

RAMSEY COUNTY SEXUAL ASSAULT RESPONSE PROTOCOL

Version 4, 2017

INTRODUCTION

This protocol was created to help effect a more victim-centered approach toward sexual assault crimes, and contains general guidelines only. The intention of these protocols is to describe what one can expect – generally – from each of the disciplines involved in sexual assault events in Ramsey County, specific protocols may vary by agency.

The Ramsey County Team is grateful to all who participated in the creation and revisions of this protocol, including member agencies, graphic designers and web page production professionals.

MISSION

The mission of the Ramsey County Sexual Assault Protocol Team (SAPT) is to coordinate and implement an interagency response to sexual assault victims which promotes consistency, respect and cultural competency.

COORDINATING AGENCY

SOS Sexual Violence Services of Ramsey County

RAMSEY COUNTY SAPT MEMBER AGENCIES

Law Enforcement

Maplewood Police
Moundsview Police
New Brighton Police
North St. Paul Police
Roseville Police
Saint Anthony Police
Saint Paul Police
White Bear Lake Police
Ramsey County Sheriff
Minnesota Bureau of Criminal Apprehension

Medical

Saint John's Hospital
Saint Joseph's Hospital
Midwest Children's Safety Center (MCRC)
Regions Hospital, SANE Program
United Hospital, Allina SANE Program

Legal

Ramsey County Attorney's Office
Southern Minnesota Regional Legal Services

Corrections

Ramsey County Community Corrections

Colleges / Universities

Bethel University
Century College
Concordia University
Hamline University
Macalester College
McNally Smith College of Music
Metropolitan State University
Mitchell Hamline School of Law
Saint Paul College
St. Catherine University
University of Northwestern
University of St. Thomas

Human Services

Ramsey County Adult Protection
Ramsey County Disability Services - IDD
Ramsey County Lake Owasso Residence

Other/Community-Based Agencies

Comunidades Latinas Unidas en Servicio (CLUES)
Community-University Health Care Center
Minnesota Coalition Against Sexual Assault (MNCASA)
Minnesota Indian Women's Sexual Assault Coalition
Project Pathfinder
Sexual Violence Justice Institute at MNCASA
Saint Paul & Ramsey County Domestic Abuse Intervention Project
The Arc Greater Twin Cities
Tubman

RAMSEY COUNTY MULTI-DISCIPLINE DEFINITION OF SEXUAL ASSAULT

Sexual assault is any activity of a sexual nature involving a person who does not or cannot consent, including:

- Rape
- Sexual Contact
- Incest
- Sexual Exploitation of Clients by Professionals
- Sexual Contact between Children and Adolescents with Adults or those of a significant age difference
- Coerced Sexual Contact of any kind
- Peeping, Voyeurism

- Exposing
- Obscene telephone calls

Not all offenses will fit into the protocol guidelines; guidelines may be adapted within individual agency policy.

FUNDING AND ADMINISTRATION

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The protocols and supporting information described in this publication are those of the author(s) and do not necessarily reflect the views of the Office of Justice Programs, Minnesota Department of Public Safety or the U.S. Department of Justice, Office on Violence Against Women.

The Ramsey County SAPT receives support from the Sexual Violence Justice Institute (SVJI) at the Minnesota Coalition Against Sexual Assault (MNCASA) as part of their SMART Collaboration Project, funded through the Minnesota Office of Justice Programs. More information about SVJI @ MNCASA can be found at www.SVJI.com. For further information about the Ramsey County SAPT, contact: SOS Sexual Violence Services of Ramsey County, 555 Cedar Street, St. Paul MN 55101, 651-266-1000.

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Editor's Note: The Cultural Considerations included in the previous edition of the RCSAPT protocols are under review/revision. An updated version of these Cultural Considerations will replace these in 2018.

ADVOCACY PROTOCOL

The role of advocacy services is to provide support, counseling, advocacy and services that are **victim centered** (See MNCASA's fact sheet [Becoming Victim Centered](#)). This includes supportive services that are essential in promoting victim safety and facilitating healing. *Community-based advocates can also be a consistent source of support and serve as a link to the investigator to help victims stay informed about their cases. The primary role of a community-based advocate, is to assist the victims with whatever they need to promote their health and well-being.* See U.S. Department of Justice Office of Justice Programs, [National Institute of Justice](#) report for more information.

The following is a guideline to providing advocacy services. Services provided will vary by each agency.

ROLE OF A SEXUAL ASSAULT COUNSELOR/ADVOCATE

[MN State Statue 13.822](#), subd.1.b., defines "Sexual assault counselor" as "a person who has undergone at least 40 hours of crisis counseling training and works under the direction of a supervisor in a crisis center, whose primary purpose is the rendering of advice, counseling, or assistance to victims of sexual assault."

- **Free and Confidential Services.** Sexual violence advocacy services are **strictly confidential**. The only exceptions to confidentiality are:
 - Mandatory reporting for child maltreatment ([MN State Statue 626.556](#)) and duty to warn. Sexual Assaults Advocates are not mandated reporting for vulnerable adults. Some advocates may have additional licensure that require mandated reporting for vulnerable adults.
 - Other, specific exceptions described by the Sexual Violence Justice Institute of MNCASA, [here](#).
- **Provide support, information, and referrals.** All advocacy support is based on the victim's defined needs. Advocates do not make decisions for victims, but rather present information for the victim to make fully informed decisions. Victims have a right to choose or not choose advocacy support and can change their minds at any time. Information shall be provided in plain language and/or alternative format as appropriate (e.g., pictures or other type of visual).
- All advocacy services are voluntary and directed by the victim.

CONSIDERATIONS REGARDING ADVOCACY SERVICES WITH MULTIDISCIPLINARY PARTNERS AND OTHER PROFESSIONALS

- **Confidentiality.** Advocates can receive information from other professionals, but cannot give information about the victim without the victim's explicit consent, in which case an advocate will explain exactly what information they will share with the professional. If the professional asks for additional information outside that scope, the advocate will inform the professional that the advocate has only been given consent to speak about the defined scope of information.
- **In-person Presence.** Advocacy is available when the victim is meeting with other professionals. Victims have a right to request an advocate.

INITIAL CONTACT BY VICTIM TO ADVOCACY SERVICES

Advocates may connect with victims in a number of settings, including by phone or in-person (office, law enforcement, medical settings, etc.).

Assess victim's needs for advocacy:

- Assess need for disability-informed or culturally-specific advocate (e.g., interpretation services, including sign language). If victim has a disability, is a vulnerable adult, or would prefer culturally-specific services, make no assumptions and refer to the Cultural Considerations section.
- Advocates are reminded to inform other providers of victim's specific needs. Be aware of individuals with disabilities and provide appropriate services. See [The Arc Guide](#) for working with vulnerable adults.

Explain your role as an advocate to the victim. Advocate services:

- Are free and confidential.
- Include medical and legal advocacy, information, and referral as needed.
- Inform victims of their rights and options.

Address safety issues:

- Where is the perpetrator?
- Where is the victim calling from and is the victim safe and okay to talk from there?
- Ask victims if they have someone whom they trust that could support them during this difficult time and include asking about guardian as appropriate.
- Is the home safe? Does the victim need assistance with relocation?
- Children -- Are they safe? Where can they stay? Are there any concerns regarding mandated reporting?
- Is immediate medical care needed? Offer to call 911 if appropriate.

Identify additional concerns:

- Privacy -- Is the victim concerned about the community learning what happened? Are they aware of what information is available to the perpetrator?
- Any financial impact caused by the sexual violence? (e.g., Will any of the services they receive have a cost? Eligible for reparations?)
- Transportation
- Mental Health referrals -- Does the person want to be connected to a therapist who specializes in sexual violence?
- Offer ongoing crisis and in person counseling, information and referrals, support groups, and financial assistance as needed. (See **Community Resources** section.)

MEDICAL OVERVIEW

The primary goal in medical advocacy is to support and inform the victim of their medical options.

Victims may also present directly at a medical setting including emergency rooms for a Sexual Assault Nurse Exam (SANE). At this point, advocacy services may be made available in person and/or over the phone.

Advocacy is provided in a variety of ways:

- Advocates inform about access to care, financial costs, and advocacy options.
- Advocates ensure that victims receive information about relevant medical concerns such as HIV, STIs, and pregnancy prevention.
- Advocates ensure that victims receive information about medical follow-up treatments and any prescriptions given.
- Advocates can be present during the medical forensic exam at the victim's request.
- Advocates can help arrange transportation to and from the hospital.
- Advocates work with other team members to ensure that victims have access to all available services and support.

NON-ACUTE MEDICAL OPTIONS AND INFORMATION (more than 10 days after sexual violence)

Regardless of the timeframe in which the sexual violence occurred, follow-up medical care is encouraged. Victims can be referred to their primary doctor and/or to other medical resources.

If victims were sexually assaulted more than 10 days (240 hours) ago or decide not to have a SANE exam, medical care is still recommended to:

- Evaluate any injuries.
- Evaluate any residual pain from the violence.
- Test for, receive prophylactic medication for, or receive treatment for STIs.
- Test for pregnancy and discuss pregnancy options.
- Find emotional support or counseling to address trauma.

ACUTE MEDICAL OPTIONS AND INFORMATION (within 10 days of a sexual violence)

- If the victim was sexually violence within the last 10 days (240 hours), the victim may be seen for a Sexual Assault Nurse Exam (SANE) in any Ramsey County Hospital with the exception of Children's Saint Paul who will be evaluated and screened by Midwest Children's Resource Center. (See **Medical Protocol** section.)

MEDICAL ADVOCACY INCLUDES:

- Ensure victim receives information needed about the SANE process and any relevant medical concerns.
- Ensure victim understands that regardless of intent to report to law enforcement, the costs of evidentiary exams are covered;
 - However, the providers and advocates will have the most current information on potential medical costs that may accrue beyond the scope of an evidentiary exam, e.g., medical treatment for injuries such as stitches or a broken bone.
- Referral and resources for financial support that may be available to assist with any medical costs.
- Inform victim of victim rights and reparations.

