical and psychosocial status of the victim, based upon data collected, and related to forensic health care needs.

Rationale: Assessment is a series of systematic, organized and deliberate actions to identify and obtain data. This assessment provides the database for the determination of the plan of care for the victim.

Outcome: A valid medical-legal examination is conducted by a specially educated SAFE.

Measurement Criteria:

The SAFE:

- explains the medical-legal examination in terms appropriate to the age and anxiety of the patient
- ensures that patient understands the medical-legal process before obtaining written consent to proceed with the medical-legal examination
- ensures a guardian or conservator is contacted or a court order is obtained in the case of an unconscious victim, severely disabled victim or a victim who is otherwise unable to give informed consent
- ensures that the patient is at least 14 years of age for an adolescent/adult examination
- obtains legal authorization for the examination and an incident/case number from law enforcement
- communicates with law enforcement throughout the examination
- provides the opportunity of having the advocate, or another support person in attendance during the medical-legal examination.
- supports the patient's right to decline an advocate, once the patient is in full understanding of the supportive purpose of the advocate
- performs the initial assessment in a timely manner
- assesses the patient's understanding and needs throughout the medical-legal examination
- conducts the medical-legal examination according to the California Medical Protocol and local guidelines

- refers the patient, as indicated for further medical care based on the patient's request or medical findings
- provides required written and photographic documentation according to the California Medical Protocol
- works with the advocate to help the patient identify personal supports for medical and psycho-social-spiritual needs
- provides appropriate referrals for follow-up care for all patients
- maintains confidentiality of records, photographs and communications

5.2 STANDARD: FORENSIC CONCLUSION

The SAFE analyzes the assessment data and determines a forensic conclusion related to the interview and objective and subjective physical examination findings.

Rationale: Analysis of data and a conclusion provides vital input for health care referral and for legal and judicial processing.

Outcome: A systematic process of assessment and data analysis is reflected in appropriate conclusions, based on that assessment.

Measurement Criteria:

Conclusions are based on:

- identifiable data obtained in the medical-legal examination
- accepted current bodies of knowledge and the experience of the SAFE
- the identification of notable findings
- whether the findings support the history
- a review of photographic documentation of findings
- the understanding that the absence of injury does NOT rule out sexual assault nor does the presence of injury prove that assault occurred.

5.3 STANDARD: OUTCOME IDENTIFICATION

The SAFE will identify expected individual outcomes based on the forensic health needs.

Rationale: Individual outcomes provide direction for the continuity of services and increased collaboration between all providers of services.

Outcome: An individual outcome is formulated for every identified forensic conclusion.

Measurement Criteria:

Outcomes are:

- derived from the data and the conclusions
- attainable in relation to resources available to the victim
- formulated with the victim and interdisciplinary team members when possible.
- measurable with a time of expected accomplishment, if applicable

- documented

5.4 STANDARD: PLANNING

The SAFE develops a comprehensive plan of action for the victim specific to medical-legal interventions and in order to achieve expected outcomes.

Rationale: Safe and effective forensic interventions results from deliberative planning towards individual outcomes. Planning is based on scientific and conceptual knowledge of science, forensic science and criminal justice in addition to assessment data.

Outcome: Evidence of a plan of action exists for medical-legal issues for each victim

Measurement Criteria:

- involves the patient
- the plan of action is based on the data collected during the medical-legal examination as well as data obtained from law enforcement and the family, as appropriate
- asks patient for her permission to talk to the family
- identifies and prioritizes the interventions and outcomes
- involves an interdisciplinary approach
- reflects current forensic practice
- is documented as a standardized care plan
- evidences teaching and health promoting principles to the victim
- documents additions to and deviations from the standardized care plan
- provides appropriate health referrals
- works with the advocate and patient to identify a support system for medical, psychosocial and spiritual needs
- provides information and referrals on community agencies

5.5 STANDARD: IMPLEMENTATION

The SAFE implements a plan of action based on medical-legal issues derived from patient assessment data, conclusions, and health history, as well as from the SAFE's scientific knowledge and experience.

Rationale: Interventions are intended to help achieve the expected outcome and are based on scientific evidence, research and experience.

Outcome: Implementation is conducted in a safe and timely manner.

Measurement Criteria:

The SAFE:

- explains procedures for the medical-legal examination and obtains the victim's informed consent for the examination, photographs, specimens, and communication with law enforcement concerning the results of the examination

- works with the advocate in providing crisis and emotional care
- provides the patient with an explanation of findings
- provides medical treatment according to CDC, other standard protocols and local guidelines
- provides health promoting self-care education
- refers for follow-up care as appropriate with written discharge instructions and health promotion information
- documents interventions
- collaborates with advocate, rape crisis counselors, law enforcement, criminalists and attorneys, in implementing the plan of care
- consults and testifies for prosecution or defense about cases the SAFE has conducted the medical-legal examination
- provides a copy of the OCJP 923 , 925 or 930 documentation to law enforcement

5.6 STANDARD: EVALUATION

The SAFE evaluates and modifies the plan of action to achieve expected outcomes.

Rationale: Evaluation of care allows for a deliberate revision of plan if the interventions are not achieving the expected outcome.

Outcome: Patient care data is evaluated concurrently and retrospectively to ensure that an acceptable quality of services is provided.

Measurement Criteria:

The SAFE:

- evaluates systematically and continuously
- revises conclusions, outcomes, the plan and interventions based on the evaluation
- documents the patient's response
- involves the patient in the evaluation process

5.7 STANDARD: COLLEGIALLY

The SAFE contributes to the professional development of peers, colleagues and others on the interdisciplinary team.

Rationale: Improved communications and understanding among the disciplines and collegiality on the interdisciplinary team helps improve care of the sexual assault victim and a more satisfied service provider.

Outcome: The countywide, interdisciplinary SART Systems Review Committee holds regular meetings which provides a forum for interactions among the SART team members.

Measurement Criteria:

The SAFE:

- attends or reads the minutes of the SART Systems Review Committee meetings, as appropriate
- maintains open communications with the interdisciplinary team by a timely responses to phone calls and emails
- attends cross-training by law enforcement, attorneys and counselors as appropriate
- presents case(s) from a examiner perspective in training sessions
- holds membership in a professional forensic organization
- debriefs with the advocate and law enforcement

5.8 STANDARD: ETHICS

Ethical principles are essential for helping the SAFE make decisions in the best interest of the patient.

Rationale: Practice based on the principles of beneficence, nonmaleficence, autonomy, justice, confidentiality and truth-telling are basic to ethical care.

Outcome: SAFE practice is based on ethical principles in the Codes of Ethics for Nurses and Physicians.

Measurement Criteria:

The SAFE:

- obtains appropriate informed consent from the patient
- allows the patient to withdraw consent or to terminate the examination with a full knowledge of the implications of that decision
- respects the human dignity and the uniqueness of the victim, unrestricted by considerations of racial, age, social or economic status, personal attributes, the nature of the health problems or the nature of the crime (in the case of the suspect)
- maintains patient confidentiality and respect for patient interdisciplinary communications
- reports appropriately according to local, state, and federal mandates
- follows the chain of custody
- provides expert testimony for the prosecution and defense when subpoenaed

5.9 STANDARD: RESEARCH

The SAFE recognizes the need for forensic research, utilizes research and participates in research to further forensic nursing practice

Rationale: Research helps to develop a body of validated knowledge on which forensic nursing is based and is improved.

Outcome: The SAFE identifies research that is useful for practice

Measurement Criteria:

The SAFE:

- identifies research that is useful to practice

- suggests modifications to practice based on research
- facilitates research within the SART and within the County
- provides the county with data regarding the SART process and forensic findings
- determines outcomes of cases and records those outcomes as part of local research on the incidence and prevalence of sexual assault
- discusses ideas from research at training sessions for the SAFEs

5.10 STANDARD: PATIENT AND SART RESOURCE UTILIZATION

The SAFE considers factors related to safety, effectiveness, cost and mobilization of the patient's resources in planning and delivering forensic services.

Rationale: Timeliness, safety, cost effectiveness and mobilization of the victim's own resources improves the appeal for the patient and helps to sustain SART services.

Outcome: The SAFE considers multiple options in planning care and chooses or helps the victim choose among those options. The SART facility has yearly goals for quality improvement.

