

Sexual Assault Response Team

SART Handbook

Revised 2024

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CONTENT

Background	3
Introduction.....	4
Chapter 1: Overview of a SART.....	6
Chapter 2: Advocacy Response.....	11
Chapter 3: Law Enforcement Response.....	15
Chapter 4: Medical Response	32
Chapter 5: Prosecutor Response	47
Chapter 6: Offender Management	58
Chapter 7: References	63
Glossary:	65
Digital Resources.....	66

BACKGROUND

In 2012, the Oklahoma Office of Attorney General (OAG) obtained a technical assistance grant from the Oregon Attorney General's Sexual Assault Task Force to address the critical issue of sexual violence and assist all law enforcement in learning an effective and appropriate response to sexual violence. In 2018, the Oklahoma District Attorneys Council received the Improving the Criminal Justice Response (ICJR) grant from the Office on Violence Against Women (OVW) to update and distribute the Oklahoma Sexual Assault Response Team Handbook. With the collaboration of the grant's Domestic Violence and Sexual Violence Resource Prosecutor, Coordinated Community Response Specialist, the Domestic Violence and Sexual Assault Training Specialist, and community partners, this project was completed and distributed in 2024.

This handbook provides best practices that can be uniformly applied statewide for advocates, law enforcement, child welfare, medical personnel, and prosecutors. This project provides an opportunity to include tribal and rural components in addressing sexual violence, while ensuring its focus on victim/survivor safety, offender accountability, and collaboration among different disciplines and agencies.

INTRODUCTION

The primary strategy shown to be effective in addressing the crime of sexual assault is a coordinated, multidisciplinary response. This collaborative effort is commonly referred to as a Sexual Assault Response Team (SART). The purpose of a SART is to improve the response to sexual assault and to guide and inform local sexual assault prevention efforts. A coordinated response can increase victim and community safety while preventing future sexual victimization.

Experience has shown that counties with SARTs meet the challenges of effectively responding to sexual assault better than counties without SARTs. The basic membership of a SART includes advocates, medical personnel and/or Sexual Assault Nurse Examiners (SANEs), law enforcement, prosecutors, and other members that may include but are not limited to sex offender management and treatment professionals, college campus staff, culturally specific service providers, mental health providers, child advocacy centers, military personnel, and juvenile justice staff.

Having a Sexual Assault Response Team can improve the response to sexual assault cases in the following ways:

- more victim-centered care for victims in the acute stage
- an increase in the number of victims coming forward for help
- more requests for advocacy services by victims after the acute stage
- more medical and mental health follow-up services accessed by victims after the acute response
- better quality of evidence collection
- more consistent use of evidence and expert witness testimony during prosecution
- greater victim satisfaction with the care they received from medical personnel and law enforcement, as well as greater confidence in the legal system's ability to achieve a form of justice for them
- more law enforcement cases referred to the prosecuting attorney for review, and
- more cases resulting in guilty verdicts.

The goal of this handbook is to provide you with guidelines, examples, and suggestions that represent best practices for SART development, as well as investigating and responding to sexual violence. We also note this work might look different in rural areas of Oklahoma. Rural communities may need to coordinate with surrounding counties to utilize their SANE and hospital resources.

A NOTE REGARDING LANGUAGE

Throughout the handbook we have used the terms “victim” and “survivor” in different sections to refer to a person who has been sexually assaulted. The term used in a certain section is reflective of the language specific to that information. For instance, criminal justice system-based information will typically use the term “victim,” as this is the term reflected in the legislation. When referring to advocacy work, the term “survivor” is more often used. The creators and editors of this handbook recognize that no one term could address every individual and complex experience as a result of sexual assault. For this reason, it is recommended to use a person’s preferred name, pronouns, and terms. To determine a person’s preference, simply ask them.

Nothing in this handbook should be assumed as legal advice. Please refer to your own agency’s policies and procedures when investigating a case.

Notes:

Office of Justice Programs. *Develop a SART*. https://www.ncjrs.gov/ovc_archives/sartkit/develop/team-print.html

Minnesota Coalition Against Sexual Assault. (2023, July 7). *Sexual assault response teams & systems change*. <https://mncasa.org/tools/sexual-assault-response-teams-systems-change/>

CHAPTER ONE: SART OVERVIEW

A Sexual Assault Response Team (SART) is a multi-disciplinary, inter-agency collaboration that unites its members with a victim-centered and offender accountability approach. It does so by ensuring all parties who respond to sexual assault act according to established protocols and policies created or revised by the members of the SART.