Advocates address concerns with the victim. For some, these concerns may include:

- Immigration status.
- Child protection status.
- Fear due to previous negative experience with medical providers.
- Victim's mental health (e.g., suicidal tendencies or self-harm, consult with the ER social worker).

Advocacy provided prior to the victim presenting for a SANE exam:

- Inform victim to bring a change of clothing, if possible. Explain that victim's clothing may need to be collected as evidence if it was worn during or immediately after the assault, and whether an extra set of clothing is available at the hospital.
- Inform victim about the right to refuse to participate in any of the medical or evidentiary procedures.
- Inform the victim about maintaining any physical evidence and give information regarding what may cause evidence destruction.
- Explain advocacy role at Ramsey County hospitals.
- Give information regarding ER services and other options.
- Inform victim of right to refuse any treatment (e.g., drug testing, medication, blood alcohol testing).
- Address any concerns about ER procedures and pelvic exams. Determine if there is a need for culturally appropriate services (interpreter, advocate...). See **Community Resources** section for a complete list of available services.
- Address any need for interpretation. Advocates cannot be interpreters. (Be sure victim is comfortable with the provided translator – gender, relationship, etc.)
- Defer all medical questions to the SANE.
- Ask victim about reporting.
 - If victim wants to report, address the need for police with the SANE to assure law enforcement is notified.

- Provide accurate information and realistic expectations

for what will happen if the victim reports the assault.

ADVOCACY’S ROLE DURING A SANE EXAM

Advocates provide

- Initial advocacy support to the victim during the medical forensic examination.
- Ongoing advocacy support, information and referrals.

It is the victim's choice whether or not to have an advocate in the room during the examination.

- Privately discuss with the victim, who should be included or excluded from the room. Communicate the victim’s wishes with the SANE.

During a SANE exam, advocates attend to the following:

- Ask if the victim wants you to call anyone on their behalf.
- Ask if there is anything you can get for the victim to make the victim feel more comfortable (warm blanket, etc.).
- Ask the victim if there is anyone in the waiting room who is with the victim. Ask if there is any information that the victim would like you to communicate or not communicate to this person.
- Check in with the victim’s emotional state, provide reassurance and validation. Advocates may ask victim if they wish to take a break.

Due to evidence collections, advocates will *consult with SANE* nurse prior to providing food or drink.

MEDICAL OUTREACH TO AN INCARCERATED VICTIM

Regions and St. Joseph’s hospitals provide SANE examinations to incarcerated victims from the following institutions:

At Regions Hospital:	At St. Joseph’s:
Ramsey County Jail	Lino Lakes Prison
Ramsey County Correctional Center	Stillwater Prison
Ramsey County Juvenile Detention	Oak Park Prison
Ramsey County Boys Totem Town	

Incarcerated victims are transported to the hospitals and remain handcuffed and escorted by guards. Guards remain in the room during the SANE exam.

Advocates should consider the unique circumstances of victims who experience sexual violence while incarcerated:

- **Safety.** Some may be incarcerated with their attacker and may continue to see them.

- **Options.** Ask the victim and/or the guards what medical, mental health, and structural (e.g., relocating the attacker so they won't come into contact with the victim) resources are available to them at their facility.
- **Referral.** Keep the limitations of incarceration in mind while giving referrals.
- **Confidentiality.** Although phone-lines are typically monitored, calls to sexual violence advocacy programs have the same rights to confidentiality as attorney/client privilege. Advocates should verify if the phone line with the facility is confidential.

DISCHARGE OF PATIENT OR ADMISSION TO HOSPITAL

Advocacy services at time of discharge includes providing:

- Safety planning. Immediate and long-term safety needs (restraining orders, etc.), and the victim's support system (family and friends).
- Housing and shelter. Assist the victim with finding emergency shelter and housing if needed. A hospital social worker may be able to provide additional resources.
- Emotional and mental well-being support. If the victim is expressing suicidal ideation, a social worker may need to assess the victim before they are discharged.
- Medical information and referrals. Community clinics available for medical follow-up (STD testing, pregnancy tests).
- Follow-up advocacy. Long-term follow up may be provided up to 6 months or longer, as requested by victim.
- Needs for any release of information.
- Prescriptions as needed.
- Financial assistance as needed.
- Change of clothes from hospital staff, if needed.
- Arrange transportation if needed.
- Referrals as needed. hospitals have the following information available to assist with referrals:
 - Program brochures
 - Reparation forms
 - Crime Victim's Rights brochure
 - Out of County Resources
 - Counseling services
 - Handbook of the streets for Minneapolis and Saint Paul

CRIMINAL LEGAL OPTIONS REGARDING THE EXAM

Regarding legal options and the SANE exam, the advocate's role is to inform that:

- The SANE exam will only be tested (for DNA, blood, etc.) if a police report is made. The SANE exam will stay in storage at the hospital for a limited time (typically 3 months) before it is discarded.
- Advocacy is available to support the victim while the victim makes the police report. (See LEGAL SECTION below for additional info.)

The victim has the opportunity to report to law enforcement:

1. Before the SANE exam. If a report has been made before a SANE exam, the victim can bring the case number with them for the SANE nurse.
2. After the SANE exam. Remember to explain that law enforcement reports can be made at the emergency room.
3. At any later date. If the victim does not wish to report while at the hospital, explain other reporting options:
 - Advocates can assist for reporting to police departments within Ramsey County.
 - If the crime occurred outside of Ramsey County, referrals will be made to the appropriate advocacy agency.
 - Discuss location alternatives if there is a concern about law enforcement arriving at their location (e.g., at their home, work, campus etc.).
4. Never. The decision to report belongs to the victim. Inform the victim of statute of limitations and how long a SANE kit will be kept at the hospital.

CRIMINAL / LEGAL ADVOCACY

Law Enforcement is only called if the victim wishes to report the sexual violence.

Legal advocacy includes:

- Explain the reporting process and facilitate the victim's own decision-making. Respect victim's decisions, including their decision to report or not report.
- Inform of Crime Victims' Rights.
- Provide information regarding reporting and address victim concerns, which may include:
 - Warrants. If there is reluctance regarding reporting due to warrant concerns, see **Warrant Check** addendum.
 - Immigration status.
 - Child protection status.
 - Fear regarding law enforcement.
 - Need for interpreter or any other culturally specific concerns.
 - Be sure victim is comfortable with the provided translator – gender, relationship, etc.
- Offer to coordinate and accompany victim when reporting (e.g., the location of the report, advocacy available when reporting etc.).
- Inform victim that a non-acute report can be made at any time.
- Explain to victim the information that may be requested by police for initial report (e.g., jurisdiction, location of assault, perpetrator information, etc.).
- Provide emotional support during any interactions with law enforcement.
- Continue advocacy, intervening on behalf of the victim when appropriate.
- Assist victim in getting information about the status of the case, including the case number.
- Provide ongoing support, advocacy and information during the investigation.
- Provide assistance with any civil matters (OFP, harassment restraining orders, etc.).

- If immigration status is a concern for the victim, provide information, support and accompaniment to resources that can assist the victim to address this.

ARREST

Advocates should address questions about criminal investigations and arrests.

- Provide information about detention and location of the suspect.
- Keep victims apprised of any changes in detention status, including the suspect's location or bail.
- Provide victim with information regarding the process for obtaining offender's case status (arrest, charged, not charged, incarceration status, etc.).
- **VINELink** can be accessed 24 hours a day, seven days a week, to provide the most reliable information for custody status changes and criminal case information.

CHARGED CASES

- Facilitate communication between victim and Ramsey County Victim Witness Advocate assigned to case. Detailed information about the case may be provided by the Victim Witness Advocate through the County Attorney's Office.
- Accompany victim to hearings, meetings with prosecuting attorney, Victim Witness staff and others as requested by victim.
- Assist victim in communicating safety concerns regarding conditions of offender release.
- Attend trial during victim testimony if requested by victim.
- Provide ongoing support and advocacy as needed.

CASES NOT CHARGED

- At victim's request, contact charging attorney for information on the decision not to charge.
- Provide continuing support services and advocacy as needed and requested by victim.
- Address safety concerns.
- At victim's request, accompany victim to meet with prosecuting attorney to discuss reasons for non-charging.
- Address options for a second review/charger from the prosecutors if the initial reviewer/charger declines to charge the crime.

SENTENCING

- Assist victim with victim impact statement if requested.
- Accompany victim to sentencing hearing, if requested.
- Provide continuing support services and advocacy as needed and requested by victim

POST-SENTENCING

- Be available to respond to ongoing victim needs and to inform victim about issues such as restraining order options, reparations and civil litigation.
- Offer non-system related services, which may include individual counseling, support groups, 24-hour hot line access, and referrals to other community services.
- Offer follow-up to the victim.

Ramsey County Law Enforcement Sexual Assault Response Protocols

TELE-COMMUNICATOR PROTOCOL

1. Determine if suspect is still present and if so, is the suspect armed.
2. Determine if the victim is injured and if medical attention is needed.
3. Obtain pertinent information on location of crime scene, victim's name, address and phone number.
4. Obtain information on suspect. (Name, address, phone number, physical description, etc.)
5. Establish a call priority based on information obtained.
6. Relay all vital information to the responding police officers including any possible language barriers that may exist. (Drug or alcohol use by the victim may be documented as a safety precaution for responding officer, and will not interfere with the reporting and investigative process.)
7. Reassure the victim that the police are responding to the call. In cases where the suspect may still be present or the victim is extremely distraught, the tele-communicator will stay on the line with the victim until the police arrive on scene. The tele-communicator must recognize that in cases where the suspect is still present, it may not be safe for the victim to remain on the phone with the tele-communicator and that other safety options should be suggested.
8. Advise the victim the importance of not disturbing the crime scene and explain to the victim the need to refrain from bathing.