Measurement Criteria:

The SAFE:

- considers timeliness, safety, cost effectiveness and mobilization of the victim's own resources.
- provides feedback and recommendations appropriately to streamline the provision of care
- identifies deficiencies in providing forensic care to victims and suspects
- identifies options for resolving deficiencies and for improving care

The SART facility:

- employs a coordinator who is responsible for overseeing training, certification and scheduling of nurse examiners
- maintains a team of prepared SAFEs for on-call coverage, 24 hours per day, 7 days per week
- is separate from the ED
- maintains special equipment: colposcope, video and 35mm cameras, locked refrigerator for evidence, locked cupboard for charts and other evidence
- reviews protocol for the medical-legal examination and updates it yearly according to recommendations from agencies such as the Center for Disease Control and the crime laboratories
- provides a system for the SAFE to obtain a second opinion
- contracts with a photographic laboratory for photo development and for confidentiality in handling the evidentiary photographs and slides

6. Crisis Care Provider: First Response Volunteer Rape Crisis Advocate / Rape Crisis Advocate / SAVI Advocate/ Crisis Interventionist

A male or female volunteer or professional who has completed a minimum of 32 - 40 hours of specified training in the crisis care of sexual assault victims. The advocate's primary role during the medical-legal examination is to provide "compassionate presence" to the victim. They also provide basic techniques of crisis intervention, reinforcement of explanations, information for emotional and legal follow-up and "presence" during further legal and judicial proceedings.

The First Response Volunteer Rape Crisis Advocate supports the victim/survivor only during the medical-legal examination.

The Rape Crisis Advocate supports the sexual assault victim/survivor during the medical-investigative examination, during follow-up care and during legal and judicial follow-up.

Sexual Assault Victim Intervention (SAVI) Advocate when there is military jurisdiction and/or the victim/survivor is military affiliated, SAVI may be called as soon as the assault is reported, regardless if a medical-legal examination will be conducted. The SAVI advocate may accompany the victim through the legal and judicial follow-up.

Crisis Intervention Team may be activated by law enforcement when the victim must remain at a complicated crime scene for an extended period of time.

Note: See Appendix A for penal code citations relating to victim advocates

6.1 STANDARD: EMOTIONAL SUPPORT

Rationale: The advocate provides support, reassurance, crisis intervention and information to the victim/survivor during the medical, investigative and judicial process.

Outcome: The victim/survivor feels empowered and supported through the medical, investigative and judicial process.

First Response Volunteer Advocate:

Measurement Criteria:

The advocate:

- successfully completes the required Office of Criminal Justice Planning (OCJP) training and orientation to the SART facility or other training as specified
- arrives within the designated time frame given at the time of the call from the ED triage nurse (Palomar-Pomerado; NMCSD) or Communications (Villa View)
- greets the victim, introduces self and explains advocate's role
- supports the victim during the medical-legal examination
- advocates on behalf of the victim/survivor's rights when necessary and appropriate

- removes her/himself from any part of the process that the victim/survivor does not want the advocate to attend
- does not participate in evidence collection for the SAFE
- does not remain in examination room alone with evidence
- when presented with conflicting needs, defers to the choice of the victim/survivor (stay with victim or bring victim a refreshment)
- offers various support measure options for the victim/survivor
- facilitates informed decision-making
- converses, reinforces explanations, queries regarding understanding, reassures during the examination
- aids SAFE in monitoring tolerance of victim/survivor
- provides information, referrals and education to victim/survivor
- provides a written copy of Victim's Rights to the victim/survivor
- assesses sense of safety at time of discharge and helps to arrange for safe housing if placement is needed
- facilitates communications between all SART members and the victim/survivor with the exception of translation
- reinforces explanations by SAFE, law enforcement, prosecution and professional counselor when appropriate
- informs the family/friend(s) in the waiting room at the victim/survivor's request
- provides support for the family/friend(s) of victim/survivor
- acts as a liaison between SART members and the victim/survivor once a waiver has been obtained from the victim
- understands that they may be subpoenaed
- at the request of the victim/survivor and as appropriate for an advocate, assists with comfort needs, without participating in the medically invasive procedures
- offers comfort measures during and after the medical-legal examination (shower, clothing, food, drink, access to parent support person)
- ensures that the victim leaves the SART facility safely, with family, friend, or law enforcement
- advocate does not transport
- debriefs with SAFE to facilitate interdisciplinary communications with signed consent
- provides input to the SART, as an interdisciplinary member with signed consent
- respects the human dignity and the uniqueness of the victim, unrestricted by considerations of racial, age, social or economic status, personal attributes, or the nature of the health problems
- maintains respect for the victim/survivor in interdisciplinary communications
- maintains confidential communications

Rape Crisis Advocate /SAVI Advocate * (provides care as in the first response volunteer advocate above with additions):

- employed by Rape Crisis Center
- provides follow-up services within 72 hours post medical-legal exam
- accompanies the victim/survivor to interviews by detective/law enforcement, district attorney or the defense attorney
- provides emotional support to the victim/survivor throughout the criminal justice process and beyond
- facilitates access to ongoing services as needed
- acts as a liaison for the victim/survivor between members of the team to address questions, concerns, needs
- works collaboratively with team members to ensure the provision of quality victim sensitive services

*

* The SAVI Advocates are active-duty military volunteers

7. Rape Crisis Counselor

Similar to the Rape Crisis Advocate, the Counselor supports the sexual assault victim/survivor during the medical-investigative examination, during follow-up care and during legal and judicial follow-up. In addition to meeting the advocate standards, the counselor also provides an environment in which the victim/survivor has the opportunity to rediscover inner strength and to integrate this experience into a new sense of normality.

7.1 STANDARD: COUNSELING

Rationale: Rape Trauma Syndrome occurs with most victims. Resolution is facilitated by professional care

Outcome: The victim/survivor progresses towards recovery

Measurement Criteria:

- maintains a certificate evidencing completion of a training program in the counseling of sexual assault victims issued by a counseling center and meets one of the following requirements:
 - is a psychotherapist or
 - has a master's degree in counseling or a related field or
 - has one year of counseling experience, at least six months of which is in rape crisis counseling or
 - has 40 hours of training and is supervised by a counselor as described in the preceding bullets
- calls victim/survivor within three working days after the provision of crisis intervention services, when appropriate
- provides short-term in-person counseling services and/or long-term counseling services depending on agency policy

8. Crisis Care Provider: Victim /Witness Assistance Advocate

The Victim/Witness assistance advocate helps victims and witnesses of all types of crime to access information, material and financial assistance following a crime such as sexual assault. This assistance is provided whether or not a suspect is apprehended and prosecuted. Services provided are mandated by California Penal Code Section 13835.5.

8.1 STANDARD: INFORMATION ACCESS, MATERIAL AND FINANCIAL ASSISTANCE

Rationale: The role of the Victim/Witness Assistance Advocate is to provide or arrange for services to meet the informational, material and emotional needs experienced by crime victims and witnesses, thereby allowing for faster and more complete recovery from the effects of crime.

Outcome: Victims and witnesses are confident they can access information and find help in making applications for assistance and find a resource for their needs

Measurement Criteria:

The Victim/Witness Assistance Advocate:

- performs crisis intervention
- conducts needs assessment
- helps with emergency assistance
- assists with referrals
- conducts follow-up calls
- assists in filing Victims of Crime Compensation Claims
- assists the victim to get their property back
- orients victims and witnesses to the criminal justice system
- provides *Crime Victims' Handbook*, (California Attorney General's Office 3/98)
- provides court support, by attending interviews, hearings or trials with the victim
- provides information regarding case status and case disposition
- notifies family and friends as requested
- assists with restitution requests
- collaborates with the local rape crisis counselor
- participates in 40 hour OCJP basic training and advanced training as directed
- provides creditor assistance
- provides help with accessing child care
- facilitates funeral arrangements
- provides crime prevention information
- collaborates by:
 - attending monthly SART and other appropriate meetings
 - communicating with law enforcement agencies, rape crisis center, prosecutors and other related agencies
 - providing presentations/trainings about victim issues

- participating in community events, such as resource fairs
- receives training as follows:
 - 40 hour Entry level, Advocate Training (Penal Code 13835.10)
 - 32 hour Advanced Level Advocate Training
 - 16 hours, at least per year of continuing education.
 - Coordinator Training is required by program coordinator/directors
- maintains certification through California Victim/Witness Coordinating Council (for victim advocates and senior victim advocates) *optional*

9.0 Prosecutor: District Attorney/City Attorney/Judge Advocate General

The perpetrator is prosecuted when sufficient, credible evidence exists.

9.1 STANDARD: JUDICIAL PROCESSING

Rationale: Prosecution of the perpetrator punishes criminals and helps them assume responsibility for their crimes, protects society and assists in restoring a sense of safety and security for the victim.

Outcome: The victim feels supported in the processing of the case through the criminal justice system.