Protocols that are put into place should ensure that the criminal and legal systems pursue the goal of community safety through a focus on victim safety and offender accountability. As discussed earlier, a SART is commonly made up of agencies that provide direct services and/or responses to victims and offenders: advocates, medical personnel/SANEs, prosecutors, law enforcement, sex offender management and treatment professionals, college campus staff, culturally specific service providers, mental health providers, child advocacy centers, military personnel, and juvenile justice staff. These agencies come together to discuss the effects of sexual violence, to improve the local response, and to address community safety through a focus on victim/survivor safety and offender accountability.

A SART provides an opportunity to become familiar with the roles of first responders while developing working relationships and protocols for an effective response. A SART can also identify available resources that are still needed within the community, share expertise between members, educate the community to increase awareness of sexual assault, and identify gaps and solutions in the system.

To be effective, a SART should focus on systems change within the community served while utilizing all partners. Overall, systems change means working towards improving individual system response to sexual violence while also increasing collaboration between systems focusing on:

- addressing the shortcomings of practice, policy, procedures, and collaboration
- enhancing the strengths of practice, policy, procedures, and collaboration
- ensuring support and engagement for victims throughout all processes, and

- continuously improving as time and communities change.

Systems Change can impact individual agency practices, agency policies, systems procedures, and interagency collaboration. To achieve systems change, a SART should create team goals. While establishing a SART, the members should create a list of initial goals to help move the team forward. A simple goal may be maintaining team membership and participation. Long-term goals could include sending SART members to trainings, ensuring evidence is properly collected and stored in all cases, creating policy requesting advocates to respond to an investigation or emergency, and ensuring forensic exams are conducted. Whatever the goals might be, they should be reviewed and updated annually to measure the progress of the SART as well as the individual disciplines involved in sexual assault response and investigations.

VICTIM-CENTERED

SARTs work to promote the development and implementation of a victim-centered response to sexual assault. A victim-centered response acknowledges that justice represents more than just a successful prosecution. It is important that victims have an experience of justice, regardless of the legal outcome of an individual case; justice exists when victims are heard and taken seriously.

It is the role of a SART to create response protocols that mitigate the harm and trauma that victims experience. The victim is therefore central to the response of each agency and the entire system's response. A victim's belief that reporting to and participating in the criminal justice system is a safe and viable option is critical to the success of the response.

In practice, a victim-centered collaborative response includes:

- giving time and consideration to the victim's needs and wishes
- prioritizing the safety and well-being of the victim, including giving consideration to the impact that various systems' responses may have
- acknowledging that effectively providing for victim safety requires victim input
- recognizing that the harm and trauma experienced by a victim relates to the victim's perception that they will be supported and believed
- prioritizing the privacy of the victim and their right to confidentiality
- providing competent, professional, thorough, compassionate, and knowledgeable

responders during every step of the response

- recognizing that victims of sexual assault are never responsible, in all or part, for their victimization, regardless of the circumstances leading up to or surrounding the assault (e.g., lifestyle, choices, behavior)
- recognizing that the response of friends, family, and (system) professionals, or the lack thereof, can either increase or mitigate the harm and trauma that victims suffer as a result of the assault, and
- recognizing that offenders are always responsible for the assault.

CONFIDENTIALITY PROTOCOLS

It is of critical importance that, prior to any discussions related to specific cases, a confidentiality policy be adopted. Team members should sign a confidentiality agreement at each meeting and/or when joining the team. It is important for team members to understand the sensitive nature of the content being discussed and that victims expect certain confidentiality regarding victim advocacy, medical treatment, and counseling. Team members should respect that certain members of the SART are professionally bound by rules of confidentiality in federal and Oklahoma state law and that disclosing information without a release could affect their individual licenses to practice and/or employment. SART members should educate team members on individual's confidentiality requirements to create an understanding among members. SART members should explain to victims about their local SART team and obtain written confidentiality releases before speaking about their involvement with and treatment of the victim. When a release of information is obtained, it should be voluntary, specific, individual, and time limited. Informed consent requires that the professional clearly explain the release of information to the victim prior to the signing of the release. This should include the client's rights, exceptions to confidentiality, and the risks associated with sharing information. A release of information cannot be a condition of service.

Please note that confidentiality protocols will vary based on your specific funding, policy and procedure, and relevant Oklahoma Statutes. Confidentiality protocols can even vary among staff members in the same agency. Please check your confidentiality protocols to ensure that you are protecting survivor's information to the greatest extent possible.