PATROL PROTOCOL

EASIER	
E Explain	<ul style="list-style-type: none"> • Offer compassion and empathy to encourage a positive rapport with victims. Use FETI -- Forensic Experiential Trauma Interviewing -- recommended greeting upon meeting sexual violence victims: <i>"I am sorry this was done to you, this is not your fault, and I am here to help you."</i> • Only ask for information immediately needed to assess the situation; investigators will conduct a more detailed interview. • If interpreter is needed, Do Not use children, family, friends or other witnesses. Call the Language Line at: 866-874-3972, each police department has their own ID #. • Call SOS at 651-266-1000, 24hrs/7days to ensure advocacy is provided at every step of the process.

<p>A Assess</p>	<ul style="list-style-type: none"> • Immediate Healthcare Needs: Was the assault acute (within 10 days) or non-acute? Any physical injuries? Self-harm? Safety? • Detox: A sexual assault victim who is intoxicated should be taken to the hospital for a SANE exam before being assessed for Detox. If date rape drugs are suspected (e.g., Rohypnol, GHB, etc.) request a urine test by SANE asap. • Current Location: Make sure the space is safe and private for the interview.
<p>S SANE</p>	<ul style="list-style-type: none"> • Sexual Assault Nurse Examiners provide medical care and evidence collection at Regions, St. Joseph's, St. John's and United; victims who arrive at Children's Hospital will be evaluated by MCRC. • Law enforcement will NOT be present during the exam, but CAN accompany/assist/transport victim to the hospital. • Victims aged 13 and older may be examined at ANY ER in Ramsey County if the assault occurred within 240 hours (10 days), with the exception of Children's Hospital. Children's Hospital, served by MCRC, will typically provide acute examinations up to 72 hours and triage exams after 72 hours based upon presenting history and symptoms. For children age 12 and under, please call MCRC at 651-220-6750 for guidance 24 hours a day. • Ramsey County hospitals partner with SOS to provide on-site advocacy with SANE exam. • If incident is not acute, medical follow up should still be advised in order to address other potential issues, such as pregnancy, STDs, mental health, injuries. • SUSPECT EXAMS: All Ramsey County hospitals can perform a suspect exam to collect forensic evidence. Law enforcement should obtain a court order/search warrant that details the evidence to be collected PRIOR to bringing the suspect to hospital for exam.
<p>I Interview</p>	<p>Victim Interview -- Use FETI interviewing practice</p> <ul style="list-style-type: none"> • Approach: <ol style="list-style-type: none"> a. Respond to every victim of sexual assault with a professional, compassionate demeanor b. Assume every sexual assault report is valid and investigate thoroughly, fairly, and competently. c. Tell the victim that you are sorry this happened. d. Reassure the victim that s/he is safe e. Acquire only information immediately needed to assess situation, including victim, offender and witness information; request victim and witness phone numbers, including alternate numbers where the victim can be reached. • Questions: <ol style="list-style-type: none"> a. Address injuries or immediate medical needs

	<ul style="list-style-type: none"> b. Ask open-ended questions such as, “<i>can you tell me what you’re able to remember about</i> ____ (incident, description of perp, location, senses, feelings, etc.)?” c. Ask the victim to describe what they recall thinking, feeling, saying and doing before, during and after the sexual assault. d. Take care not to ask the victim to explain or justify actions or responses, reassure you’re not there to judge them. e. Ask about the first person the victim told about the assault. • Non-acute reports: Document the reason the victim waited to report. Keep in mind that most sexual assaults are reported after a delay, for several legitimate reasons. • Other offenses: Consider not charging drug, alcohol, or other less serious offenses (misdemeanors) committed by the victim in favor of investigating the more serious sexual assault report. • Warrant check procedure: If a sexual assault victim presenting at a Ramsey County hospital for examination is concerned about reporting the crime to any Ramsey County law enforcement authority because s/he thinks there may be an active warrant for her/his arrest, hospital staff may contact dispatch to inquire whether the person has an outstanding warrant, what it is for and what bail has been set. <ul style="list-style-type: none"> a. The RCSAPT recommends that unless there is a warrant for a serious offense (robbery, homicide, etc.), Ramsey County should encourage the victim to report the sexual assault to law enforcement by minimizing the warrant and taking appropriate steps to deal with the warrant at a different time. • Witness Interview: Try to interview the first person the victim told about the assault; then any witnesses immediately available.
E Evidence	<ol style="list-style-type: none"> 1. Collect any immediate evidence such as clothing, bedlinens, condoms, or other items that may contain DNA. Explain to the victim why this is important. 2. Photograph entire crime scene and any visible injuries on victim (for corroboration of details). 3. Consider evidence preservation for suspects, including suspect exams. 4. Obtain a medical release authorization form with victim’s signature from the hospital. 5. Collect and inventory the CSC kit as evidence.
R Resources	<ol style="list-style-type: none"> 1. Provide victim with: <ul style="list-style-type: none"> a. The complaint number b. SOS Sexual Violence Services, 651-266-1000 (24 hours, free, confidential) c. Victim services information card (see attachment)

INVESTIGATIVE PROTOCOL

Prepare for the sexual assault interview

The investigator should contact the victim after the victim has had adequate time to process what has happened, such as time to sleep and/or talk with supportive people; contact should be attempted within 24 hours of receiving incident report.

Victim statement may be recorded with a signed statement of consent.

Interviews should be conducted in person with a sexual assault advocate present. SOS advocates are available to be present for investigative interviews.

Inform the victim of appropriate victim services. **SOS (651-266-1000) 24/7.**
Sosramsey.org

Allow victims to determine the location where the interview will be conducted and who will be present, including a victim advocate/other support system.

Use FETI interviewing practices such as “Can you tell me more about that? How did that make you feel? What is one thing that you just can’t forget about his incident?”

Communicate empathy and allow victims to vent. Help victims regain control by telling them they can interrupt the interview and/or take a break at any time. Address any of the victim’s questions and consider cultural issues.

Inform sexual assault victims at the beginning of the interview that they may be asked some questions that they don’t know how to answer. **Victims should be clearly advised that it is appropriate for them to say “I don’t know.” or “I don’t remember.”**

Preparing and conducting the interview

Investigators should try to find out as much as possible about the case before interviewing the victim. Identify and determine what information is available before conducting the interview, e.g., 911 tapes, physical evidence, medical records, etc. Set the victim at ease and reassure them that they are in control, and that the investigation will go forward only with the victim’s approval.

Where applicable, provide interpreter services during the interview. Use professional interpreter services including the language line at (1-866-874-3972 + ID#). **Do not use family or friends.**

Evidence Collection, Storage and Pick Up

Victim’s medical records and some sexual assault records are available within one day of exam and can be faxed to the investigator if a medical release has been signed.

Lab reports from the hospital are generally available within 7-14 days and require a follow-up request.

Visit crime scene and obtain search warrants when necessary. When necessary obtain consent to search or execute a search warrant for a buccal swab or blood draw on a suspect. The investigator can do the buccal swab; medical personnel are not needed. Blood samples taken by medical personnel must be witnessed by law enforcement.

Ensure that CSC Kits are taken from the hospital and sent to the BCA for DNA identification in stranger rapes and in cases where a suspect has been identified but denies any sexual assault.

Documenting interviews

Document all interviews from victim, witnesses or suspects. Interviews should be conducted in person whenever possible.

Acknowledge the victim's ordeal and address with compassion any self-blame that is expressed.

Notifying the victim of charges

Explain the charging process to the victim.

Provide the victim with the investigator's work phone number and encourage the victim to call if questions arise.

Notify the victim when

- 1) the suspect has been charged,
- 2) inform the victim when law enforcement phase of the investigation is complete, and
- 3) when the prosecutor's phase of the case begins.

In the event of a case being declined by the County Attorney, inform the victim of the reason for the declination. If the victim has further questions, refer the victim to the charging attorney.

MEDICAL PROTOCOL – SEXUAL ASSAULT NURSE EXAMINATIONS & MCRC EVALUATIONS

SEXUAL ASSAULT NURSE EXAMINER (SANE) programs ensure a patient will be treated by a specially trained nurse who is sensitive to his or her individual medical and psychological needs.

SANEs are registered nurses who have completed specialized education and clinical preparation in the medical forensic care of the patient who has experienced sexual assault or abuse. The SANE also testifies in any legal proceedings related to the examination and ensures the proper collection of forensic evidence, chain of custody, and integrity of the samples is maintained so that the evidence will be admissible in court. See SANE Hospital Protocol, below.

NOTE REGARDING COST:

Wherever conducted and regardless of victim’s intent to report to law enforcement, the costs of evidentiary exams are covered; **however**, the medical providers will have the most current information on potential medical costs that may accrue beyond the scope of an evidentiary exam, e.g., medical treatment for injuries such as stitches or a broken bone. Referrals and resources for financial support may be available to assist with any medical costs.

WHERE TO BRING A SEXUAL ASSAULT VICTIM – AN OVERVIEW

Age	MCRC	Children’s**	Regions / St. Joseph’s / St. John’s / United
0-12	Yes	Yes	No
13-17	Yes	Yes	Yes
18+	No	No	Yes
Incident Status/Hours:			
Acute: within 72 hours (3 days)	Yes	Yes	Yes
Acute: within 72 – 240 (3 - 5 days)	Call for Triage	Call for Triage	Yes
Non-Acute: after 240 hours (5 days)	Yes	No	No

**Contact MCRC for a consult before bringing a child to Children’s Hospital – Saint Paul Emergency.

NOTE: CHILDREN'S MINNESOTA – SAINT PAUL: MIDWEST CHILDREN'S RESOURCE CENTER, "MCRC," is a hospital based Child Advocacy Center and medical subspecialty clinic. MCRC evaluates children and adolescents at the MCRC clinic as well as the Emergency Department at Children's Hospital. MCRC is staffed by Board Certified Child Abuse Pediatricians, Advanced Practice Nurses and Registered Nurses. MCRC offers comprehensive medical evaluations for acute and non-acute sexual abuse and sexual assault, medical management and follow up care including ongoing therapy and community based health care in the Runaway Intervention Program.

