

Module 5: Procedures in Common Advocacy Situations

Purpose

This module provides a more detailed look at procedures in common advocacy situations. It also examines drug-facilitated sexual assault.

Lessons

- Responding to a Crisis Call Reporting Recent Sexual Assault.
- The Medical-Evidentiary Exam Accompaniment.
- Law Enforcement Statement Accompaniment.
- Courtroom Accompaniment.
- Drug-Facilitated Sexual Assault.

Learning Objectives

By the end of this module, you will be able to

- Respond appropriately to a caller on a crisis line who is reporting a recent sexual assault.
- Identify correct procedures during a medical-evidentiary exam.
- Create a list of “do’s and don’ts” for accompanying victims when they make law enforcement statements and appear in the courtroom.
- Differentiate the roles of advocates, Sexual Assault Nurse Examiners (SANEs), and other members of the Sexual Assault Response Team (SART).
- Identify special procedures and red flags for dealing with drug-facilitated sexual assault.



Responding to a Crisis Call of Recent Sexual Assault

One of the most common situations to which you will need to respond is a crisis call reporting recent sexual assault. Many victims call rape crisis lines before they seek medical attention or involve law enforcement. Although specific procedures vary by center, generally address the following with any crisis caller:

- **Identify immediate concerns.** Assess the reason for the call.
- **Establish safety.** Ask where the perpetrator is and where the victim is. Take appropriate steps to establish safety.
- **Explain services.** Explain the medical, support, and legal services available to the caller. Explain the importance of a medical-evidentiary exam and the option of reporting the assault to law enforcement.
- **Arrange transportation.** If the caller wants to have a medical-evidentiary exam, discuss transportation. The caller may arrange her own transportation, or she can be transported in an ambulance or by law enforcement.
- **Discuss evidence.** Explain that the victim should not shower, bathe, douche, change her clothes, or brush her teeth.
- **Address practical issues.** Discuss any practical issues the victim needs to address, such as her children or other responsibilities.
- **Arrange a time to meet.** If you or another advocate will be meeting the victim at the emergency department, it is best to arrange a specific time to meet. If possible, the advocate should be there first. Discuss how to identify each other.
- **Activate other first responders.** Depending on the needs and wishes of the caller and the policy of your center, you may need to activate other first responders.

Advocates often have to deal with abusive or crank calls while answering rape crisis lines. Most sexual assault agencies have clear policies on how to handle inappropriate calls, and you should follow your own agency's policies when dealing with these callers. Generally, however, tell the caller that you will not continue to talk

with him if he is abusive or is using the call for sexual gratification. If the abuse continues, tell the caller you will hang up and then do so.

Medical-Evidentiary Exam Accompaniment

Victims should be referred for a medical-evidentiary exam within 72 hours of the assault. As evidence is lost over time, a medical-evidentiary exam should be conducted as soon as possible within the 72-hour window. There are exceptions, however. A medical-evidentiary exam is appropriate after 72 hours if a victim was in a hostage situation, if there was force resulting in injury, or if there was ejaculation without cleanup.

In a hostage situation, a victim is less likely to have had access to facilities to clean up, so there may be evidence that can be collected even after 72 hours. She may also be more likely to have experienced repeated assaults and injuries, increasing the likelihood of finding evidence. If there was force resulting in injury during an assault, those injuries themselves may be used as evidence, even after other evidence is gone. Injuries such as bruises or cuts can be evident long after 72 hours. If there was ejaculation without cleanup, there might still be evidence available after 72 hours.

Medical-Evidentiary Exam: Yes or No?

- ▶ *Sharon reported an assault that occurred 12 hours ago; there was no penetration or apparent injury.*
- ▶ *Jane reported an oral sexual assault that occurred 24 hours ago.*
- ▶ *Thomas reported a rape and robbery that occurred 5 hours ago.*
- ▶ *Maria reported a rape by two strangers that occurred 2 weeks ago.*



Arriving

The advocate and the SANE (if there is one) should be called to the emergency department automatically. The victim should not need to be asked if she wants you or the SANE to be contacted.

When you arrive at the medical facility, always wear an official identification badge or name tag, usually provided by either the rape crisis center or medical facility. Identify yourself to the medical facility staff, the SANE, and law enforcement (if they are present). They will show you where the rape victim is waiting. You should then introduce yourself to the victim and any concerned persons accompanying her, explaining what services you can provide.