Measurement Criteria:

The prosecutor:

- utilizes a vertical prosecution model in order to reduce the trauma to the victim
- evaluates cases submitted by law enforcement
- advises the victim of her /his right to be identified as Jane or John Doe in all records and during all proceedings if:
 - the court finds it reasonably necessary to protect the victim's privacy
 - it will not unduly prejudice the prosecution or the defense
- determines if sufficient credible evidence exists to support prosecution
- informs victims of the status of the case from the time of the initial charging decision to sentencing
- discourages case continuances
- explains the reasons for continuances and seeks mutually agreeable dates for hearings that are rescheduled
- arranges for interpreting services for victims and witnesses when necessary to assist a victim to understand questions and frame answers
- brings to the attention of the court the views of the victim on bail decisions, continuances, plea bargains, dismissals, sentencing and restitution
- pursues to the fullest extent that the law allows, those defendants who harass, threaten or otherwise attempt to intimidate or retaliate against victims or witnesses
- arranges for the prompt return of the victim's property if it is no longer needed as evidence in court
- seeks no contacts orders as conditions of bail or own recognizance release
- includes the victim whenever possible in decisions concerning the filing of the case, the reduction of charges, plea bargain offers, dismissal or other possible case dispositions
- provides the victim with a business card and the preferred time and method of contact
- responds to inquiries by the victim as soon as possible
- consults with law enforcement, health care personnel, and rape crisis advocates in the furtherance of the prosecution of the case
- notifies the victim of his/her rights regarding HIV testing of the defendant

- refers the victim to Victim/Witness services for information regarding violent crime compensation from the state
- advises the victim of his/her right to have a support person and advocate present during interviews and in court
- discusses the case with the SAFE prior to trial date
- uses time efficiently when requiring consultation from other team members
- provides input and related teaching to SAFE and law enforcement as an interdisciplinary member

9.2 STANDARD: INFORMATION ACCESS

The victim will be given information that will contribute to the prosecution of the perpetrator.

Rationale: Access to information facilitates the cooperation of the victim

Outcome: The victim cooperates in the judicial process by appearing for and participating in interviews and court hearings.

Measurement Criteria:

The District Attorney's office provides:

- orientation information about the criminal justice system and the victim's role
- notification of any change in the case status and the final disposition of the case
- information on crime prevention and on available responses to witness intimidation
- information about available Victim/Witness services to meet victim needs resulting from the crime and referral to other agencies, where appropriate
- advanced notice of court hearings including arraignment, disposition hearings, preliminary hearing, trial and sentencing
- advanced notice that the victim's attendance in court will not be needed
- information about restitution and other forms of recovery and assistance
- a waiting area separate from the defendant for use during court proceedings
- information about directions, parking, courthouse and courtroom locations, transportation assistance and witness fees
- assistance for victims and witnesses in meeting special needs, such as child care and transportation when required to make court appearances
- assistance in making travel and lodging arrangements for out-of-state victims
- information to victims about their legal right to make a statement about the impact of the crime for inclusion in the pre-sentence report or at the time of parole consideration, if applicable
- notification to victims of the right to make an in-person statement, at the time of sentencing, directly to the sentencing court, concerning the impact of the crime

Appendix A – Definitions/Citations

City Attorney: The name of the public officer who is designated to represent a City in legal matters and who may prosecute misdemeanor crimes within the city limits. NOTE: All cities have either city attorneys or hire out their legal work. However, except for the City of San Diego, no other cities within the County of San Diego choose to handle their own criminal misdemeanors.

Clerk/Operator: A secretary who takes the call from law enforcement that there is a victim needing a medical-legal examination. They follow a protocol in activating the SART members.

Confidential Communication (California Code of Evidence §1035.4)

“As used in this article, ‘confidential communication between the sexual assault counselor and the victim’ means information transmitted between the victim and sexual assault counselor in the course of their relationship and in confidence by a means which, so far as the victim is aware, discloses the information to no third persons other than those who are present to further the interests of the victim in the consultation or those to whom disclosures are reasonably necessary for the transmission of the information or an accomplishment of the purposes for which the sexual assault counselor is consulted. The term includes all information regarding the facts and circumstances involving the alleged sexual assault and also includes all information regarding the victim’s prior or subsequent sexual conduct, and opinions regarding the victim’s sexual conduct or reputation in sexual matters.

The court may compel disclosure of information received by the sexual assault counselor which constitutes relevant evidence of the facts and circumstances involving an alleged sexual assault about which the victim is complaining and which is the subject of a criminal proceeding if the court determines that the probative value outweighs the effect on the victim, the treatment relationship, and the treatment services, if disclosure is compelled. The court may also compel disclosure in proceedings related to child abuse if the court determines the probative value outweighs the effect on the victim, the treatment relationship, and the treatment services if disclosure is compelled.

When a court is ruling on a claim of privilege under this article, the court may require the person from whom disclosure is sought or the person authorized to claim the privilege, or both, to disclose the information in chambers out of the presence and hearing of all persons except the person authorized to claim the privilege and such other persons as the person authorized to claim the privilege is willing to have present. If the judge determines that the information is privileged and must not be disclosed, neither he or she nor any other person may ever disclose, without the consent of a person authorized to permit disclosure, what was disclosed in the course of the proceedings in chambers.”

Not all communications the victim has with the advocate are necessarily privileged i.e. confidential. Only those communications that meet the definition of Evidence Code section 1035.4 are considered confidential and privileged (see the definition of confidential communication found at the beginning of the document). In short, the communication must be made in the course of the advocate/victim relationship and must be made in confidence with no unnecessary third persons present. Even as to these communications deemed confidential, the victim as the holder of the privilege, can waive the privilege or the court can compel the advocate to disclose the communication.

Expert Witness: A person who has training, education, and experience on a particular subject and who is formally found to be qualified as an expert by a judge. The expert witness may give opinions in court on matters in which his or her expertise is relevant. Non-expert witnesses normally cannot give opinions in response to questions in court, but must speak only to facts.

Criminalist/Forensic Scientist: Criminalists specialize in four kinds of evidence analysis typically related to sexual assault: DNA, toxicology, latent print and trace evidence. Forensic biologists identify and match DNA to known suspect biological samples to data bank DNA profiles and they link cases providing detectives with new investigative leads. Toxicology involves identifying drugs and alcohol in the blood and urine. Latent analysis involves processing finger and palm prints. Trace analysis involves identifying and matching findings such as hairs, fibers, and glass.

Defense Attorney: An attorney who defends the suspect.

District Attorney: Prosecutes individuals who commit felony offenses throughout San Diego County and misdemeanor offenses outside the City of San Diego. This public officer is elected to conduct criminal prosecutions on behalf of the state. The office's jurisdiction includes all state crimes within the jurisdiction for which s/he is elected (San Diego County). Each district attorney has a staff of deputy district attorneys who work within his/her administration.

ED Triage Nurse: A nurse who receives the call from law enforcement and coordinates the arrival of the SAFE, the advocate, the officer or detective and the patient and/or suspect at a SART facility.

Investigator/Detective: Generally a senior police officer who is selected and assigned to conduct follow-up investigations. A detective builds upon a patrol officer's preliminary reports to reveal and corroborate the facts of a case. A detective interviews the victim, witnesses, and suspect(s), evaluates the forensic evidence and depending on the case, submits lab service requests to have evidence analyzed. The detective determines the final disposition, which might include submitting the investigation to the prosecutor for review. Detectives generally work regular hours with weekends off, however, most Departments have on-call detectives available 24 hours a day when needed by patrol (Archambault, 2000).

Medical-legal Examination: Interview and physical examinations of a sexual assault victim, conducted by a SAFE. The purpose of the examination is to assess and document the health care status related to the assault, collect and document evidence and determine if the physical findings support the history, based on the interview at the time of the examination. The SAFE also refers for follow-up care and educates regarding risk reduction. The medical-legal examination is also called a forensic-medical examination or an evidentiary examination.

The forensic examination is a legal procedure and as ordered by Penal Code Section 13823.95 is the financial responsibility of the law enforcement agency in whose jurisdiction the sexual assault occurred.

Nursing: Those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, which include substantial scientific knowledge or technical skill (Nursing Practice Act, 1997, p. 5).

Patrol Officer/Deputy: Generally refers to uniform field officers who respond to radio calls as dispatched by the communications department. Patrol officers conduct preliminary investigations. The preliminary patrol report is generally forwarded to Investigations for follow-up. Patrol officers/deputies work around the clock, 365 days a year. They are generally only available through their communications department, because their offices are their cars.

Police Communications Call-Taker: Receives the call concerning the sexual assault and activates the SART.

Police Communications Dispatcher: Receives the call from the call-taker and contacts the patrol officer in the jurisdiction to respond to the call.

Private Attorney: An attorney whose services are paid for by the client.