O.S. §74-18p-3

A. The Attorney General is hereby authorized and directed to enter into agreements and to contract for the shelter and other services that are needed for victims of domestic abuse, sexual assault or batterers intervention programs. Any domestic violence, sexual assault or batterers intervention program providing services pursuant to certification by the Attorney General or a contract or subcontract with the Attorney General and receiving funds from the Attorney General or any contractor with the Attorney General shall be subject to the provisions of the administrative rules of the Attorney General.

B. 1. Except as otherwise provided by paragraph 3 of this subsection, the case records, case files, case notes, client records, or similar records of a domestic violence or sexual assault program certified by the Attorney General or of any employee or trained volunteer of a program regarding an individual who is residing or has resided in such program or who has otherwise utilized or is utilizing the services of any domestic violence or sexual assault program or counselor shall be confidential and shall not be disclosed.

2. For purposes of this subsection, the term "client records" shall include, but not be limited to, all communications, records, and information regarding clients of domestic violence and sexual assault programs.

3. The case records, case files, or case notes of programs specified in paragraph 1 of this subsection shall be confidential and shall not be disclosed except with the written consent of the individual, or in the case of the individual's death or disability, of the individual's personal representative or other person authorized to sue on the individual's behalf or by court order for good cause shown by the judge in camera.

C. The district court shall not order the disclosure of the address of a domestic violence shelter, the location of any person seeking or receiving services from a domestic violence or sexual assault program, or any other information which is required to be kept confidential pursuant to subsection B of this section.

For more information regarding confidentiality in Oklahoma Attorney General Certified Programs, please see Title 74 O.S. §18p-3. For information regarding federally funded programs, even those programs which are subgrantees, please refer to your specific funding requirements.

Notes:

Office of Justice Programs. *Develop a SART*. https://www.ncjrs.gov/ovc_archives/sartkit/develop/team-print.html

Minnesota Coalition Against Sexual Assault. (2023, July 7). *Sexual assault response teams & systems change*. <https://mncasa.org/tools/sexual-assault-response-teams-systems-change/>

CHAPTER TWO: ADVOCACY RESPONSE

THE ROLE OF ADVOCATES

The role of advocates in the response to sexual assault is to provide crisis intervention services, support, information, referrals, and ancillary services which may include assistance with transportation, housing, and/or childcare. Best practice utilizes trained advocates to accompany victims through the health care, social service, and criminal justice systems in a way that is culturally and linguistically appropriate to the best extent possible. Advocacy services should be initiated automatically rather than asking the victim if they would like an advocate to be called. Victims may then opt to decline advocacy services when the advocate is already on site.

Under the Sexual Assault Victims' Right to Information Act, a victim has the right to speak with a sexual assault victims' advocate prior to the commencement of any forensic medical examination and to have a sexual assault victims' advocate present during any interview with the victim. Victims of sexual assault shall retain these rights regardless of whether the victim agrees to participate in the criminal justice system at any time and regardless of whether the victim agrees to receive a forensic medical examination.

TYPES OF ADVOCACY AGENCIES AND PROGRAMS:

Community-Based Advocates — Community-based advocates are housed in local non-profit organizations certified by the Oklahoma Attorney General's Office and whose primary purpose is to provide services to victims regardless of whether the victim is involved with the criminal justice process. Since only a small percentage of sexual assault victims report the crimes against them, community-based advocates spend much of their time providing support and services for victims who have no contact with the criminal justice system. These services are free and confidential.

Oklahoma Attorney General (OAG) certified programs provide sexual assault response advocacy (SARA) through sexual assault services and crisis intervention. Oklahoma Administrative Code (OAC) 75: 15-2-6 outlines sexual assault services that shall be provided by

OAG-certified programs. OAC 75: 15-2-5 outlines crisis intervention services. Services provided by OAG-certified programs shall be kept confidential.

A list of certified programs can be found here: <https://www.oag.ok.gov/certification-domestic-violencesexual-assault-batterers-intervention-programs-and-adult-victims-sex>

Victim Witness Coordinators/Advocates (VWC/advocates) —The role of VWC/advocates is to provide support and communication to victims who are involved with the criminal justice system. These advocates operate with the purpose of affording crime victims their rights and offering support and assistance while navigating the criminal justice system. All of Oklahoma's 77 counties are required to provide victim assistance and each of the 27 district attorney districts has an assigned VWC/advocate. However, it is more typical for staff of the certified domestic violence and sexual assault program to serve as the advocate during a sexual assault exam as well as for additional services, particularly when the victim chooses not to report the incident to law enforcement. Some VWC/advocates may only have the resources to provide court notification services to victims, while others may provide court accompaniment as well as an array of additional services and assistance. VWC/advocates provide services to victims of all crimes, including sexual assault and domestic violence.