The SANE or other medical professional will conduct a medical-evidentiary exam, which consists of an interview to determine what happened during the assault as well as a physical examination. The interview often is called the medical-legal assault history; it is intended to guide the SANE in her collection of evidence and examination for injuries. The physical examination is often referred to as the medical-legal exam.

After the interview, the SANE/medical professional collects any clothing that may have potential evidence. She also completes the medical-legal exam. If there was a vaginal assault, she completes a vaginal speculum exam and, when a colposcope is available, takes pictures of genital injuries. The colposcope magnifies injuries for better visualization and documentation; however, good exams can be completed without one. A colposcope is expensive, large, and fragile. Not all programs can afford the expense, especially those with multiple examination sites that would require a colposcope at each site because the equipment is too fragile to transport.

The medical-evidentiary exam also should include an evaluation of risk and prophylactic treatment of sexually transmitted diseases, an evaluation of risk and emergency pregnancy interception, and crisis intervention (Ledray, 1998).

Working With the SANE-SART During the Exam

In communities that have developed SANE programs, your focus during the evidentiary exam often differs from facilities without a SANE. When you are working as part of a SART with a SANE,

you should not have to advocate for the medical needs of the survivor. The SANE will ensure that all the medical and forensic needs of the victim are treated sensitively and in a timely manner.

Advocates and SANES

Advocate and SANE roles may overlap in regards to crisis intervention, although their primary roles are distinct. The SANE and the advocate can reinforce each other. When a victim hears the same things (“It’s not your fault,” and so on) from two people, she may be more likely to believe it.

The advocate and the SANE work cooperatively with the police as a part of the SART to meet the victim’s needs. While the advocate, the SANE, and law enforcement officers all provide the rape victim with information to help her make educated choices, and all are involved in crisis intervention to some extent, only the advocate focuses on meeting the emotional needs of the victim and those of any family or friends present in the emergency department or clinic. The roles of the SANE and law enforcement are distinct. The SANE focuses on collecting the medical-legal evidence, and law enforcement focuses on the investigative aspects of the case.

The urgency of the rape victim’s needs are recognized and met by having the SANE available on call, usually with a 30- to 60-minute response time. Up to a 1-hour delay is common. If there is a delay while waiting in the emergency department, you can use this time to explain to the victim what will happen next (during the exam and if she files a report with the police), to talk to her about the assault, or to be with her while she sleeps. You can also talk to her significant others, if they are present.

Evidence Collection

If present during evidence collection, the advocate should never be involved in the evidence chain-of-custody. As an advocate, you are considered biased by the courts and so must not have access to the evidence. This means you should not be asked to “watch” the evidence if the medical staff needs to leave the room. They should take the evidence with them and secure it in a locked area. You should not help the victim with clothing that is evidence. She should retain custody of the clothing until the SANE or law-enforcement officer arrives. Once it is sealed by the medical staff,



you should not be asked to hold the completed kit until law-enforcement arrives; it should be placed in a locked area. A law enforcement officer does not need to be present during the medical-evidentiary exam to maintain evidence chain-of-custody and—except under very unusual circumstances—should not be present during the exam. The SANE will ensure that chain-of-evidence is properly maintained.

The needs and desires of the rape victim must determine your actions and those of other SART members. The victim must be given the choice of having others present during the initial medical-legal evidence collection. As an advocate, it is understandable that you will want to be present because you believe there is much you can do to help. Nevertheless, it is important to understand that the presence of another stranger at a vulnerable time may be overwhelming for the victim. She must decide who will be present, and she should not have to worry that feelings will be hurt if she excludes certain people. You can help by not pressuring her and by respecting her choice.

Because there are two parts of the evidentiary exam—the medical-legal assault history and evidence collection—the presence of concerned others should be considered separately for each part.

Factors To Consider When Determining the Advocate's Role During the Medical-Evidentiary Exam

■ The victim's credibility

When family members or other concerned persons are present, they should not be in the room when the SANE takes the initial medical-legal assault history. This ensures that the victim has the privacy necessary to be completely honest with the SANE. Even when a friend or family member wants to be present, the SANE should explain that their presence may jeopardize the legal case. If it is the survivor's wish, however, the advocate can be present during this sometimes difficult process.