Public Defender: An attorney appointed by the court or employed by a government agency whose work consists of defending indigent defendants in

criminal cases. Persons charged with crimes may, at their own expense, retain a private attorney of their choice to represent them.

Rape Crisis Advocate/SAVI: A male or female volunteer or professional who has completed a minimum of 40 hours of specified training in the crisis care of sexual assault victims. The advocate's primary role during the medical-legal examination is to provide "compassionate presence" to the victim. They also provide basic techniques of crisis intervention, reinforcement of explanations, information for emotional and legal follow-up and "presence" during further legal and judicial proceedings. Not all communications the victim has with the advocate are necessarily privileged (see definition for "confidential communication," above)

The First Responder Advocate /Sexual Assault Victim Intervention (SAVI) attends the medical-legal exam. The Staff Advocate attends legal and judicial proceedings with the consent of the victim. They are under the supervision of a licensed counselor from a victim-counseling center. The SAVI advocate is the term used in the military health care system for the first responder.

The victim has a statutory right to have an advocate present during follow-up interviews with law enforcement, the prosecutor and defense attorney (Penal Code 679.04).

Rape Crisis Counselor: In the San Diego County Standards, Rape Crisis Counselor is used interchangeably with sexual assault counselor as defined in § 1035.2.

- § 1035.2. As used in this article, "sexual assault victim counselor" means the following:
- (a) A person who is engaged in any office, hospital, institution, or center commonly known as a rape crisis center, whose primary purpose is the rendering of advice or assistance to victims of sexual assault and who has received a certificate evidencing completion of a training program in the counseling of sexual assault victims issued by a counseling center that meets the criteria for the award of a grant established pursuant to Section 13837 of the Penal Code and who meets one of the following requirements:
 - (1) Is a psychotherapist as defined in Section 1010; has a master's degree in counseling or a related field; or has one year of counseling experience, at least six months of which is in rape crisis counseling.
 - (2) Has 40 hours of training as described below and is supervised by an individual who qualifies as a counselor under paragraph (1). The training, supervised by a person qualified under paragraph (1), shall include but not limited to, the following areas: law, medicine, societal attitudes, crisis intervention and counseling techniques, role playing, referral services, and sexuality.
 - (a) A person who is employed by any organization providing the programs specified in Section 13835.2 of the Penal Code, whether financially compensated or not, for the purpose of counseling and assisting sexual assault victims, and who meets one of the following requirements:

- (1) *Is a psychotherapist as defined in Section 1010; has a master's degree in counseling or a related field; or has one year of counseling experience, at least six months of which is in rape assault counseling.*
- (2) *Has the minimum training for sexual assault counseling required by guidelines established by the employing agency pursuant to subdivision (c) of Section 13835.10 of the Penal Code, and is supervised by an individual who qualifies as a counselor under paragraph (1). The training, supervised by a person qualified under paragraph (1), shall include, but not be limited to, the following areas: law, victimology, counseling techniques, client and system advocacy, and referral services*

Sexual Assault: A sexual act committed against a person's will or when that person is unable to give consent. Sexual assault includes rape, sexual battery, rape of a spouse, sodomy, oral copulation, penetration of the genital or anal openings of another person with a foreign object, substance, instrument or device, annoying or molesting a child under 18 years old, unlawful sexual intercourse, or any attempt to commit any of the above acts (Office of Criminal Justice Planning, 1993, Appendix C, p. 4). Force may or may not be used in any of these incidents.

Sexual Assault Forensic Examiner (SAFE): A registered professional nurse licensed in the State of California, nurse practitioner, physician's assistant or physician who has successfully completed an eighty-hour initial course of preparation and continues to complete annual competency assessment. The SAFE performs the medical-legal examination for any sexual assault victim. This involves taking an assault history, collecting evidence, maintaining the chain of custody, treating for STD exposure, pregnancy prevention and for injury, referring for follow-up care, consulting with law enforcement and prosecutors and testifying as an expert witness at trial.

Sexual Assault Response Team (SART): An interdisciplinary group of professionals and volunteers who provide services to the victims of sexual assault. The first responders includes a SAFE, law enforcement officer/deputy and an advocate. The second responders include a medical director of a SART, prosecutors, crisis counselors and criminalists. The second responders conduct follow-up and or support the first responders.

Sexual Assault Victim Intervention (SAVI): A specially trained advocate-SAVI advocate, counselor-SAVI counselor and a program-SAVI program, all operating within the military system of health care. When the medical-legal examination is conducted in the civilian system for a military beneficiary, the SAVI advocate accompanies the patient. Patients are then referred to the SAVI for follow-up care.

Standards of Care: Authoritative statement that describe a competent level of practice demonstrated through assessment, diagnosis, outcome identification, planning implementation, and evaluation as appropriate to the practice setting (McHugh & Leake, 1997).

Standards of Professional Performance: Authoritative statements that describe a competent level of behavior in the professional role, including activities related to quality of service, performance appraisal, education, collegiality, ethics, collaboration, research and resource utilization (Scope and Standards of Forensic Nursing Practice, 1997, p. 30).

Victim: The victim is one that is acted upon and usually adversely affected by an outside incident. In a general sense, victim may be a single patient, a decedent, the perpetrator, the family, significant other, the suspect, the accused and/or falsely accused, the community and/or the public in general (McHugh & Leake, 1997). Here victim refers to male or female victims of sexual assault. The terms "patient", "survivor", or "client" may also be used. These terms are used selectively by certain providers. For instance, the SAFEs might use the term "patient", whereas the crisis counselor may use the term "survivor" or "client". Law enforcement may use the term "victim".

Victim Advocate Advisals:

Penal Code 264.2 "Prior to the commencement of any initial medical evidentiary or physical examination arising out of a sexual assault, a victim shall be notified orally or in writing by the medical provider that the victim has the right to have present a sexual assault victim counselor and at least one other support person of the victim's choosing"

Penal Code 264.4 "A support person may be excluded from a medical evidentiary or physical examination if the law enforcement officer or medical provider determines that the presence of that individual would be detrimental to the purpose of the examination "

Penal Code 679.04 (a) A victim of sexual assault has the right to have victim advocates and a support person of the victim's choosing present at any interview by law enforcement authorities, district attorneys, or defense attorneys. However, the support person may be excluded from an interview by law enforcement or the district attorney if the law enforcement authority or the district attorney determines that the presence of that individual would be detrimental to the purpose of the interview.

(b)(1) Prior to the commencement of the initial interview by law enforcement authorities or the district attorney pertaining to any criminal action arising out of a sexual assault, a victim of sexual assault shall be notified orally or in writing by the attending law enforcement authority or district attorney that the victim has the right to have victim advocates and a support person of the victim's choosing present at the interview or contact. This subdivision applies to investigators and agents employed or retained by law enforcement or the district attorney.