Children and adolescents who present at Children's in Saint Paul will be evaluated by MCRC for sexual assault issues will be triaged according to the presenting complaints. Generally, prepubertal children and adolescents presenting within 24 hours of reported sexual contact and post-pubescent children presenting within 72 hours of sexual assault will be referred to the Emergency Department. Children and adolescents presenting at Children's – Saint Paul after these time frames will most often be referred to the clinic for an exam, video recorded interview and possible evidence collection during business hours.

MCRC provides 24/7 on-call coverage and referents are encouraged to call prior to referring a child to the Emergency Department so the case can be triaged most efficiently. MCRC places no time limit on referrals and children and adolescents can be evaluated at any time after abuse or assault.

Child abuse cases and child sex trafficking cases are always reported to child protection and law enforcement per state statute. Reports will be made to the appropriate law enforcement agency at the direction of adolescent victims of extrafamilial assault.

FOR CHILDREN AGE 12 AND UNDER, PLEASE CALL MCRC AT 651-220-6750 FOR GUIDANCE 24 HOURS A DAY.

- Not all sexual assault cases are acute or will require an immediate examination.
- Victims aged 13 and older can be examined at ANY ER in Ramsey County if the assault occurred within the last 240 hours, ***with the exception of Children's Hospital***. Children's Hospital, served by MCRC, will typically provide acute examinations up to 72 hours and triage exams after 72 hours based upon presenting history and symptoms.

SANE PROTOCOL FOR PATIENTS:

- Patient presents to the hospital.
- Patient is triaged, placed in a private room, and registered.
- Medical screening is performed by hospital staff and assessment is made to determine if patient fits criteria for a medical-forensic exam by a SANE. Life-saving medical care takes precedence over a SANE exam.
- SANE is contacted by hospital staff, and time frame for arrival of SANE is noted.

Advocacy services are available by phone or in person to provide patient with information and support. **Advocacy services are provided by:**

- SOS – 651-266-1000 provides advocacy follow-up with patient/victim after the hospital visit.

See Resource Directory for additional advocacy referrals upon discharge.

SANE PROTOCOL:

- SANE arrives.
- Medical-forensic exam is explained to the patient. Informed consent is obtained. Medical care is still provided if patient declines the forensic portion of the exam. Sexual assault victim's right and resources are discussed.
- Medical-forensic exam is performed by the SANE including documenting an account of the incident from the patient using trauma informed interviewing practices such as the FETI technique. This is preferably done with only the patient and advocate in the exam room.
- Medical-forensic examination completed by the SANE may include: collection of evidence (including photographs and clothing) based on information obtained during account of incident and physical examination, blood sample for toxicology, and urine sample for toxicology. Patient is also assessed for risk of pregnancy, sexually transmitted infections (STIs) and HIV, and prophylactic medication offered as appropriate.
- Other medical care may be completed prior to or following the medical-forensic exam, as indicated.
- Patient is discharged or admitted to the hospital (if necessary).
- Social services may be involved if safe disposition or other services/care are needed.
- All evidence collected by the SANE is sealed by the SANE, and chain of custody is followed per hospital protocol.
- If the patient has not reported to Law Enforcement prior to exam, the SANE will facilitate a report to Law Enforcement if the patient desires to make a report. If the patient does not wish to make a police report at that time they are notified their evidence is kept for 90 days to allow them time to make a decision whether to report.

SUSPECT EXAMS

Suspect exams can be very helpful to the investigation of a sexual assault. There may be more victim DNA found on a suspect than suspect DNA on a victim. All Ramsey County hospitals can perform a suspect exam to collect forensic evidence, including a head to toe assessment for injuries and unique physical characteristics.

Law Enforcement should obtain a court order/search warrant that details the evidence to be collected prior to bringing the suspect to a hospital for forensic evidence collection

by a SANE. Suspects should be monitored closely by Law Enforcement to insure they do not destroy or remove evidence prior to the suspect exam.

WARRANT CHECK PROCEDURE FOR SEXUAL ASSAULT PATIENTS

If a victim of sexual assault presenting to any Ramsey County hospital for a medical-forensic examination is concerned about reporting the crime to any Ramsey County law enforcement authority because s/he thinks there may be an active Ramsey County warrant for her/his arrest, the SANE can do an online warrant search for Ramsey County warrants by going to <http://xnet.co.ramsey.mn.us/sheriff/ows/>. The Ramsey County Sexual Assault Protocol Team recommends that unless there is a warrant for a serious offense (robbery, homicide, etc.), Ramsey County should encourage the making of the sexual assault report to law enforcement by minimizing the warrant and taking appropriate steps to deal with the warrant at a different time. Other jurisdictions may or may not follow similar procedures.

INCARCERATED SEXUAL ASSAULT VICTIMS

See “Ramsey County Community Corrections” Protocol.

RAMSEY COUNTY EMERGENCY/SANE, MCRC PROGRAMS FOR SEXUAL ASSAULT VICTIMS

*****NOTE: *Where to pick up evidence and medical forensic exam reports* – See ***contact information below.**

A copy of the medical-forensic exam report is available by fax to law enforcement or prosecution during business hours by contacting the appropriate SANE program manager identified below; Children’s/MCRC procedure differs, also detailed below. (Evidence will be destroyed after 90 days if the patient has not reported to law enforcement.)

EVIDENCE AND MEDICAL FORENSIC EXAM REPORTS

CHILDREN’S HOSPITALS AND CLINICS OF MN – ST. PAUL*

Emergency Department 651-220- 6911
345 North Smith Ave
St. Paul, MN 55102

****Biologic evidence can be picked up by law enforcement at the time of the exam or during business hours at MCRC. MCRC medical reports are maintained in the Children’s MN electronic medical record and are provided to the investigating agency. Video recordings of the patient history and genital exam are maintained at MCRC on a secure server, contact MCRC at 651-220-6750.*

*Sexual assault victims who arrive at Children’s Hospital will be evaluated by MCRC:

MIDWEST CHILDREN'S RESOURCE CENTER

347 North Smith Avenue, Suite #401

St. Paul, MN 55102

Phone: 651-220-6750

Fax: 651-220-6770

**** Biologic evidence can be picked up by law enforcement at the time of the exam or during business hours at MCRC. MCRC medical reports are maintained in the Children's MN electronic medical record and are provided to the investigating agency. Video recordings of the patient history and genital exam are maintained at MCRC on a secure server, contact MCRC at 651-220-6750.*

REGIONS HOSPITAL

Emergency Center 651-254-3307

Jackson Street

St. Paul, MN 55101

SANE Supervisor: Ellen Johnson

Ellen.m.johnson@healthpartners.com

Office: 651-254-1611

Pager: 651-629-1899

Fax: 952-853-8834

**** Security (651-254-3979) can sign out evidence in the ED 24/7, including a copy of the SANE report.*

ST. JOHN'S HOSPITAL

Emergency Department 651-232-7348

1575 Beam Avenue

Maplewood, MN 55109

SANE Manager: Ellen Johnson

Ellen.m.johnson@healthpartners.com

Office: 651-254-1611

Pager: 651-629-1899

Fax: 952-853-8834

**** The ED charge nurse can sign out evidence 24/7, including a copy of the SANE report.*

ST. JOSEPH'S HOSPITAL

Emergency Department 651-232-3348
69 West Exchange Street
St. Paul, MN 55102

SANE Manager: Ellen Johnson
Ellen.m.johnson@healthpartners.com
Office: 651-254-1611
Pager: 651-629-1899
Fax: 952-853-8834

****The ED charge nurse can sign out evidence 24/7, including a copy of the SANE report.*

UNITED HOSPITAL

Emergency Department 651-241-8755
333 North Smith Avenue
St. Paul, MN 55102

SANE Program Manager: Karine Zakroczymski
karine.zakroczymski@allina.com
Office and Fax: 763-236-4172
Pager: 612-654-5465

****The ED charge nurse can sign out evidence 24/7, including a copy of the SANE report.*

Ramsey County Prosecution – Ramsey County Attorney’s Office (RCAO)

“Advocate” with capital “A” refers to RCAO Victim/Witness and Community Services Advocate.

A charging attorney reviews police reports submitted by law enforcement investigators.

OPTIONS: Decline, Charge or Request Further Investigation

- If a case is declined, the charging attorney will complete a decline sheet. The secretary in the Victim/Witness and Community Services Division then receives a report through a daily subscription that lists cases that have been declined and require letters of notification of decision not to prosecute pursuant to Minn. Stat. 611A.0315.
- The Victim/Witness and Community Services Division will prepare a letter to the victim or to the parents of a minor victim informing them that the case is declined. The letter is signed by either the Director of the Criminal Division or the Director of the Juvenile Division.
- The victim or the investigator may request a second opinion on any declined case by calling the Director of the Criminal Division or the Director of the Juvenile Division.
 - If a case is not chargeable at the time of submission but further investigation could make it chargeable, the charging attorney should request that further investigation be completed.
 - If a case is charged, the investigator is notified of the charges when they are notified to come and sign the complaint.

IF CHARGED:

FIRST APPEARANCE IN DISTRICT COURT

- An Advocate is assigned as soon as possible.
- A prosecutor will request bail and request a No Contact Order (NCO). If the victim is a juvenile, he or she will be identified by initials only.
- Disclosure is made by prosecutors.
- The next hearing is scheduled.