■ The victim's comfort

Having an advocate and/or a family member or friend present during the evidence collection may put the survivor more at

ease, but only she can make this decision. If the sexual assault included attempted or completed vaginal or anal contact, the exam will include a vaginal/rectal exam. All evidentiary exams also include a full-body inspection for injuries. Especially after being raped, a victim may not want unnecessary people present when she is undressed and feeling especially vulnerable.

Should the case go to trial, the presence of a partner, friend, or family member may be used against the victim to suggest that she was not admitting to facts in the presence of this third party because of how the information might reflect on her. For example, a teenager might not admit in front of her parents to having consensual sex, and a woman might not admit to consensual sexual activity outside of her primary relationship in front of her husband or boyfriend. If the victim wishes, the concerned persons who have been excluded from the interview can return to the examination room once the interview is complete.

The Ability of the SANE To Testify in Court as an Exception to the Hearsay Rule

Usually the courts do not allow one person to testify to what another person said because it is considered hearsay. Two exceptions are, however, often used in sexual assault cases.

One is an “excited utterance,” something said immediately after a trauma. The other is a statement made to a medical professional during a medical exam. The courts recognize that when a person’s health is at stake, they are likely to be truthful. Because the SANE is conducting a medical-legal examination, she is able to testify in court about things the victim tells her during the examination. Often, important statements about the use of force or coercion—such as “I thought he was going to kill me”—are admissible into court.

Thus, it is important that the credibility of the victim’s statements be maintained and that the victim communicates directly with the SANE. This does not mean that an advocate cannot be present during the exam, but the SANE must conduct the interview and the victim must communicate directly with the SANE. Advocates need to be aware of this rule of law so that they can direct the victim to communicate any pertinent information to the SANE.

The Advocate Being Called To Testify as a Material Witness to the Evidence Collection

This is a newly identified tactic for the defense. If the victim chooses to have the advocate present during the physical exam, the advocate become a material witness to the collection of evidence and may be subpoenaed to testify in court about its collection process.

Having an advocate called to testify could be problematic in programs in which the same advocate also would provide courtroom support for the victim because witnesses cannot be present in the courtroom other than when they testify. In programs in which a different advocate provides courtroom support, this may not pose a problem.

A defense attorney may read an advocate's report and look for discrepancies to discredit the survivor. To protect survivors and do no harm, if an advocate keeps any written notes, they should be limited, avoiding direct quotes (instead recalling comments only from memory) and focusing more on what the advocate did and how she interacted with the survivor. By not taking any notes during the exam and writing only a brief summary after the victim has departed, an advocate can limit a defense attorney's elicitation of testimony that potentially contradicts law enforcement or the SANE.

The Presence and Needs of Significant Others

If the victim does not need an advocate in the room during the evidentiary exam and concerned friends or relatives are present, this is a good opportunity for the advocate to meet alone with them. Address their feelings or concerns about the assault and the victim's response and help them deal with their own response. Talk with them about how they can help the victim and prevent further harm.

If family or close friends are having a hard time understanding the situation or are possibly blaming the victim, find time to help them sort out what happened.

After the Exam

Once the medical-legal evidentiary exam is complete, the SANE refers the victim back to the emergency department medical staff if there are injuries requiring treatment. When the injuries are not life threatening, this medical treatment is always delayed until after the SANE exam so evidence that might otherwise be lost can be collected first. If there are no injuries requiring additional treatment, the victim is discharged by the SANE.

Involving Law Enforcement

When a police report has been made, law enforcement may complete an interview with the victim at the hospital. In this case, the officer may consent to your presence in the room with the victim during the interview. As with the medical-legal assault history conducted by a SANE, no one else should be allowed to be in the room with the victim when she makes her report. If you are with the victim while she makes her statement, your role is to provide silent support. You also can help explain things after the interview; however, you should not interrupt the officer during the interview. After the interview, law enforcement may provide a ride home for the victim.

Conflicts or Problems on the SART

If you are confused or uncomfortable about anything another SART member does, you should speak to your supervisor and allow her to address the issue.