It is important to contact the local district attorney's office to determine who the VWC/advocates are and what types of services they offer. Titles and funding sources for advocates within district attorneys' offices may vary. Due to this, service provision and confidentiality may also vary.

Law Enforcement-Based Advocate — Law enforcement-based advocates are victim advocates that are employed by and based in law enforcement agencies. Law enforcement-based advocates usually provide services to all victims of crime including victims of sexual assault. These advocates serve an important role to sexual assault victims including but not limited to responding to the scene of a sexual assault and providing immediate support to the victim after a reported assault, accompaniment and possible transportation to forensic exams or other emergency medical treatment, assistance in filing for emergency protective orders,

updates on the investigation, accompaniment to court proceedings, and referrals to other service providers.

In addition to these services, law enforcement-based advocates may serve as liaisons between the victim and system-based professionals by working to facilitate open and clear communication. These advocates, ideally, work closely with community-based advocates, tribal advocates, and VWC/advocates to close any gaps in services the victim may experience when navigating the criminal justice system.

Culturally Specific Advocates — Survivors come from diverse backgrounds and may feel more supported when they are connected to services that reflect their own communities. Culturally specific advocates provide services and assistance to a specific population, such as certain racial or ethnic populations, communities of color, immigrants, refugees, sexual or gender minorities, or people with developmental disabilities. Some community-based advocacy agencies and VWC/advocates may have culturally specific advocates on staff, or they may refer the victim to an agency that serves a specific population. These services are offered to survivors at no cost.

At the time of publication, there are two Oklahoma Attorney General (OAG) certified Domestic Violence and Sexual Assault (DVSA) programs in Oklahoma that serve the Latino community. The Latino Community Development Association, located in Oklahoma City, offers a broad variety of services, such as translation or interpretation, civil legal assistance, social services, transportation, housing, childcare, and education. The La Luz Organization offers services for Latino victims of domestic violence, sexual assault, and stalking that are confidential, free, and culturally and linguistically trauma informed. These services include advocacy, groups, counseling, and faith-based interventions. The La Luz Organization has locations in Oklahoma City and El Reno.

The Diversity Center of Oklahoma is an OAG certified DVSA program. It is the only Gender Diverse & LGBTQ Community Resource Center of its kind in Oklahoma.

Oklahoma is home to 39 federally recognized tribes. Many of these tribes have services for victims of crime, including sexual assault. While some programs are only open to tribal members of federally recognized tribes, some programs may be open to all victims, regardless of their race/ethnicity. To adequately support survivors of sexual assault in Indian Country, it is important to promote resilience through culturally specific services. A directory of tribal programs in Oklahoma can be found on the Native Alliance Against Violence website or at this link <https://oknaav.org/tribalprograms>.

Other culturally or community specific services exist throughout the state and function without OAG certification. An example would be a faith-based shelter that houses women and children who are facing homelessness. While they are not listed here, it is important to identify these resources in your area. Survivors should be informed of all available resources so that they can determine which to pursue. A SART should be mindful that while OAG-certified programs shall keep information about clients confidential, non-certified programs may have different regulations regarding confidentiality. Please advise survivors of this during the referral process.

Campus Advocates — College and university campuses across the state offer services for survivors of sexual assault. Advocates may be campus staff, volunteers, or local agency staff. These services may be housed in Women’s Centers, Student Services, Campus Police, or other offices. Please contact your local campus to find the resources available to survivors.

Military Advocates — Oklahoma is home to seven military installations: Altus Air Force Base in Altus, Tinker Air Force Base in Oklahoma City, Vance Air Force Base in Enid, Fort Sill Army Base in Lawton, McAlester Army Ammunition Army Base in McAlester, Oklahoma National Guard, and Container Inspection Training USCG Oklahoma City. Military bases across the state offer services for domestic abuse/intimate partner violence within military families. These services include safety planning, advocacy and support for domestic abuse victims, and batterers’ intervention for abusers and all affected family members.