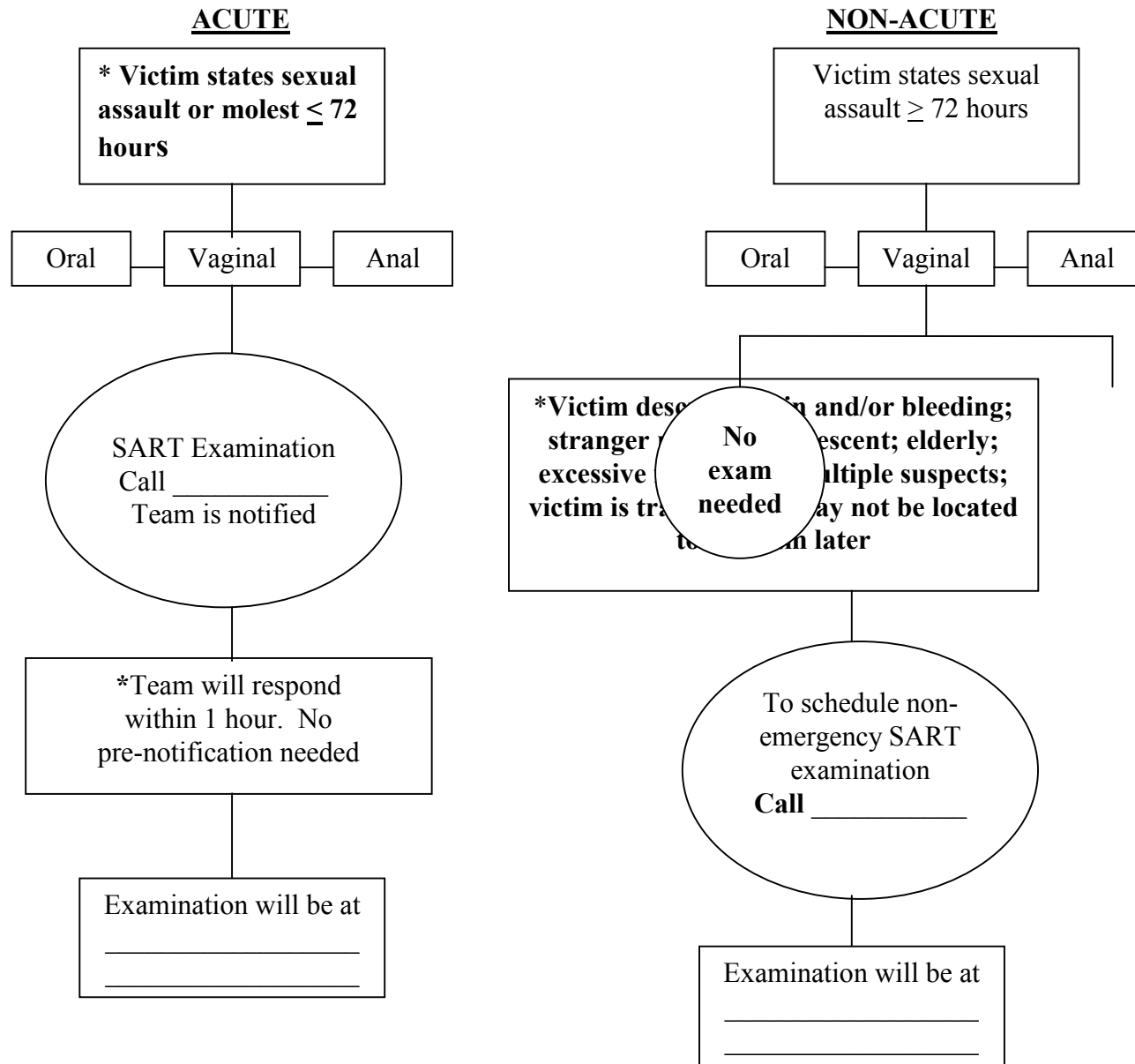
(c) an initial investigation by law enforcement to determine whether a crime has been committed and the identity of the suspects shall not constitute a law enforcement interview for purposes of this section.

Victim-Focused Model: A conceptual schemata that illustrates how the interactions occur between parts of the system that serves the victim. In this model, the victim is in the center and priorities of functioning by the interdisciplinary providers are determined by what is most sensitive, most efficient, and most thorough for the victim. Priorities are not determined by what is most easy for the providers of services. The model describes that the center of the care is focused on the victim, with the providers around the victim. Techniques that facilitate the reestablishment of the victim's sense of control are critical to the victim-focused model.

Victim/Witness Assistance Advocate: The victim/witness assistance advocate helps victims and witnesses of all types of crime, including sexual assault, to access information, material and financial assistance following a crime such as sexual assault.

GUIDELINES - SEXUAL ASSAULT

14 YEARS AND OLDER



* KEY POINT

**SAN DIEGO COUNTY
INFORMATION FOR VICTIMS OF DOMESTIC VIOLENCE/SEXUAL ASSAULT**

Victim's Name: _____ Page ____ of ____
Last First MI Case #: _____

PC 13701: PRIVILEGES AND RELIEF ADVISAL

If you have become the victim of domestic violence or sexual assault you have certain rights and privileges under the law. This information is provided by the San Diego Police Department for your convenience.

You may ask the District Attorney or City Attorney to file a criminal complaint for any crimes committed. (A police report is required in order for a complaint to be reviewed.)

You may file a petition in Superior Court requesting any of the following orders for relief:

- An order restraining your attacker from abusing you or any other family member.
- An order directing your attacker to leave your household.
- An order preventing your attacker from entering your residence, school, business or place of employment.
- An order awarding you or the other parent custody of or visitation rights to your minor child or children.
- An order restraining your attacker from molesting or interfering with minor children in your custody.
- An order directing the party not granted custody to pay support of minor children, if that party has a legal obligation to do so.
- An order directing the defendant to make specified debit payments coming due while the order is in effect.
- An order directing either or both parties to participate in counseling.

You have the right to file civil suit for losses suffered as a result of abuse, including medical expenses, loss of earnings, and other expenses for injuries sustained and damage to property, and any other related expenses incurred by the victim or by any agency that shelters you. You have the right to request an Emergency Protective Order. This is restraining order is valid for five to seven days.

Be aware that despite official restraint of a person alleged to have committed domestic violence the restrained person may be released at any time.

A sexual assault by a stranger or a person known to the victim; including sexual assault by a person who is the spouse of the victim, is a crime.

Sexual assault victims should notify the police department immediately. A police officer will respond to take a report and collect evidence. Victims should retain any clothing worn during the assault and other evidence, such as bed sheeting. Officers will transport victims to the hospital for a medical examination. Victims should not shower or douche before the exam.

CITIZEN'S ARREST ADVISAL

As a victim of domestic violence or sexual assault, you have the right to make a citizen's arrest within a reasonable period of time and as soon as circumstances permit

PC 679.04: VICTIM ADVOCATE ADVISAL

As a victim of a sexual assault, you have the right to have a victim advocate and at least one other support person of your choosing present at any interview with law enforcement authorities, district attorneys or defense attorneys. This includes an advocate for any court procedure; however, this right does not apply to the initial interview by first responding officers. The support person may be excluded if the law enforcement authority or the district attorney determines that the presence of that individual would be detrimental to the interview.

Government Code 6254(f)(2) and PC 293/293.5: VICTIM CONFIDENTIALITY ADVISAL

The California Government Code 6254(f)(2) gives you the right to request that your name not become part of a public record, including release to the media, if you are the victim of one of the following crimes: 220, 261, 262, 264, 264.1, 273a, 273d, 273.5, 286, 288, 288(a), 289, 422.6, 422.7, 422.75, or 646.9 PC.

I want my name withheld from law enforcement public records. Yes No

The California Penal Code Section 293.5 states before criminal proceedings are initiated in your case, a prosecutor will fully explain the advantages and disadvantages of electing to keep your name out of court records available to the public.

Signature (Acknowledging Receipt of Advisal and Copy) Date Provided by Officer I.D. #

Original: Forward to Investigative Unit, Copy: to victim

PD-964 FOS (3-00) This information is available in alternative formats upon request. Printed on Recycled Paper



602927

San Diego County Resource List

For further information about a shelter, you may contact:

Battered Women's Services (24 hour hotline)	(619) 234-3164
*Center for Community Solutions (Rape/Domestic Violence) (24-hour Hotline).....	(858) 272-1767
Center for Community Solutions - Project Safehouse	(619) 267-8023
*EYE Counseling & Crisis Services (North County 24-hour Hotline)	(858) 486-4998 or (760) 747-6281
Rachel's Women's Center & Night Shelter	(619) 696-0873
Salvation Army Family Development Center	(619) 239-6221
San Diego Rescue Mission Women & Children's Center.....	(619) 687-3720 ext.36
St. Vincent de Paul.	(619) 233-8500 ext.1214
*Women's Resource Center, North County	(760) 757-3500
Y.W.C.A. (24 hr. hotline for all domestic violence services)	(888) 305-7233
Animal Safe House Hotline (Temporary housing for pets of domestic violence victims)	(888) 305-7233

* Provides rape crisis counseling and follow-up services for victims of sexual assault

Hospitals providing Sexual Assault Services

Balboa Naval Medical Center.....	(619) 532-8275
Children's Hospital.....	(858) 576-5803
Palomar Hospital	(760) 739-3800
<i>Palmerada Hospital</i>	<i>(858) 613-4457</i>
VillaView Community Hospital (dial "0" when recording heard)	(619) 582-3516

For information about other services in the community, you may contact:

Adult Protective Services (City)	(619) 283-5731	Indochinese Storefront	(619) 531-1590
(County)	(858) 495-5660	Legal Aid Society.....	(619) 262-0896
(Emergency 24 Hours)	(800) 510-2020	Lesbian & Gay Men's Community Center.....	(619) 692-2077
♻ Battered Women's Legal Services	(619) 239-2341	San Diego Volunteer Lawyers Program	(619) 235-5656
♻ CCS, TRO/Legal Clinic	(858) 272-1574	Somalian Storefront.....	(619) 287-6422
Child Abuse Hotline	(858) 560-2191	Spanish Speaking Agencies	
City Attorney's Office (Domestic Violence Unit).....	(619) 533-5620	Casa Familiar	(619) 428-1115
District Attorney's Office - Family Protection Unit		Crisis Team	(800) 479-3339
- (Domestic Violence and Child Abuse)	(619) 531-4062	Chicano Federation	(619) 236-1228
District Attorney's Office - Superior Court		Victim/Witness Assistance	(619) 531-4041
(Sexual assaults not qualifying for Domestic Violence or		Women's Legal Center.....	(619) 209-6500
Child Abuse)	(619) 531-4040	Men's Legal Center	(619) 239-5100
♻ Family Court Services - Downtown.....	(619) 236-0189	Asian Cultural Services	
♻ Family Court Services, East County	(619) 441-4387	Union of Pan-Asian Communities	(619) 235-4282
♻ Family Court Services, North County.....	(760) 940-4433	National Domestic Violence Hotline	(800) 799-SAFE or
♻ Family Court Services, South County.....	(619) 691-4780		(800) 787-3224 (TDD)

♻ Indicates Restraining Order Information

Effective July 1, 2000, for 24-hour custody status of offender, call VINE (Victim Information and Notification Everyday). Call Toll Free (877) 439-VINE (8463).