Medical-Evidentiary Exam Case Study

Teresa, a rape crisis counselor, has been called to the hospital to assist Pamela, age 19, who was raped at a party. Pamela went straight home after the assault. She told her mother what happened. Pamela's mother and father have brought her straight to the hospital. Pamela's father is very angry about the assault and is frustrated that Pamela was at the party. Her mother does not want to leave Pamela alone. Pamela has decided to report to law enforcement, and two officers arrive at the hospital.

Working in your groups, please answer the following questions based on your understanding of proper procedures during a medical-evidentiary exam.

What is the first thing Teresa should do when she arrives at the hospital?

Pamela wants to know what to expect during the examination. What should Teresa tell her?

While Teresa is waiting with Pamela before the examination, Pamela says she is warm and asks if you will hold her sweater and scarf, which she was wearing during the assault. What should Teresa say? Why?

Who should be in the room with Pamela while the SANE conducts a medical-legal assault history? While the SANE conducts the physical exam? While Pamela speaks to law enforcement?

If Teresa is not with Pamela while she is undergoing a medical-evidentiary exam, what else can she do to help?

If Teresa is in the room with Pamela while she is undergoing a medical-evidentiary exam, what should she do with the evidence if the SANE/medical professional needs to leave the room? What about after the SANE/medical professional has finished?

Teresa disagrees with the tone of the law enforcement officer while he is interviewing Pamela. What do she do?

What kinds of notes should Teresa take during and after her time with Pamela? What issues should she consider when deciding what to write down?



V

Law Enforcement Statement Accompaniment

In addition to being present during the initial police report, the advocate usually offers to accompany the rape victim to the investigator's office at a later time when she gives her official statement. There, the advocate provides support and encouragement during what may be an intimidating experience and helps the victim understand why certain questions are asked. Advocates function formally as members of the response team, whether officially a SART or a community response team, or informally as members of separate community agencies. Your team includes the law enforcement officer or investigator; you are not advocating for the victim against the police.

It is essential that rape crisis centers have good working relationships with local police departments and sex crimes investigative units. Call the officer who will be taking the victim's statement to check the time and place and let him or her know that you will be accompanying the victim. Ask if there is anything in particular you can do to prepare the victim. It is important that she tell the complete truth about what happened, even if it is embarrassing, she was doing something she was told not to do, or she was engaged in an illegal activity such as smoking marijuana. She needs to know that this information is likely to come out anyway. If she lies about any part of the assault history, her credibility will be questioned, which could jeopardize the entire legal case.

If you have developed a trusting relationship with the investigator, you should be able to stay in the room while the victim is interviewed. If that is not possible, wait outside. In smaller communities, the investigator conducting the interview may be the same police officer who took her initial statement; however, in larger municipalities, it will be someone from a separate department. The investigator usually will ask the victim to go through her statement verbally and in specific detail, with the investigator asking additional questions for clarification. Recording varies from area to area; the entire process may be video- or audio-recorded or, once she is comfortable, her complete statement will then be recorded. Her statement usually will be transcribed, and she will review and sign the transcript. This becomes her official account of the sexual assault.

You should not participate in the interview nor interfere in any way. Even if you do not understand the rationale behind a line of questioning, do not inquire about it during the statement. Once the statement has been completed, talk with the investigator in private and ask about your areas of concern. This will help you better explain the process to the victim. For example, if the investigator asked why she was walking through a downtown area alone at 1 a.m. and the tone of his voice sounded accusatory, you can explain to the victim that such was not his intent. You can then explain why he needed this information. If you still feel uncomfortable after talking with the investigator, report the situation to your supervisor.

Courtroom Accompaniment

The advocate typically offers to accompany the victim to any attorney appointments as well as to the courtroom. In some areas, a separate, specialized advocacy program may be available that can accomplish this. Whatever the scenario, the goal is to familiarize her with the process and the courtroom, including where she will sit and what she will be asked to do. If possible, have her visit an empty courtroom or watch a criminal case at trial.

If her case is plea bargained, it also is important to work with her so she can express her opinions. In a plea bargain or plea agreement, the assailant usually agrees to plead guilty to a lesser charge in return for a lighter sentence. While the ultimate decision rests with the prosecutor, many prosecutors will discuss their options with the victim before making the final decision. The advantages to the victim of a plea bargain are that she does not have to testify in court and she is certain of a conviction. In most areas, many more plea agreements occur than cases that go to trial. Most of these arrangements are accepted at the last minute, often the day the trial is scheduled to begin.