THROUGHOUT THE CASE

- As needed, the RCAO Advocate and Ramsey County Law Enforcement Center (LEC) Advocate ~~and~~ will tell the victim not to talk with them about the facts of the case. They will assure the victim that he or she will have a chance to do so in a meeting with the trial attorney and investigator.
- Special motions (e.g., DNA testing) may be filed throughout the case by either the LEC attorney or the trial attorney. Both attorneys will make disclosure as new evidence is discovered.
- Advocates will provide victims with interpreters as needed. Advocates will ensure that the court knows when interpreters are needed and that the court is not using the same interpreter that the RCAO used during trial prep.
- Before the prosecutor makes any offers of settlement, the Advocate will seek the victim's input. The Advocate will also notify the victim of the victim's right to object to the plea, have their objections made known to the court and to attend the plea hearing. If the victim has questions about any plea offer that the Advocate cannot answer, the prosecutor will assist the Advocate in ~~meeting~~ talking with the victim to answer the questions.
- Advocates will encourage and make referrals for services, including to community-based advocacy agencies. When community-based advocates are involved, RCAO Advocates will coordinate services with them.
- RCAO Advocates will attend all court hearings that victims attend.
- RCAO Advocates will assist victims with safety planning at any time.

FOLLOWING THE FIRST APPEARANCE

- The Advocate sends a letter notifying the victim of their rights and of the charges. The letter also encloses a copy of the NCO, a list of community referrals and the date, time and location of the next hearing.
- The Advocate telephones the victim to: seek victim input regarding resolution of the case (including restitution) if an offer is made at that time; answer questions about the process; make certain that the victim knows the date, time and place of the next hearing; and talk with the victim about other services that the victim may need and community referrals that the Advocate can give.

ARRAIGNMENT/OMNIBUS HEARING “OH” (usually several weeks after first appearance)

- Probable cause is determined.
- Additional Disclosure may be made by the prosecutor.
- If the defendant pleads “guilty”:
 - Cases alleging Criminal Sexual Conduct rarely plea at this hearing because offers of settlement are almost never extended at this early stage. If it *does* happen:
 - A sentencing date is set before the Judge who took the plea.
 - The Advocate notifies the victim of the sentencing date and provides pre-sentence investigation information.
 - The case is assigned to the RCAO sentencing unit.
- If defendant pleads “not guilty”:
 - Pretrial and trial dates are set.
 - The Advocate notifies the victim of the plea and of the pretrial and trial dates.
 - The case is assigned to a trial attorney.

PRETRIAL HEARING/TRIAL PREPARATION

- The trial attorney will:
 - Assess facts of case, the offender’s history, aggravating/mitigating factors strengths and weaknesses of the case, as well as victim and public safety.
 - Confirm that all investigative reports have been disclosed.
 - Review all witness statements, physical evidence, and requested follow-up investigation.
 - Subpoena witnesses approximately two weeks in advance of the trial.
 - Prepare trial motions.
 - Discuss sexual assault medical exam with SANE or MCRC nurse for additional evidentiary detail, if a forensic examination was conducted.
 - Prepare the victim and witnesses for trial. Inform medical and scientific witnesses of when they will be needed or if they are no longer needed.
- The Advocate will attend trial preparation meetings with the victim. They will also attend meetings with other lay witnesses when possible.

- Before the prosecutor makes any plea offers, the Advocate will seek the victim's input. The Advocate will also notify the victim of the victim's right to object and have their objections made known to the court and to attend the plea hearing. Prosecutors will make themselves available to meet with victims to assist in explaining plea agreements, as necessary.
- The prosecutor will provide case status updates to the Advocate. The Advocate will notify the victim and other witnesses as appropriate.

DISMISSALS

- Decisions to dismiss a case are made on a case by case basis. Once a decision to dismiss is made, the attorney and Advocate should talk with the victim about the reasons for the dismissal. This meeting should occur in person whenever possible.

TRIAL

- The Advocate is responsible for notifying victims, lay witnesses and medical witnesses of when they are needed in court. The case aide is responsible for the same as to witnesses who are law enforcement, scientific, or firefighters who are also medics.
- When witnesses are sequestered, the Advocate will notify the victims and the witnesses that no one may inform a victim or witness of the content of the testimony of another victim or witness. Sequestered victims and witnesses may, however, attend closing arguments with court approval.
- Child victims have a right to have a support person present at trial, pursuant to Minn. Stat. 631.046.
- The Advocate will attend trial when the victim and other lay witnesses are attending or testifying.
- The Advocate will provide support to the victim before and during trial, and notify the victim as soon as possible of the verdict.
- The Advocate will assist the victim with further safety planning at the time the verdict is returned.
- If the defendant is found guilty, the Advocate will give the victim the pre-sentence investigation information and Victim Impact Statement Guidelines, refer the victim to the PSI writer and notify the victim of the date, time and location of the Sentencing Hearing.
 - The Advocate will advise the victim that his or her statement to the PSI Writer is confidential in sexual assault cases with child victims. The

Advocate will advise the victim that his or her statement to the PSI Writer is *not* confidential in cases with adult victims. The Advocate will notify the victim that the Victim Impact Statement *is not* confidential.

SENTENCING HEARING

- The trial attorney will attend the Sentencing Hearing whenever possible.
- If the trial attorney is not available to attend the Sentencing Hearing, the trial attorney will arrange for another attorney to cover the sentencing hearing and will fully inform the attorney of any nuances of the case and of the sentencing.
- The trial attorney will file sentencing departure motions when appropriate.
- The attorney covering the sentencing hearing will advise the Judge if the victim wishes to make an oral impact statement or have it read by the attorney.
- An Advocate will attend if victim is present.

POST SENTENCING

- The Advocate will notify the victim of the sentence, including the status of any No Contact Orders when applicable.
- A survey is sent to the victims to learn their feedback. This feedback is shared with the Advocate, the Advocate's supervisor and the supervisor of attorneys who are mentioned. A summary of the survey responses is sent to all prosecutors and advocates on a quarterly basis, omitting victim names and references to specific cases.
- The Advocate will assist victims in having any of their property returned if it is being held by law enforcement. The assigned trial attorney must first approve the release after considering whether the deadline to file an appeal has passed.
- The Advocate will advise the victim of inmate release notification rights and of rights to be notified of requests for expungement.
- The Advocate will provide the victim with counseling information and/or community resources as requested or needed.
- The Advocate will notify the victim if the defendant files an appeal at the time that the state files its reply brief. The Advocate will also accompany the victim to Oral Arguments if the victim chooses to attend and will also notify the victim of the result of the appeal.

Ramsey County Community Corrections Protocol (Adult)

PROBATION PROTOCOL

The Pre-Sentence Investigation (PSI)

During the PSI, Ramsey County Community Corrections (RCCC) will provide the following services to sexual assault victims:

- Victims or their legal guardians will receive information regarding:
 - The District Court file number
 - The conviction offense
 - The proposed disposition as contemplated in plea agreement if there is one
 - The right to object to the proposed plea agreement
 - The right to object to proposed sentence
 - The right to request restitution
 - The right to be present at sentencing
 - The range of sentencing options available to the judge

The PSI shall include a summary of the damages to the victim and the victim's recommendation for disposition. To obtaining this information:

- Pre-sentence investigator shall make a good faith effort to contact the victim or his/her legal guardian by phone or by mail.
- If the victim is not available or does not respond, the pre-sentence investigator will contact the Ramsey County Attorney's Office Victim-Witness (RCAO VW) Advocate.
- If there is a victim advocate, contact can be established through the advocate.
- Contact will be made with the victim in the victim's language when the victim does not speak or read English.

Victims will be informed of timing issues:

- For inclusion in the PSI – 10 days prior to sentencing;
- For restitution award – to Clerk of Court 3 days prior to sentencing;
- For delivery to Court for sentencing – 1 day prior to sentencing.

Interested victims or their legal guardians will be provided with referrals to appropriate services. Note will be made in the PSI of any advocacy organizations (with contact information) providing service to the victim.

Community Supervision

Upon a probationary disposition of Criminal Sexual Conduct, RCCC will provide the following victim services:

- Notify victims or their legal guardians of the perpetrator's supervising agent so victims know who to contact with questions or concerns.
- Notify victims or their legal guardians of any relevant conditions of probation related to the perpetrator.

- If the victim is not available, provide the information to the RCAO VW Advocate and request that it be forwarded to the victim.
- Monitor “no contact orders” between the perpetrator and victim when those orders are issued.
- If restitution is ordered, the payment schedule or structure will be incorporated into the probation agreement and the offender’s obligation to pay restitution to the victim will continue through the term of the probation.

Upon assignment of a Pre-Release Investigation (Supervised Release/ Parole/ Conditional Release) or a Request for Transfer Investigation, RCCC will provide the following victim services:

- Ascertain the identity and location of the victim(s).
- Determine if the victim desires notification of the offender’s release/relocation; the identity of the supervising agent; or provision of services.
- Make the appropriate contacts. If in doubt as to the victim’s desires – contact should be attempted.
- Contact the appropriate victim advocacy program in the originating jurisdiction for assistance in determining victim’s wishes and/or location as needed.
- Confirm Victim Notification of Release completed by releasing institution as appropriate.

In order to provide services to victims, RCCF will commit to the following procedures:

- The supervising agent shall make a good faith effort to contact the victim or the victim’s legal guardian.
- If there is a victim advocate, contact can be established through the advocate.
- When the victim’s whereabouts are unknown or the victim does not respond, the RCAO VW Program will be contacted.
- Contact will be made with the victim in the victim’s language when the victim does not speak or read English.
- In the case of victims who do not want their phone number and address given out, the supervising agent will send the victim his/her name and phone number through the victim advocate.
- Once contact is established, the supervising agent will provide the following information to the victim or to the victim’s legal guardian:
 1. Probation officer’s name and phone number;
 2. The status of any “no contact” orders that may exist;
 3. The status of restitution if ordered;
 4. Explain the procedures for the victim to obtain timely enforcement of no contact orders (call 911 first, notify corrections later).
- Corrections works closely with child protection agencies to ensure that perpetrators are not permitted access to minor children if the perpetrator:
 1. Is untreated
 2. If the perpetrator did not successfully complete treatment, or
 3. If the perpetrator is otherwise not permitted contact with minors as directed by the probation/parole officer and/or the court.