Website www.sandiegodvcouncil.org will link to a number of the listed social service agencies.

Law Enforcement Agencies (Non-Emergency)

Carlsbad Police Department	(760) 931-2197	Naval Criminal Investigative Services.....	(619) 556-1364
Chula Vista Police Department	(619) 691-5151	Oceanside Police Department	(760) 966-4909
Coronado Police Department	(619) 522-7350	San Diego Police Department Domestic Violence Unit	(619) 531-2387
El Cajon Police Department	(619) 579-3311	San Diego Police Department Communications	(619) 531-2000
Escondido Police Department.....	(760) 839-4722	San Diego Police Department Sex Crimes Unit	(619) 531-2325
La Mesa Police Department.....	(619) 469-6111	✓ San Diego Sheriff's Dept. Domestic Violence Unit	(858) 467-4576
National City Police Department	(619) 336-4411	✓ San Diego Sheriff's Department Communications.....	(858) 565-5200

✓ Covers unincorporated areas of the County, and contract cities of: Del Mar, San Marcos, Encinitas, Santee, Vista, Solana Beach, Lemon Grove, Imperial Beach, Poway

International Law Enforcement Liaisons for Sexual Assaults

San Diego County Sheriff's Department	(858) 495-5590
San Diego Police Department, Criminal Intelligence (Liaison to Mexico)	(619) 531-2518

**SAN DIEGO POLICE DEPARTMENT
FORENSIC SCIENCES – PRELIMINARY RAPE CASE INFORMATION**

CASE #: _____ TODAY'S DATE: _____ DETECTIVE: _____

VICTIM'S NAME: _____

SUSPECT'S NAME: _____ IN CUSTODY? No Yes

1. Did the victim have consensual sex within 96 hours (4 days) prior to the time the hospital samples and/or clothing were collected? No Yes

Specify: 1 day before 2 days before 3 days before 4 days before

If yes, can a reference sample be obtained from the consensual partner(s)? No Yes

(Reference standards from all consensual partners should be collected before submitting a request to the laboratory for testing.)

2. Was oral activity involved in the sexual assault No Yes

If yes: Fellatio Victim on Suspect Suspect on Victim

Cunnilingus Victim on Suspect Suspect on Victim

Other? Specify: _____

3. Was anal activity involved in the sexual assault? No Yes Type _____

4. Did the suspect ejaculate? No Yes Victim unsure N/A

If yes, where did ejaculation occur?

Internal? Vagina External? Victim's body (location) _____

_____ Mouth Clothing item

(describe) _____
Rectum Other

(specify) _____

5. Was a condom worn during the assault? No Yes Victim unsure N/A

6. Was victim or suspect bleeding during the assault?

Victim No Yes From what area(s) of the body? _____

Suspect No Yes From what area(s) of the body _____

Did the victim receive a blood transfusion? No Yes

Did the suspect receive a blood transfusion? No Yes

Was the victim menstruating? No Yes

7. Was clothing collected other than items worn to the hospital (e.g. from the scene)? No Yes

Describe clothing worn during and any clothing put on immediately after the assault? Same

During: _____ After: _____

Based on information from the victim, which item(s) of clothing is/are most likely to have seminal fluid stains from the suspect? _____

8. Was bedding collected? No Yes If "No" go to Question # 11.

9. Based on information from the victim, which item of bedding is most likely to have seminal fluid stains? from the suspect?

Bottom bed sheet Top bed sheet Bedspread Blanket Pillowcase

Other: _____

10. Did any type of consensual sex act take place on the bedding since the last time it was washed?

Bottom bed sheet No Yes Top bed sheet No Yes

Bedspread No Yes Blanket No Yes

Pillowcase No Yes Other No Yes

(If yes, unless the seminal fluid stain(s) related to the assault can be identified for the Criminalist, it will be necessary to obtain blood and saliva standards from all individuals involved before any comparison analysis is performed.)

Note: If the above information concerning the history of the bedding is not obtained, the bedding will not be examined.

11. Were any other items collected from the scene? No Yes

If yes, list items collected: _____

12. Has a suspect been identified? No Yes

Were any other items collected from the scene? No Yes Property Tag #: _____

13. Do the suspect and victim know each other? No Yes

If yes, at the time of the assault, were they involved in a consensual sexual relationship? No Yes

Note: Bedding that has not been washed since the consensual sex act(s) between the victim and the suspect will not be examined for semen.

14. Other relevant information: _____

**SAN DIEGO POLICE DEPARTMENT
FORENSIC SCIENCES – LAB SERVICES REQUEST**

UNIT: _____ M.S.: _____ TODAY'S DATE: _____

_____ VICTIM'S NAME (Last, First) _____ SUSPECT'S NAME (Last, First) _____ OFFENSE CODE _____ CASE NUMBER _____

_____ DETECTIVE'S NAME _____ TELEPHONE NUMBER _____ SERGEANT'S NAME _____ TELEPHONE NUMBER _____

PRIORITY

PRELIM. _____ TRIAL _____ SERIES _____
DATE DATE NAME OF SERIES

ANALYSIS NEEDED FOR CASE TO BE ISSUED DDA Assigned/Phone _____

Has a victim reference standard been collected? No Yes Property Tag # _____
B# _____

Has a suspect reference standard been collected? No Yes Property Tag # _____
B# _____

Has a consensual partner reference standard been collected? No Yes Property Tag # _____
B# _____

EVIDENCE SUBMITTED

(LIST THE ITEM(S) YOU WANT EXAMINED AND POSSIBLE CONSEQUENCES (i.e. "Examine the bottom sheet removed from the suspect's bed and check for trace evidence from the victim.")

TRACE EVIDENCE: Hairs, Fibers, Paints, Glass, Shoeprints, Gunshot Residue, Arson/Explosives, Physical Matches

FORENSIC BIOLOGY: Blood, Semen, Saliva, Fingernail Scrapings, DNA

(LIST ITEMS BY ORDER OF PRIORITY DETERMINED BY CASE HISTORY)

1. PLEASE CHECK: _____
ITEM TO BE EXAMINED PROPERTY TAG #

FOR TRACE EVIDENCE: HAIR FIBERS OTHER

FOR FORENSIC BIOLOGY: BLOOD SEMEN SALIVA DNA FINGERNAIL SCRAPINGS

OTHER

DNA ANALYSIS REQUESTED

COMMENTS: _____

_____ REQUESTING UNIT'S SUPERVISOR APPROVAL _____ DATE _____

2. PLEASE CHECK: _____
ITEM TO BE EXAMINED

PROPERTY TAG #

FOR TRACE EVIDENCE: HAIR FIBERS OTHER

FOR FORENSIC BIOLOGY: BLOOD SEMEN SALIVA DNA FINGERNAIL SCRAPINGS

OTHER

DNA ANALYSIS REQUESTED

COMMENTS:

3. PLEASE CHECK: _____
ITEM TO BE EXAMINED

PROPERTY TAG #

FOR TRACE EVIDENCE: HAIR FIBERS OTHER

FOR FORENSIC BIOLOGY: BLOOD SEMEN SALIVA DNA FINGERNAIL SCRAPINGS

OTHER

DNA ANALYSIS REQUESTED

COMMENTS:

4. PLEASE CHECK: _____
ITEM TO BE EXAMINED

PROPERTY TAG #

FOR TRACE EVIDENCE: HAIR FIBERS OTHER

FOR FORENSIC BIOLOGY: BLOOD SEMEN SALIVA DNA FINGERNAIL SCRAPINGS

OTHER

DNA ANALYSIS REQUESTED

COMMENTS:

5. PLEASE CHECK: _____
ITEM TO BE EXAMINED

PROPERTY TAG #

FOR TRACE EVIDENCE: HAIR FIBERS OTHER

FOR FORENSIC BIOLOGY: BLOOD SEMEN SALIVA DNA FINGERNAIL SCRAPINGS

OTHER

DNA ANALYSIS REQUESTED

COMMENTS:

**SAN DIEGO POLICE DEPARTMENT
FORENSIC SCIENCE SECTION**

SEX CRIMES TOXICOLOGY REQUEST

Unit/M.S.		Case No.	Today's Date	
Subject's LAST Name		Subject's First Name		Subject's DOB
Detective's Name	Phone	Sergeant's Name		Phone
Property Tag No.	Blood Alcohol No.		Urine Alcohol No.	
Date/Time of Assault	Date/Time of Forensic Examination		Number of Hours Between Incident and Sample Collection	
<input type="checkbox"/> BLOOD ALCOHOL TEST REQUESTED	<input type="checkbox"/> FIRST VOID URINE TIME: _____		<input type="checkbox"/> SECOND VOID URINE TIME: _____	

SUBJECT SYMPTOMS

Please circle: A: Patient History B: Observed A&B: Both

Disturbance of Consciousness	Memory Impairment	Neurological	Psychophysiological	GI/GU
<input type="checkbox"/> Drowsiness A B	<input type="checkbox"/> Confusion A B	<input type="checkbox"/> Muscle relaxation A B	<input type="checkbox"/> Excitability A B	<input type="checkbox"/> Nausea A B
<input type="checkbox"/> Sedated* A B	<input type="checkbox"/> Memory Loss A B	<input type="checkbox"/> Dizziness A B	<input type="checkbox"/> Aggressive behavior A B	<input type="checkbox"/> Vomiting A B
<input type="checkbox"/> Stupor A B	<input type="checkbox"/>	<input type="checkbox"/> Weakness A B	<input type="checkbox"/> Sexual stimulation A B	<input type="checkbox"/> Diarrhea A B
<input type="checkbox"/> Loss of Consciousness A B	<input type="checkbox"/>	<input type="checkbox"/> Slurred Speech A B	<input type="checkbox"/> Loss of inhibitions A B	<input type="checkbox"/> Incontinence Urine/Feces A B
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Paralysis A B	<input type="checkbox"/> Hallucinations A B	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Seizures A B	<input type="checkbox"/> Dissociation A B	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pupil Size Reaction:	<input type="checkbox"/>	<input type="checkbox"/>

How long was the subject unconscious: _____

Date and time of suspected ingestion: _____

How many times did the subject void prior to the urine collection? _____

How much alcohol did the subject consume? _____

Type of alcohol: _____

*Name of drugs taken (recreational, prescription or over the counter)	Last dose:
	Date: Time:
	Date: Time:

BASED ON HISTORY AND SYMPTOMS, SELECT DRUG PANEL(S):

<input type="checkbox"/> General Drugs (Urine)	Amphetamines Cocaine Opiates Phencyclidine Benzodiazepine (Rohypnol not included) Marijuana					
<input type="checkbox"/> Prescription Drugs (Urine)	Amitriptyline	Carisoprodol	Diphenhydramine	Lidocaine	Orphenadrine	Verapamil
	Barbiturates	Chlorpheniramine	Dextromethorphan	Meperidine	Methaqualone	
	Brompheniramine	Desipramine	Imipramine	Meprobamate	Thioridazine	
<input type="checkbox"/> Specialized Sex Crimes (Urine)	Barbiturates Soma Ketamine Rohypnol GHB Scopolamine					
Sergeant's Approval Required _____						
<input type="checkbox"/> Other (Urine)	Specify: _____					

SAN DIEGO POLICE DEPARTMENT
INSTRUCTIONS for COLLECTION of REFERENCE MOUTH SWABS

COLLECTION KIT CONTENTS:

- (4) Four plastic wrapped swabs**
- (1) One manila envelope with white information label**
- (1) One slightly smaller manila envelope**
- (1) One evidence seal**
- (1) One pair of large latex gloves**

DIRECTIONS:

1. Put on the pair of latex gloves. Remove one of the four swabs provided from the sterile plastic package.
2. Rub the cotton tipped end of the swab against the inside of the cheek of the mouth while slowly rotating the swab. Rub against the inside of the cheek for about 30 seconds.
3. Place the swab in the slightly smaller envelope and close the flap. The empty plastic swab package can be discarded. Repeat the process for the remaining three swabs. Remove the latex gloves from your hands and discard.
4. Place the slightly smaller envelope in the envelope with the white information label.
5. Fill in the information on the white label on the outer envelope.
6. Place envelope with white label in original envelope labeled, “*Reference Mouth Swab Collection Kit*”.
7. Seal “*Reference Mouth Swab Collection Kit*” with evidence seal.
8. Check the reference mouth swabs into Property and request they be stored frozen.

WARNING!!

1. ***Do not handle or contaminate the cotton tipped end of the swabs. They should only come in contact with the subject’s mouth.***
2. ***The swabs are not to collect saliva, but are for collecting cells from the lining of the cheek of the mouth. Therefore, vigorously rub them against the inside cheek of the mouth.***
3. ***Make sure to rotate the swabs in the subject’s mouth so that the entire cotton surface of the swab is used for collection.***

**San Diego County SART
ADDENDUM TO 923**

Clothing Documentation

Obtain a complete history prior to evidence collection and documentation. Complete all blanks. If not applicable, write N/A. When specific evidence is not required, write "deferred." Document accurately. **Write clearly and neatly:**

_____ **Patient Presented at Hospital Wearing Clothing Worn During the Assault:**

Describe clothing (with minimal handling) carefully noting condition (clean, dirty, rips, tears, stretched out elastic, missing buttons) and visible signs of foreign material (grass, fiber, hair, twigs, soil, splinters, glass, blood, dry or moist secretions).

Procedure for wet clothing: Items must be dry to preserve evidence. If clothing is wet, lay on a sheet of clean, unused, white paper and cover with another sheet of white paper. Gently fold each article of clothing and place in a labeled, sealed paper bag. Give to the officer. Advise that the clothing is wet.

Bra: _____

Shirt: _____

Undershirt: _____

Sweater: _____

Jacket: _____

Pants: _____

Underwear: _____

Socks (state one or two socks present): _____

Shoes (state one or two shoes present): _____

Other: _____

_____ **Patient Presented at Hospital Wearing Clothing Put On Immediately After the Assault:**

Describe clothing put on after the assault, (with minimal handling) carefully noting any visible signs of foreign material (grass, fiber, hair, twigs, soil, splinters, glass, blood, dry or moist secretions). Focus on clothes worn closest to the genitals or areas where the suspect's mouth made contact, i.e., breasts/bra.

Bra: _____

Shirt: _____

Undershirt: _____

Sweater: _____

Jacket: _____

Pants: _____

Underwear: _____

Socks (state one or two socks present): _____

Shoes (state one or two shoes present): _____

Other: _____

Patient's Description of Clothing Worn During the Assault:

_____ Patient brought clothing worn during assault. Collected by forensic examiner.
Initial

_____ Clothing worn at the time of the assault collected by law enforcement prior to the arrival of the
initial forensic examiner.

_____ Patient provides location of clothing worn at the time of the assault and/or additional evidence and
initial law enforcement is notified at _____ hours.

_____ Clothing collected by law enforcement.
Initial

In cases involving non-acute exams where clothing, bedding, or other evidence has been identified and collected, a DNA reference sample must be collected from the patient.

Buccal Swab _____ Blood _____

Based on the patient's history, note any areas that need to be evaluated by the Crime Lab and/or investigating officer for foreign material, i.e., blood, dry or moist secretions, and/or tears, stretched out material, and missing buttons.

Bra: _____

Shirt: _____

Undershirt: _____

Sweater: _____

Jacket: _____

Pants: _____

Underwear: _____

Socks (state one or two socks present): _____

Shoes (state one or two shoes present): _____

Other: _____

SAN DIEGO SEXUAL ASSAULT RESPONSE TEAM
SART/SANE PROGRAM - ADDENDUM
DRUG-FACILITATED SEXUAL ASSAULT
96-HOUR DRUG HISTORY

The SART nurse will complete this form at the time of the interview based on the patient's history and/or signs/symptoms observed by the examiner.