CHAPTER THREE: LAW ENFORCEMENT RESPONSE

INITIATING THE COLLABORATIVE RESPONSE

In accordance with the Sexual Assault Victims' Right to Information Act, a victim has the right to speak with an advocate prior to a forensic medical examination and to have an advocate present during any interview with the victim. Best practice is to initiate the collaborative response immediately. If a victim does not wish to have a forensic exam or file a report, they shall still be afforded their rights and connected with an advocate. Advocacy services should be facilitated automatically rather than asking the victim if they would like an advocate to be called; victims will then have the option to decline advocacy services when the advocate is already on site. Law enforcement should encourage the victim to seek services by explaining that advocacy services are free and confidential. The officer may explain that advocacy agencies offer different types of support, including safety planning, access to counseling, court advocacy, and much more. The officer shall also inform the victim of their rights by providing a copy of the Victims' Rights brochure provided by the DA's office. These brochures can be found at: https://www.oag.ok.gov/sites/g/files/gmc766/f/documents/2020/victims_rights_brochure_-_revised_11-2019.pdf.

ROLE OF LAW ENFORCEMENT DURING THE MEDICAL FORENSIC EXAM

It is recommended that law enforcement not be present during the medical/forensic exam. Information taken by the medical personnel/SANE about the experience of the assault may be admissible in court if it is disclosed for the purpose of health care. Also, the victim may be more likely to share details of the assault (particularly those aspects of the assault that the victim finds embarrassing) with the medical personnel/SANE than they would to a law enforcement officer. For this reason, law enforcement should conduct an initial victim interview separately from the medical personnel/SANE's response. However, it is important for the medical personnel/SANE to convey to law enforcement pertinent information that could inform the subsequent complete victim interview and evidence collection. Keep in mind that the forensic exam serves two purposes: to offer medical treatment and evidence collection.

Initial Victim Statement — The purpose of the initial victim statement is to obtain basic information to establish the elements of the crime. Law enforcement can encourage the victim to provide a narrative of the incident, beginning and ending where the victim chooses, by asking — “Can you tell me what happened?”. Trauma-informed interviewing techniques should be utilized.

Law enforcement should allow the victim to share their experience uninterrupted. Avoid interrupting their experience and instead clarify the necessary information after their narrative has been completed. Specific details provided by the victim should be documented as they may fade soon after the assault. The initial victim statement is not a comprehensive victim interview. It is intended to be used to determine the next steps such as initiating a SANE or other medical response, calling for resources, or securing evidence.

Language barriers often exist, making it necessary for law enforcement to utilize an interpreter/translator during a victim interview. Friends, relatives, or acquaintances of the victim should not be used. Only competent, well-qualified interpreters/translators should be utilized, and they should expect to be called to court to testify to the accuracy of their translation. A promising practice for this could be to develop a list of accessible, qualified, trained professional interpreters/translators for the most common languages in the community.

Photos of the Victim — The primary purpose of photographs of the victim is to document injury. It is best practice for photos to be taken by the medical personnel/SANE during the physical exam, although non-genital photos may also be taken by law enforcement at the end of the exam. Photographing the victim should include a trauma-informed approach in which the officer explains what is needed/about to happen, why it is needed, and allows for victim choice when possible. Precautions must be taken to safeguard photographs taken by medical personnel/SANEs to document injury. If an exam is not done, law enforcement should photograph observable injuries. Follow up photographs should also be taken 24- to 72-hours after the assault to document the development of bruising or other injury. Photos of the victim should be submitted as evidence and not attached to the police report. Police reports are

eventually available to the press and the public; evidence is not released to the press or the public.

BEST PRACTICES—INVESTIGATIVE RESPONSE

Victim Interview — After the initial victim statement, the next step in a criminal investigation that involves the victim and law enforcement is the in-depth victim interview. Best practice and trauma-informed principles suggest scheduling an in-depth interview after a victim has been allowed to rest. This interview may be completed as soon as the victim is ready or up to 48 hours after the initial reporting. The timeframe for conducting the in-depth interview can vary case-to-case depending on a multitude of factors including the safety of the victim, threat to public safety, transient nature of the victim, or other factors. For instance, a victim who has already rested and is prepared to engage in an in-depth interview at the time of reporting should have their wishes honored.

The purpose of the in-depth victim interview is to:

- confirm, clarify, and expand on the initial victim interview
- confirm and establish the elements of the crime
- develop corroborative details related to the assault and the circumstances surrounding the assault, and
- describe the assault from the perspective of the victim.