If the prosecutor decides not to charge her case, offering to go with the victim to the prosecutor's office to discuss the reasons why may be as important as accompanying her to trial. If her assailant is found guilty by trial, she may want you, as well as her family and friends, to go with her to the sentencing and provide support when she reads her victim impact statement, if she has decided to do so. The statement is her chance to make prepared remarks to the

judge indicating how the sexual assault has affected her life. The judge takes this into consideration when determining the sentence. Victims often express a sense of empowerment after having made such a statement.

Drug-Facilitated Sexual Assault

Using drugs to make a woman more vulnerable to sexual assault is nothing new; alcohol has been used for this purpose for centuries and is still the most common substance used to facilitate sexual assault, involved in an estimated 75 percent of sexual assaults (Garriott and Mozayani, 2001). What is different today is that inexpensive legal and illegal drugs are readily available that not only sedate the woman, facilitating the assault at the time, but also have an amnesia-like effect so that the victim has little or no memory of the rape. These drugs are commonly referred to as drug-facilitated sexual assault (DFSA) drugs, and their presence is quickly spreading.

These newer, memory-erasing drugs were first identified as a problem in the United States in the late 1980s and rapidly spread across the country during the 1990s. While drugs used to facilitate sexual assault are most often given to the potential victim without her knowledge—slipped into her drink, for instance—they may also be taken willingly by victims who are not fully aware of the effects, as is likely the situation at RAVE parties where “Ecstasy,” GHB and its derivatives, and other legal and illegal drugs are readily available. Uncertain of what has happened to her, and possibly blaming herself for underage drinking or illegal drug use, DFSA victims are unlikely to report a rape to law enforcement. When a report is made, it often is significantly delayed, making detection and investigation a challenge. As a result, this crime is seldom prosecuted, and conviction rates are believed to be substantially lower than for non-DFSA.

Drugs currently used to facilitate sexual assault include but are not limited to the following:

- Alcohol.
- Antihistamines.
- Benzodiazepines, including flunitrazepam (Rohypnol).

- Alprazolam (Xanax).
- Diazepam (Valium).
- Midazolam (Versed).
- Clonazepam (Klonopin).
- Temazepam (Restoril).
- Zolpidem tartrate (Ambien).
- MDMA/Ecstasy.
- GHB (Gamma Hydroxybutyric acid) and its precursors.
- GBL (Gamma Butyrolactone) sold as a dietary supplement (Blue Nitro and Renewtrient).
- Tranquilizers (Ketamine).

It is difficult to confirm most cases of DFSA because of significant underreporting, long delays before reporting, and multiple-drug testing problems, so the true extent of its prevalence remains vague. Data are now being collected to more accurately identify the number of suspected and confirmed DFSA cases nationally.

Related Federal Law

Hoping to facilitate prosecution and limit the widespread, illegal import and abuse of these drugs, Congress passed the Drug-Induced Rape Prevention and Punishment Act of 1996. An amendment to the Controlled Substance Act, it imposes up to a 20-year prison term for anyone who gives a controlled substance to another person without that person's knowledge with the intent of committing a sexual assault. It also provides for a sentence of up to 20 years for the distribution and import of flunitrazepam into the United States. The law also required the federal Drug Enforcement Agency (DEA) to study the reclassification of Rohypnol from a Schedule IV to a Schedule I drug to provide for closer controls and instructed the attorney general to create educational materials for police departments (H.R. 4137).

Congress passed another law, the "Hillary J. Farias and Samantha Reid Date-Rape Drug Prohibition Act of 2000," which former President Bill Clinton signed into law in 2000 (H.R. 2130). Among



other mandates, this legislation made GHB a Schedule I controlled substance. The first prosecution under this law occurred in Miami within 2 weeks of its passage: a man on Florida's sexual predator list was charged with buying enough chemicals over the Internet to make 100,000 doses of the newly outlawed GHB.

Signs of Possible Drug-Facilitated Sexual Assault

To help a victim decide if a drug screen is indicated, you must be aware of the signs of drug use.