Note: For victims attempting to contact an offender's probation/parole officer, call RCCC's main number at 651-266-2300. For victims attempting to find the location of an adult inmate in a Minnesota prison, call the Minnesota Department of Corrections at 651-361-7249 or see their web site at: <http://www.corr.state.mn.us/>

Community Corrections – Prison Rape Elimination Act PREA

1. RCCCDD facilities shall not conduct cross-gender pat-down, strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The facilities shall document all exigent circumstances when cross-gender staff conducted such searches for review by the PREA Coordinator.
2. RCCCDD facilities shall not search or physically examine a transgender or intersex resident or inmate for the sole purpose of determining the resident or inmate's genital status. If unknown, it may be determined during conversations with the inmate or resident, by reviewing medical records, or if necessary, as part of a broader medical examination conducted in private by a medical practitioner.
3. RCCCDD staff shall receive training on how to conduct transgender and intersex inmate and resident searches, and cross-gender pat-down searches.

Inmate/Resident/Client Orientation, Screening and Education

1. During each facility orientation and as inmates/clients/residents are transferred between facilities, all inmates/residents/clients will receive information about sexual harassment and misconduct. Designated staff will communicate the information verbally and in writing, in a manner that is clearly understood by inmates/clients/residents. Information provided will include, but is not limited to:
 - Review of the RCCCDD - PREA brochure
 - Department zero tolerance stance
 - Self-protection methods
 - Procedures for using the telephone hotline
 - Prevention and intervention
 - Treatment and counseling
 - Reporting incidents
 - Protection against retaliation
 - Consequences of false reports
2. Conduct screening for risk of victimization and abuse for all inmates, clients, and residents, using the PREA Client Screening Information Form.
3. Identify, assess, and manage inmates, residents and clients with special needs, including those who are potentially vulnerable and potentially dangerous, to provide safe housing, adequate protection, and programmatic resources to meet their needs.
4. Provide PREA information as defined in Item 1 above to clients in the field during the intake process.
5. Document verification of inmate/client/resident orientation and education regarding PREA by having the inmate/client/resident complete the Inmate/Client/Resident PREA Acknowledgment Form.

- a. Maintain the original signed acknowledgment form in the inmate/client/resident's main file.

PREA FIRST RESPONSE POLICY REGARDING SEXUAL ASSAULT, SEXUAL ABUSE, OR SEXUAL HARASSMENT

1. RCCCDD shall respond, within the timelines established based on the nature and severity of the incident, to all reports. Initial response shall take place within a maximum of four hours. The Department will investigate all incidents and reports as defined by PREA.
2. Employees, contractors, visitors, volunteers, interns, medical and mental health practitioners, and school personnel must immediately report any knowledge, suspicion, or information regarding an incident of sexual assault, sexual harassment, or sexual misconduct that occurs at RCCCDD to his or her direct supervisor or the PREA Coordinator.
3. RCCCDD provides multiple methods for inmates, clients and residents to report.
4. All reports are confidential. Staff are prohibited from revealing any information related to a report except to institutional authorities who are making treatment, investigative, or other security and management decisions, and/or to ensure the safety of other staff or offenders.
5. Any inmate, client, or resident who reports that he or she has been a victim shall be offered prompt access to emergency medical and mental health services at no cost to himself or herself. Inmates, clients, and residents who have limited English proficiency (LEP) and/or any physical or cognitive/intellectual disabilities will also be provided with prompt assistance.
6. Any employee, volunteer, or intern who fails to report or who coerces or threatens another person to submit inaccurate, incomplete, or false information with the intent to alter a report, may face disciplinary action. Staff shall be subject to disciplinary sanctions up to and including termination for violating RCCCDD sexual abuse or sexual harassment policies.
7. Facilities shall establish and maintain procedures to prevent retaliation against inmates, clients, residents or staff who report or who testify in PREA investigations.

A. First Response Procedures

1. Staff who have knowledge or suspicion of or who have received a report of an inmate, client or resident must immediately separate the victim from the reported assailant to protect the victim and prevent further violence.
2. Staff shall follow the Sexual Assault First Responder Checklist, complete the Incident Report, and submit it to the on duty supervisor, the Division PREA Compliance Manager and PREA Coordinator within two hours or by the end of shift, whichever comes first.
3. If necessary, ensure the victim receives emergency or prompt medical and mental health assistance, as appropriate to his or her needs and the circumstances of the reported offense.

4. Allow only assigned PREA Investigators access to the scene.
5. If appropriate, identify, isolate, and separate witnesses.
6. Immediately secure and stabilize the incident scene so items cannot be removed or introduced. Ensure that evidence, including camera tapes, is maintained and stored.

B. Coordinated Response Procedures

1. Provide first aid, and ensure the victim receives emergency or prompt medical and mental health assistance as appropriate to his or her needs and the circumstances of the reported offense.
2. Cooperate with the PREA Coordinator and Investigator to provide requested information regarding the incident.
3. If the sexual assault or sexual misconduct is reported within 240 hours of the incident, immediately refer victims of sexual assault or sexual abuse to a community health care facility for treatment and the gathering of evidence. Document referrals. For Juveniles, follow the Protocol for Juveniles: Sexual Abuse and Assault.
4. Immediately support and assist victims and others who may be psychologically traumatized by the incident.
5. Within 24 to 48 hours of assignment, conduct an incident site visit to collect evidence and information, and to identify reporters, victims, and suspects in accordance with the Investigations policy.

C. Inmate, Resident and Client Incident Reporting

1. May use a RCCCDD-approved free telephone hotline to report may complete an Inmate or Resident Grievance form, or may report in person to staff.
2. Inmates, clients and residents, may report anonymously to:
 - a. RCCCDD by requesting anonymity
 - b. SOS Sexual Violence Services or
 - c. Children's Crisis Response Center for Juvenile Services by requesting anonymity.
3. Deaf, hard of hearing, and limited English-proficient inmates, clients and residents shall be provided with non-inmate interpreters, readers, and other tools and types of assistance so that an accurate report can be made.
4. May report retaliation by other residents, inmates or staff for reporting.
5. Staff may receive reports through a third party source.

D. PREA Coordinator Incident Recordkeeping

1. If injuries are involved, store evidence and records indefinitely.
2. If staff are involved, store evidence and records for seven years, unless further incidents occur with the staff person. If further incidents occur, store the evidence and records for ten years following the last incident.

3. If staff are not involved, store physical evidence for one year following the close of the investigation and reports for ten years following the close of the investigation.
4. If an inmate, client or resident was sexually assaulted, sexually abused, or sexually harassed at another facility, notify the head of that facility within 72 hours of receiving notice of the reports. Document notification using the Outside Incident Reporting form.

Medical and Mental Health Care for Victims

1. An inmate, client or resident who reports shall be offered access to emergency medical and mental health services.
 - a. Inmates, clients and residents who have limited English proficiency (LEP) and/or any physical or cognitive/intellectual disabilities will be provided with assistance.
 - b. Medical and mental health practitioners shall obtain informed consent from inmates, clients and residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate, client or resident is under the age of 18.
2. For further details, contact the RCCC - PREA Coordinator.

Inmates or clients who are victims of sexual abuse or sexual assault shall be transported to Regions Hospital to handle the treatment of injuries and the collection of evidence. If the incident occurs at RCCF and depending on the severity of the injuries, transportation may occur by two staff members in an RCCF vehicle or by ambulance.

- Staff of the same gender shall always accompany the victim.
- Appropriate security provisions should be employed to protect staff, the inmate/client and the public, and to prevent escape.

The treatment of injuries, and the collection of evidence from the victim, should include the following:

A medical history will be taken from the inmate by a qualified health care professional who should conduct an examination to document the extent of physical injury and determine if a referral to another facility is indicated. In most cases, the forensic examination will be conducted by a certified Sexual Assault Nurse Examiner (SANE). SANEs are on staff at Regions Hospital and available within 30 minutes of notification of a sexual assault victim. The SANE will also determine if a referral to another facility is indicated.