Please circle: A: Patient History B: Observed A&B: Both

Disturbance of Consciousness	Memory Impairment	Neurological	Psychophysiological	GI/GU
<input type="checkbox"/> Drowsiness A B	<input type="checkbox"/> Confusion A B	<input type="checkbox"/> Muscle relaxation A B	<input type="checkbox"/> Excitability A B	<input type="checkbox"/> Nausea A B
<input type="checkbox"/> Sedated ≈ A B	<input type="checkbox"/> Memory Loss A B	<input type="checkbox"/> Dizziness A B	<input type="checkbox"/> Aggressive behavior A B	<input type="checkbox"/> Vomiting A B
<input type="checkbox"/> Stupor A B		<input type="checkbox"/> Weakness A B	<input type="checkbox"/> Sexual stimulation A B	<input type="checkbox"/> Diarrhea A B
<input type="checkbox"/> Loss of Consciousness A B		<input type="checkbox"/> Slurred Speech A B	<input type="checkbox"/> Loss of inhibitions A B	<input type="checkbox"/> Incontinence <input type="checkbox"/> Urine/Feces A B
		<input type="checkbox"/> Paralysis A B	<input type="checkbox"/> Hallucinations A B	
		<input type="checkbox"/> Seizures A B	<input type="checkbox"/> Dissociation A B	
		<input type="checkbox"/> Pupil Size Reaction: _____		

How long was the patient unconscious: _____

Date and time of suspected ingestion: _____

Specimen collected: Urine _____ Date _____ Time _____ 1st Void cc's collected _____
 Urine _____ Date _____ Time _____ 2nd Void (If needed) cc's collected _____
 Blood _____ Date _____ Time _____ (Grey Top Tube)

How many times has the patient voided prior to this collection? _____

How much alcohol did the patient consume? _____

Type of alcohol: _____

≈ Name of drugs taken (recreational, prescription or over the counter)	Last dose:
	Date: Time:
	Date: Time:

Has patient vomited? Yes No Where is specimen? _____

Appendix D - RESOURCES

Websites:

American Association of Forensic Science	www. aafs.
American College of Emergency Physicians’	www.acep.org
American Nurses’ Association (ANA)	www.nursingworld.org
American Prosecutors Research Institute	www.ndaa-apri.org
California Coalition Against Sexual Assault (CALCASA)	www.calcasa.org
California Coalition on Sexual Offending	www.ccoso.org
California District Attorney	www.cdaa.org
Center for Disease Control	www.cdcv.gov/epo/mmwr/preview
Ctr. for Prevention of Sexual & Domestic Violence	www.cpsdv.org
The Coalition to End Domestic & Sexual Violence	www.thecoalition.org
Communities Against Violence Network	www.cavnet2.org
Federal Bureau of Investigation (FBI)	www.fbi.gov/ucr/99cius.htm
FBI Newsletter	www.ncjrs.org/justinfo
Federal Statistics	www.fedstats.gov
International Association of Forensic Nurses	www.iafn.org
	www.forensicnurse.org
	www.jcaho.org
Joint Commission on The Accreditation of Hospitals	
Men Stopping Violence	www.menstoppingviolence.org
National Coalition Against Sexual Assault	www.ncasa.org
National Center for Health Statistics	www.cdc.gov/nchs
National Center for Victims of Crime	www.nvc.org
National Institute of Justice	www.ojp.usdog.gov/nij
Nurses’ Network on Violence Against Women	www.nnvawi.org
Office of Justice Programs	www.ojp.usdoj.gov
Office of Victims of Crime (OVC)	www.ojp.usdoj.gov/ovc/inforces/SAFE
Parents/Partners Aiding Survivors of Sexual Abuse	www.ppass.com/
Penal Code	www.leginfo.ca.gov/calaw.html
Rape, Abuse, & Incest National Network (RAINN)	www.rainn.org
Rights of Crime Victims	
Safe Child/Coalition for Children	www.safechild.org
SART – Guide to the Development Violence Against Women Act (VAWA)	www.cane-sart.com/SAFEGuide/ www.vaw.mmn.edu

SART Hospitals – San Diego County:

Children’s Hospital (ED)	858-974-8005
Naval Medical Center- San Diego	619-532-8275
Palomar Medical Center	760-739-3800
Pomerado Medical Center	858-613-4457
VillaView Hospital	619-582-3516

Crisis Counseling Centers:

Center for Community Solutions	858-272-1767
EYE Crisis Counseling Services	760-747-6281
Women’s Resource Center	760-757-3500

Law Enforcement Agencies San Diego County:

Carlsbad Police Department	760-931-2197
Chula Vista Police Department	619-691-5151
Coronado Police Department	619-522-7350
El Cajon Police Department	619-579-3311
Escondido Police Department	760-839-4722
La Mesa Police Department	619-469-6111
National City Police Department	619-336-4411
Naval Criminal Investigative Services	619-556-1364
Oceanside Police Department	760-966-4909
San Diego Police Department	619-531-2000
San Diego County Sheriff’s Department*	858-565-5200

*Covers unincorporated areas of the County and contract cities of:

Del Mar	Poway	Vista
Encinitas	San Marcos	
Fallbrook	Santee	
Imperial Beach	Solana Beach	
Lemon Grove	Valley Center	

Office of the District Attorney:

Family Protection Division (child abuse/domestic violence)	619-531-4300
Juvenile division (sexual assault involving juvenile offenders)	619-694-4252
Superior Court Division (all assault not qualifying for Domestic violence, child abuse or juvenile divisions)	619-531-4040
Victim/Witness Assistance Program	619-531-4041

VICTIM ASSISTANCE:

Victims of Crime Resource Center (NATIONAL)	800-842-8467
Crime Victims Legal Clinic	619-232-3300
The Crime Victims Fund	619-238-1988
Crime Victims Compensation Fund Legal Clinic	858-549-4202

California Office of Criminal Justice Planning (OCJP)
1130 K Street, Suite 300
Sacramento, CA 95814
www.ocjp.ca.gov/

- Victim-Witness Branch
916- 342-9128
- Sexual Assault Branch
916- 324-9120
- Domestic Violence Branch
916-327-3672
- Violence Against Children Branch
916- 323-7449

California Youth Authority
4241 Williamsborough Drive
Sacramento, CA 95823
916- 262-1392
www.cya.ca.gov/

Doris Tate Crime Victims' Bureau
915 "L" Street, Suite 1120
Sacramento, CA 95814
916-556-1237 or 800-784-2846

National Organization for Victim Assistance (NOVA)
1757 PARK ROAD, NW
WASHINGTON, DC 20010
800-879-6682
www.access.digex.net/~nova/

NATIONAL VICTIM CENTER
2111 Wilson Boulevard, Suite 3000
Arlington, VA 22201
703-276-2880

VICTIM COMPENSATION

STATE BOARD OF CONTROL
Victims of Crime Program
P.O. Box 3036
Sacramento, CA 95812-3036
www.boc.cahwnet.gov/victims.htm

CRIME PREVENTION

California Coalition Against Sexual Assault (CALCASA)
1215 K street
Suite 1100
Sacramento, CA 95814
888-9CALCASA
916-446-2520
FAX 916-446-8166
Email: info@calcasa.org
www.calcasa.org

Crime and Violence Prevention Center
Office of the Attorney General
P.O. Box 944255
Sacramento, CA 94244-2550
916-324-7853
<http://caag.state.ca.us/cvpc/>

Pacific Center for Violence Prevention
San Francisco General Hospital
San Francisco, CA 94110
415-285-1793
www.pcvp.org/

Center for Substance Abuse Prevention PREV-LINE
National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686
www.health.org/

Center for the Study and Prevention of Violence
University of Colorado at Boulder
Campus Box 442
Boulder, Co 80309-0442
303-492-8465
www.colorado.edu/cspv/index.html

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
Division of Violence Prevention
4770 Buford Highway NE, Mailstop K60
Atlanta, GA 30341-3724
404-488-4362
STD Hotline 1800-227-8922
www.cdc.gov/ncipc/dvp/dvp.htm

Domestic Violence Hotline
800-799-7233 (SAFE)

National Crime Prevention Council
1700 K Street NW., Second Floor
Washington, DC 20006-3817
202-466-6272
www.weprevent.org/

National Resource Center on Child Abuse and Neglect
63 Inverness Drive East
Englewood, Co 80112-5117
800-227-5242

Nursing Network on Violence Against Women, International
1801 H Street, Suite 85
Modesto, CA 95354-1215
888-909-9993
www.nnvawi.org

Appendix E - REFERENCES:

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City: Author.

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1-800-627-6872; <http://www.cane-sart.com/SAFEGuide/>

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Office of Criminal Justice Planning. (1993). California Sexual Assault Victim Services and Prevention Guidelines, July 1993, Sacramento: OCJP

San Diego Police Department. (1999). Investigations I: Sex Crimes Unit Operations Manual
San Diego, California.

Standards for providing services to survivors of sexual assault: State of New Jersey
August 1998, Governor's Office

“Statements Treatment of Sexual Assault Survivors: Position”
www.ena.org

Appendix F- ACKNOWLEDGEMENTS

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