- The victim has a history of being out drinking, having just one or two drinks (too few to account for the high level of “intoxication”), then a moment when she recognized feeling strange, then suddenly “very drunk.” She may have still looked normal and, while a little unsteady on her feet, may have been able to walk out of the bar with her assailant.
- The victim becomes very “intoxicated” rapidly—within 5 to 15 minutes—especially after accepting a drink from someone or consuming a drink she left unattended.
- The victim wakes up 8 or more hours later, suspecting she may have been raped because she has vaginal soreness or is naked. Or she wakes up with a strange man and has little or no memory of what happened.
- The victim was told she was given “Roaches,” “Roofies,” “Mexican Valium,” “R-2,” “easy lay,” or GHB.
- The victim has a history of feeling or being told that she suddenly appeared drunk, drowsy, dizzy and/or confused, with impaired motor skills, impaired judgment, and amnesia.
- The victim experiences “cameo appearances” in which she remembers waking up, possibly seeing the assailant with her but being unable to move, and passing out again. These memories may be associated with pain or a loud noise.
- The victim is high school or college age; GHB and Rohypnol abuse is more common in these populations.

What To Do

Whenever you suspect that a drug has been used within the previous 72 hours to incapacitate a victim, ask the victim not to void and to go immediately to a local hospital for a sexual assault evidentiary exam. If she must void, have her save her first voided urine in a clean container with a tight lid. This urine will most likely contain metabolites of the drug she was given, which can be used to identify the drug. These metabolites are excreted from her system with each subsequent voiding, making it less likely that they will remain in sufficient quantity to be identified. The victim should bring this urine to the hospital and give it to the SANE or other medical personnel conducting her evidentiary exam.

What the SANE Will Do

With the victim's informed consent, the SANE will obtain blood and the first voided urine, maintaining chain-of-custody. She will inform the victim about any limitations in confidentiality, whether she can be identified only by a number, and what drugs will be tested for. Because of the wide range of drugs used to facilitate sexual assault, a complete drug screen should be done and the urine or blood tested for more than just one or two substances. SANEs keep current on local testing options to determine the best resource. Options may include the state crime laboratory or a private laboratory. When specimens are sent to state crime labs in many states, too often they are tested solely for GHB or flunitrazepam. With so many other similar derivatives, this limited testing may provide an inaccurate picture. Most laboratories currently do not have the ability to test for the drugs used to facilitate sexual assault, although many are developing the capacity. Because a complete drug screen is necessary, private laboratory tests may cost in excess of \$850.

Urine is used instead of blood because Rohypnol, GHB, and other commonly used drugs metabolize out of the bloodstream very quickly. Detection depends on the dosage given and the procedures used by the laboratory in its analysis. Using current techniques, GHB can be identified up to 12 hours after ingestion and Rohypnol up to 36 hours. Identification is more likely when the sample is collected 8 hours after ingestion for GHB and 24 hours for Rohypnol.

The SANE also will take specimens to identify the presence of sperm or seminal fluid and will look for trauma. These too will help the victim determine if her suspicions of rape are valid.

Who Will Have Access to the Results?

It always is important to consider who will have access to the results of drug tests. Will access be limited to the legal system? In the case of an adolescent, will the parents be informed? What about the medical insurer or school? Will the victim be informed of the results of her drug screen? If so, who will report the information to the victim? The answers depend on who is ordering testing and where it is conducted.

The SANE program that collects the specimens should have access to the results. This feedback helps determine whether an appropriate clinical symptom picture and history are being used to determine when DFSA testing should be completed. A policy and procedure must be in place so the victim can access this information when deciding if she is willing to consent to testing.

While a urine, blood, or hair specimen obtained from the victim after a suspected DFSA is clearly the best evidence to lead to an arrest and conviction, the shortcomings inherent in today's techniques mean that positive specimens often are unobtainable. However, there is still valuable evidence that the SANE can obtain to help the investigation and help the victim determine whether or not she was drugged and raped.

Impact on the Victim

When drugs are used to facilitate a sexual assault, most victims never know for certain if they were raped, or by whom. While recovery patterns vary greatly, some of these victims have considerable difficulty with the uncertainty, especially when the potential rape involved someone they know and may have trusted. Some victims recover and move on rapidly; others do not.

Drug-Facilitated Sexual Assault

Using the information in these materials, answer the following questions about drug-facilitated sexual assault.

What drug is most commonly used to facilitate rape?

Aside from the drug referenced in the previous question, what are two other drugs that are also used as facilitators of rape?

What special factors contribute to the underreporting of drug-facilitated sexual assault?