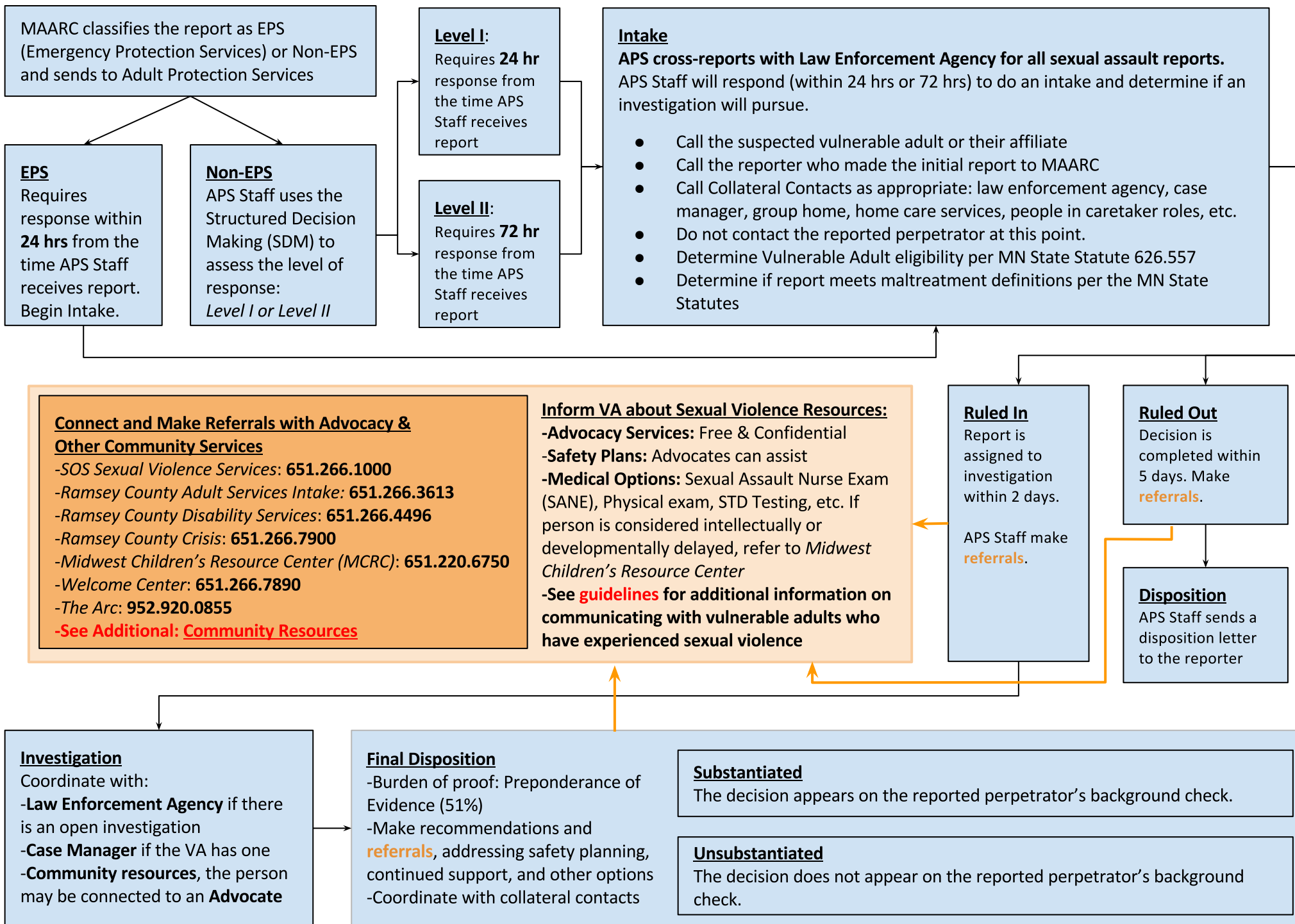
With the victim's consent, the examination should include the collection of evidence from the victim using a sexual assault evidence kit approved by an appropriate law enforcement authority.

- a. Provisions should be made for testing or treating the victim for sexually transmitted diseases.
- b. Counseling is given regarding risk of sexually transmitted infections.

- c. Prophylactic treatment for sexually transmitted infections is provided.
- d. Initial crisis intervention, support, and counseling are given. If the victim is suicidal or in acute crisis, a mental health professional will be consulted.
- e. Additional visits may be needed to follow up for sexual transmitted infections and mental health counseling at the facility.
- f. The subject of the investigation in the incident shall also be prevented from destroying evidence, shall provide physical evidence, shall be brought to Regions Hospital and examined by the SANE, and shall be offered medical and mental health services.
- g. A report shall be prepared and provided to the Superintendent and PREA Coordinator, who should ensure the separation of the victim inmate from his/her assailant.

Ramsey County Adult Protection Services (APS) Protocol - Reports of Sexual Violence on Vulnerable Adults (VA)

All suspected sexual violence on vulnerable adults are reported to MAARC (Minnesota Adult Abuse Reporting Center).



MAARC classifies the report as EPS (Emergency Protection Services) or Non-EPS and sends to Adult Protection Services

EPS
Requires response within **24 hrs** from the time APS Staff receives report. Begin Intake.

Non-EPS
APS Staff uses the Structured Decision Making (SDM) to assess the level of response: *Level I or Level II*

Level I:
Requires **24 hr** response from the time APS Staff receives report

Level II:
Requires **72 hr** response from the time APS Staff receives report

Intake
APS cross-reports with Law Enforcement Agency for all sexual assault reports.
APS Staff will respond (within 24 hrs or 72 hrs) to do an intake and determine if an investigation will pursue.

- Call the suspected vulnerable adult or their affiliate
- Call the reporter who made the initial report to MAARC
- Call Collateral Contacts as appropriate: law enforcement agency, case manager, group home, home care services, people in caretaker roles, etc.
- Do not contact the reported perpetrator at this point.
- Determine Vulnerable Adult eligibility per MN State Statute 626.557
- Determine if report meets maltreatment definitions per the MN State Statutes

Connect and Make Referrals with Advocacy & Other Community Services
-SOS Sexual Violence Services: 651.266.1000
-Ramsey County Adult Services Intake: 651.266.3613
-Ramsey County Disability Services: 651.266.4496
-Ramsey County Crisis: 651.266.7900
-Midwest Children's Resource Center (MCRC): 651.220.6750
-Welcome Center: 651.266.7890
-The Arc: 952.920.0855
-See Additional: **Community Resources**

Inform VA about Sexual Violence Resources:
-**Advocacy Services:** Free & Confidential
-**Safety Plans:** Advocates can assist
-**Medical Options:** Sexual Assault Nurse Exam (SANE), Physical exam, STD Testing, etc. If person is considered intellectually or developmentally delayed, refer to *Midwest Children's Resource Center*
-See **guidelines** for additional information on communicating with vulnerable adults who have experienced sexual violence

Ruled In
Report is assigned to investigation within 2 days.

APS Staff make **referrals**.

Ruled Out
Decision is completed within 5 days. Make **referrals**.

Disposition
APS Staff sends a disposition letter to the reporter

Investigation
Coordinate with:
-**Law Enforcement Agency** if there is an open investigation
-**Case Manager** if the VA has one
-**Community resources**, the person may be connected to an **Advocate**

Final Disposition
-Burden of proof: Preponderance of Evidence (51%)
-Make recommendations and **referrals**, addressing safety planning, continued support, and other options
-Coordinate with collateral contacts

Substantiated
The decision appears on the reported perpetrator's background check.

Unsubstantiated
The decision does not appear on the reported perpetrator's background check.

Suggested Citation: Basile KC, Smith SG, Breiding MJ, Black MC, Mahendra RR. Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 2.0. Atlanta (GA): National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2014:

UNIFORM DEFINITIONS FOR SEXUAL VIOLENCE

Sexual Violence and Associated Terms

Sexual Violence — Overall Definition

Sexual violence is defined as a sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse. It includes: forced or alcohol/ drug facilitated penetration of a victim; forced or alcohol/drug facilitated incidents in which the victim was made to penetrate a perpetrator or someone else; nonphysically pressured unwanted penetration; intentional sexual touching; or non-contact acts of a sexual nature. Sexual violence can also occur when a perpetrator forces or coerces a victim to engage in sexual acts with a third party.

Sexual violence involves a lack of freely given consent as well as situations in which the victim is unable to consent or refuse:

Consent

Words or overt actions by a person who is legally or functionally competent to give informed approval, indicating a freely given agreement to have sexual intercourse or sexual contact.

Inability to Consent

A freely given agreement to have sexual intercourse or sexual contact could not occur because of the victim's age, illness, mental or physical disability, being asleep or unconscious, or being too intoxicated (e.g., incapacitation, lack of consciousness, or lack of awareness) through their voluntary or involuntary use of alcohol or drugs.

Inability to Refuse

Disagreement to engage in a sexual act was precluded because of the use or possession of guns or other non-bodily weapons, or due to physical violence, threats of physical violence, intimidation or pressure, or misuse of authority.

Sexual violence is divided into the following types:

- Completed or attempted forced penetration of a victim
- Completed or attempted alcohol/drug-facilitated penetration of a victim
- Completed or attempted forced acts in which a victim is made to penetrate a perpetrator or someone else
- Completed or attempted alcohol/drug-facilitated acts in which a victim is made to penetrate a perpetrator or someone else
- Non-physically forced penetration which occurs after a person is pressured verbally or through intimidation or misuse of authority to consent or acquiesce
- Unwanted sexual contact
- Non-contact unwanted sexual experiences

Penetration

Penetration involves physical insertion, however slight, of the penis into the vulva; contact between the mouth and the penis, vulva, or anus; or physical insertion of a hand, finger, or other object into the anal or genital opening of another person.

Penetration of Victim

- Penetration of the Victim by Force - Includes completed or attempted unwanted vaginal (for women), oral, or anal insertion through use of physical force or threats to physically harm toward or against the victim. Examples include pinning the victim's arms, using one's body weight to prevent movement or escape, use of a weapon or threats of use, and assaulting the victim.
- Penetration of Victim by Alcohol/drug-facilitation - Includes completed or attempted unwanted vaginal (for women), oral, or anal insertion when the victim was unable to consent due to being too intoxicated (e.g., incapacitation, lack of consciousness, or lack of awareness) through their voluntary or involuntary use of alcohol or drugs.

Victim was Made to Penetrate

- Victim was Made to Penetrate a Perpetrator or Someone Else by Force - Includes times when the victim was made, or there was an attempt to make the victim, sexually penetrate a perpetrator or someone else without the victim's consent because the victim was physically forced or threatened with physical harm. Examples include pinning the victim's arms, using one's body weight to prevent movement or escape, use of a weapon or threats of use, and assaulting the victim.
- Victim was Made to Penetrate a Perpetrator or Someone Else by Alcohol/drug-facilitation - Includes times when the victim was made, or there was an attempt to make the victim, sexually penetrate a perpetrator or someone else without the victim's consent because the victim was unable to consent due to being too intoxicated (e.g., incapacitation, lack of consciousness, or lack of awareness) through their voluntary or involuntary use of alcohol or drugs.

Nonphysically Pressured Unwanted Penetration

Victim was pressured verbally or through intimidation or misuse of authority to consent or acquiesce to being penetrated. Examples include being worn down by someone who repeatedly asked for sex or showed they were unhappy; feeling pressured by being lied to, or being told promises that were untrue; having someone threaten to end a relationship or spread rumors; and sexual pressure due to someone using their influence or authority (this is not an exhaustive list).

Unwanted Sexual Contact

Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person without his or her consent, or of a person who is unable to consent or refuse. Unwanted sexual contact can be perpetrated

against a victim or by making a victim touch the perpetrator. Unwanted sexual contact could be referred to as sexual harassment in some contexts (e.g., school or workplace).

Non-Contact Unwanted Sexual Experiences

Sexual violence that does not include physical contact of a sexual nature between the perpetrator and the victim. This occurs against a person without his or her consent, or against a person who is unable to consent or refuse. Some acts of non-contact unwanted sexual experiences occur without the victim's knowledge. This type of sexual violence can occur in many different venues (e.g., school, workplace, in public, or through technology). Non-contact unwanted sexual experiences include acts such as:

- Unwanted exposure to sexual situations - pornography, voyeurism, exhibitionism (this is not an exhaustive list)
 - Verbal or behavioral sexual harassment - making sexual comments, spreading sexual rumors, sending unwanted sexually explicit photographs, or creating a sexually hostile climate, in person or through the use of technology (this is not an exhaustive list)
 - Threats of SV to accomplish some other end such as threatening to rape someone if he or she does not give the perpetrator money; threatening to spread sexual rumors if the victim does not have sex with them (this is not an exhaustive list)
 - Unwanted filming, taking or disseminating photographs of a sexual nature of another person (this is not an exhaustive list)
- UNIFORM DEFINITIONS 13
Tactics Methods used by the perpetrator to coerce someone to engage in or be exposed to a sexual act.

The following are tactics used to perpetrate SV (this is not an exhaustive list):

- Use or threat of physical force toward a victim in order to gain the victim's compliance with a sexual act (e.g., pinning the victim down, assaulting the victim)
- Administering alcohol or drugs to a victim in order to gain the victim's compliance with a sexual act (e.g., drink spiking)
- Taking advantage of a victim who is unable to provide consent due to intoxication or incapacitation from voluntary consumption of alcohol, recreational drugs, or medication
- Exploitation of vulnerability (e.g., immigration status, disability, undisclosed sexual orientation, age) • Intimidation
- Misuse of authority (e.g., using one's position of power to coerce or force a person to engage in sexual activity)
- Economic coercion, such as bartering of sex for basic goods, like housing, employment/wages, immigration papers, or childcare
- Degradation, such as insulting or humiliating a victim
- Fraud, such as lies or misrepresentation of the perpetrator's identity
- Continual verbal pressure, such as when the victim is being worn down by someone who repeatedly asks for sex or, for example, by someone who complains that the victim doesn't love them enough

- False promises by the perpetrator (e.g., promising marriage, promising to stay in the relationship, etc.)
- Nonphysical threats such as threats to end a relationship or spread rumors
- Grooming and other tactics to gain a child's trust
- Control of a person's sexual behavior/sexuality through threats, reprisals, threat to transmit STDs, threat to force pregnancy, etc.

Incident

A single act or series of acts of SV that are perceived to be connected to one another and that may persist over a period of minutes, hours, or days. One perpetrator or multiple perpetrators may commit an incident.

Examples of an incident include a husband forcing his wife to have unwanted sexual acts but only one time, a stranger attacking and sexually assaulting a woman after breaking into her apartment, a man kidnapping a female acquaintance and repeatedly assaulting her over a weekend before she is freed, a college student forced to have sex by several men at a fraternity party, a man forcing his boyfriend to have unwanted sex, or a family member touching the genitalia of a child during a visit.

Involved Parties

Victim

Person on whom the SV is inflicted. Survivor is often used as a synonym for a victim who is not deceased.

Perpetrator

Person who inflicts the SV.

Intimate Partner

An intimate partner is a person with whom one has a close personal relationship that may be characterized by the partners' emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, and familiarity and knowledge about each other's lives. The relationship need not involve all of these dimensions.

Intimate partner relationships include current or former:

- Spouses (married spouses, common-law spouses, civil union spouses, domestic partners)
- Boyfriends/girlfriends
- Dating partners
- Ongoing sexual partners

Intimate partners may or may not be cohabiting. Intimate partners can be opposite or same sex. If the victim and the perpetrator have a child in common and a previous relationship but no current relationship, then by definition they fit into the category of former intimate partner.

Family Member not Intimate Partner

Someone sharing a relationship by blood or marriage, or other legal contract or arrangement (i.e., legal adoption, foster parenting). This includes current as well as former family relationships. Therefore, though not an exhaustive list, stepparents, parents, siblings, former in-laws, and adopted family members are included in this category. This category excludes intimate partners.

Person in Position of Power, Authority or Trust

Someone such as a teacher, nanny, caregiver, foster care worker, religious leader, counselor, coach, supervisor, boss or employer (not an exhaustive list). This person can perpetrate against a child (e.g., nanny) or an adult (e.g., boss toward an employee).

Friend/Acquaintance

Someone who is known to the victim but is not related by blood or marriage, and is not an intimate partner.

Examples are a co-worker, neighbor, roommate, classmate, first date with someone you knew before and/or continued to know, or a fellow member of an organization such as churches, clubs, or other community groups (not an exhaustive list).
Person Briefly Known Someone who is known to the victim very briefly. Examples include someone just met, such as a blind date, or someone just met at a party or bar.
Another Non-Stranger Someone who is known by sight but is not represented in the categories described above (i.e., not a current or former spouse, another current or former intimate partner, a family member not intimate partner, a person in a position of authority or trust, a friend/acquaintance, or a person briefly known). Examples include someone in your neighborhood, maintenance people, customers, clerks, or someone met online.

Stranger

Someone unknown to the victim.

Terms Associated with the Circumstances and Consequences of Violence

Commercial Establishment

A business such as a restaurant, a bar or club, or a gym or athletic facility (not an exhaustive list).

Control of Reproductive or Sexual Health

Includes controlling or attempting to control a partner's reproductive health and/or decision making. This also includes SV behaviors by the perpetrator that increase the risk for sexually transmitted diseases and other adverse sexual health consequences (e.g., unintended and frequent pregnancies). Examples include not allowing the use of birth control, coerced or forced pregnancy terminations, and forced sterilization because of abuse.

Disability

The Americans with Disabilities Act defines a disability as “a physical or mental impairment that substantially limits one or more major life activities.”¹³ Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, maintaining emotional stability, communicating, and working.

Illness

An abnormal process in which aspects of the social, physical, emotional, or intellectual condition and function of a person are diminished or impaired compared with that person’s previous condition. Illness can be a short- or long-term condition.

Law Enforcement

Police, as well as tribal authorities, prison authorities, and campus authorities (not an exhaustive list).

Medical Health Care

- Inpatient: Treatment by a physician or other health care professional related to the physical health of the victim who has been admitted to a hospital or other health care facility.
- Outpatient: Treatment by a physician or other health care professional related to the physical health of the victim who has not been admitted to a hospital or other health care facility. Includes treatment in an emergency department.

Mental Health Care

Includes individual or group care by a psychiatrist, psychologist, social worker, or other counselor related to the mental health of the victim. It may involve inpatient or outpatient treatment. Mental health care excludes substance abuse treatment. It includes pastoral counseling if such counseling is specifically related to the mental health of the victim.

Physical Evidence Collection

Collection of hairs, fibers or specimens of body fluids from a victim’s body or garments that may aid in the identification of the perpetrator.

Physical Injury

Any physical harm, including death, occurring to the body resulting from exposure to thermal, mechanical, electrical, or chemical energy interacting with the body in amounts or rates that exceed the threshold of physiological tolerance, or from the absence of such essentials as oxygen or heat. Examples of physical injuries are bruises and vaginal or anal tears attributable to an incident of SV.

Physical Violence

The intentional use of physical force with the potential for causing death, disability, injury, or harm. Physical violence includes, but is not limited to: scratching, pushing,

shoving, throwing, grabbing, biting, choking, shaking, hair-pulling, slapping, punching, hitting, burning, use of a weapon (gun, knife, or other object), and use of restraints or one's body, size, or strength against another person. Physical violence also includes coercing other people to commit any of the above acts.

Pregnancy Impact

Pregnancy resulting from SV or loss of an existing pregnancy following SV.

Psychological Functioning

The intellectual, developmental, emotional, behavioral, or social role functioning of the victim. Changes in psychological functioning can be either temporary (i.e., persisting for 180 days or less), intermittent, or chronic (i.e., likely to be of an extended and continuous duration persisting for a period greater than 180 days).

Examples of changes in psychological functioning include increases in or development of anxiety, depression, insomnia, eating disorders, post-traumatic stress disorder, dissociation, inattention, memory impairment, suicidal ideation, self-medication, self-mutilation, sexual dysfunction and hypersexuality. Residential Institution A location where the victim or perpetrator resides. Includes settings such as a nursing home, a college campus, a retirement home, or a jail/prison (not an exhaustive list).

Sexual Trafficking

The recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. In order for a situation to be considered trafficking, it must have at least one of the elements within each of the three criteria of process, means, and goal. If one condition from each criterion is met, the result is trafficking. For adults, victim consent is irrelevant if one of the means is employed. For children, consent is irrelevant with or without the means category.

- Process: Recruitment, transportation, transferring, harboring, or receiving.
- Means: Threat, coercion, abduction, fraud, deceit, deception, or abuse of power.
- Goal: Prostitution, pornography, violence/sexual exploitation, or involuntary sexual servitude.

Substance Abuse

Abuse of alcohol or other drugs. This also includes alcohol or other drug dependence. Substance Abuse Treatment Any treatment related to alcohol or other drug use, abuse, or dependence. Victim Advocacy Services provided by someone trained in violent crime response that usually occurs by phone, in person or in a hospital setting. The services may include crisis response, information, support and referral.