Why is urine collection important if drug-facilitated sexual assault is suspected?

What will the SANE do if drug-facilitated sexual assault is suspected?



Module 5 References

Garriott, J., and A. Mozayani. 2001. "Ethanol." *In* M. LeBeau and A. Mozaynai (Eds.), *Drug-Facilitated Sexual Assault: A Forensic Handbook* (pp. 73–88). San Diego: Academic Press.

Ledray, L. 1998. "Sexual Assault: Clinical Issues: SANE Development and Operation Guide." *Journal of Emergency Nursing* 24: 197–198.

Module 5: Procedures in Common Advocacy Situations

Purpose

This module provides a more detailed look at procedures in common advocacy situations. It also examines drug-facilitated sexual assault.

Module 5 Objectives

By the end of this module, you will be able to

- Respond appropriately to a caller on a crisis line who is reporting a recent sexual assault.
- Identify correct procedures during a medical-evidentiary exam.
- Create a list of "do's and don'ts" for law enforcement statement and courtroom accompaniment.
- Differentiate between the roles of advocates, SANEs, and other SART members.
- Identify special procedures and red flags for dealing with drug-facilitated sexual assault.

Responding to a Crisis Call

- Identify immediate concerns.
- Establish safety.
- Explain services.
- Arrange transportation.
- Discuss evidence.
- Address practical issues.
- Arrange a time to meet.
- Activate other first responders.

Medical-Evidentiary Exam

- Within 72 hours.
- Exceptions:
 - Hostage situations.
 - Force resulting in injury.
 - Ejaculation without cleanup.

Medical-Evidentiary Exam: Yes or No?

- Sharon reported an assault that occurred 12 hours ago; there was no penetration or apparent injury.
- Jane reported an oral sexual assault that occurred 24 hours ago.
- Thomas reported a rape and robbery that occurred 5 hours ago.
- Maria reported a rape by two strangers that occurred 2 weeks ago.

Accessing Support

The advocate and, if available, the SANE should be called to the emergency department automatically, not at the victim's request.

Advocates and SANEs

- May do some of the same things during crisis intervention.
- Reinforce each other; the victim hears the same things from two people, helping to normalize her reaction.
- Despite some overlap, the roles are very distinct.

Advocate Role in Evidence Chain-of-Custody

- Before the SANE/medical professional arrives?
- If the SANE/medical professional needs to leave the room?
- If the SANE/medical professional is finished and law enforcement has not arrived?
- Transporting sealed evidence?
- Advocate should never be involved in evidence collection.

Dealing With Emergency Department Delays

- Up to 1 hour delay is common, even when a SANE program exists.
- Explain to the victim what will happen next (during the exam or if she reports to the police).
- Talk with the victim.
- Let her go to sleep.
- Talk with her friends and family.

Dealing With Conflicts or Problems on the SART

Report any problems to the advocate supervisor.

Law Enforcement Statement Accompaniment

- Law enforcement is part of your team.
- You may stay in the room or wait outside.
- The investigator usually asks the victim to go through her statement verbally and in detail.
- The investigator will ask questions for clarification.
- Recording varies by area.
- The statement usually will be transcribed.
- The victim reviews and signs; this becomes her official account of the sexual assault.

If You Have Concerns During the Statement

- Never interfere with the statement.
- Hold all comments or questions until after the statement is complete.
- Talk with the officer privately.
- Talk with the victim, allowing her to voice her feelings about the statement.

Courtroom Accompaniment

- You may accompany the victim to attorney appointments as well as the courtroom.
- The goal is to familiarize her with the process and the courtroom.
- If her case is plea bargained, work with the victim so she can express her opinion.
 - Many prosecutors will discuss options with victims.

Support During a Case

- If the prosecutor decides not to charge her case:
 - Go with the victim to the prosecutor's office to discuss the reasons why.
- If her assailant is found guilty by trial:
 - She may want you to go with her to the sentencing and provide support.

“Do’s and Don’ts” Demonstrations

Participant’s materials,
pages V-12 through V-14


OVC
Office of Violence Against Women

**DFSA Information Search
and Red Flags**

Participant's materials,
pages V-14 through V-18

 TRAC

Module 5 16


OVC
Office of Violence Against Women

Module 5

Questions or comments?

 TRAC

Module 5 17