As mentioned previously, it is a beneficial protocol for law enforcement to confer with the medical personnel/SANE before beginning the in-depth victim interview. At this time, the medical personnel/SANE can highlight information discovered during the exam that may help law enforcement ask questions useful to the investigation, for example: “I’m told you have a large bruise on the back of your head, can you tell me how that happened?” The traumatic state a victim is experiencing may mean that details mentioned during the forensic exam might not come out in the law enforcement interview without specific prompting. A briefing from the medical personnel/SANE after they complete the exam can help law enforcement get answers to questions that the medical exam has raised.

In-depth victim interviews take time. Law enforcement will want to ensure that there is time enough to complete the interview and to avoid limiting the interview due to outside time constraints. The ability, comfort, and needs of the victim should be considered throughout the course of the interview. Cultural differences, cognitive abilities (temporary or permanent), fear, embarrassment, self-blame, and other factors specific to that victim may influence their ability to communicate in a concise and efficient manner. Law enforcement will want to make every effort to ensure that the victim is comfortable enough to facilitate disclosure of as many details of the assault as possible. In the state of Oklahoma, sexual assault victims have the right to have an advocate present during any interview with the victim.

Offenders often target victims who they perceive will not be believed if the crime is reported. This is especially true of victims who are minors, victims who are themselves involved in criminal activity, those who use or abuse alcohol or other drugs, and those with physical and/or mental disabilities. Victims may also fear that they will not be believed.

Consequently, law enforcement will need to:

- conduct the interview somewhere other than a room utilized for suspect interviews
- establish rapport before beginning the interview
- reassure victims that the only reason for law enforcement's presence is to investigate the sexual assault
- avoid asking "why did you" or "why didn't you" questions that can be interpreted as blaming
- give the victim undivided attention for the duration of the interview
- keep in mind that people will engage in behaviors outside of the experience of many responders' expectations and comfort (such as sex work or drug use), and
- leave their own biases out of the interview.

It is important that the setting of the victim interview is a space that allows a victim to feel safe and supported. These spaces should also minimize distractions or interruptions. As law enforcement conducts interviews with the victim, they should keep in mind that trauma affects a victim's memory and that it is best practice to follow-up with victims to ask if they have remembered anything more. Rapport building is a useful tool to evaluate the victim's

communication style and provide a baseline so that the interviewer can adapt themselves to the victim. Law enforcement should not assume that they will get all the information they need about the sexual assault at the time of the initial victim interview or the in-depth victim interview.

UTILIZING INVESTIGATIVE TOOLS

Law enforcement is encouraged to utilize all available tools at their disposal when investigating charges of sexual assault. This will ensure cases are resolved conclusively, consistently, and professionally. An incomplete or questionable victim interview should not be the sole factor used to determine whether a particular investigative tool is chosen by law enforcement. The best practice is to utilize a variety of investigative tools as a standard part of the law enforcement response to a report of sexual assault.

These tools include:

Suspect Interview — Unless the suspect is unknown, suspect interviews should be conducted as a standard part of the law enforcement investigative response to a report of sexual assault. Because most sexual assault reports involve victims and suspects who are known to each other, the investigation is likely to be a lengthy process of collecting corroborative details of the assault that will have to be investigated before an arrest or charging decision can be made. Keep victim safety in mind when determining the appropriate time to conduct the suspect interview.

Remember that the most common response of suspects is to: (1) deny the allegation completely or (2) deny that the sexual act was nonconsensual. Best practice includes not dismissing the victim's report based solely on the suspect's description of the incident. Sex offenders will often come across as more credible than their victims.

Suspect interviews will generally be conducted in a non-custodial setting before a suspect is arrested. This includes interviews at the law enforcement agency, but an interview may also take place at any location where the investigator feels they have the best advantage in gaining the cooperation of the suspect. When possible, best practice includes audio or videotaping suspect interviews. Suspect interviews should always be conducted in person to observe the suspect's body language and reactions. The purpose of a suspect interview is to elicit provable lies,

implausible accounts, partial truths, lack of denial, and partial or complete admissions. Interviews with offenders should also be used to discover whether they have ever been similarly accused in the past. This might provide leads for other cases and justice for other victims.

Controlled Contact with Suspect — These types of communications can be an important tool in non-stranger sexual assault. They can be made using several different types of electronic communication.

Pretext Phone Call — Pretext phone calls can be important tools in non-stranger sexual assault investigations and should always be considered by law enforcement when an initial report of sexual assault is taken. In those cases, the victim makes a recorded call to a suspect in order to elicit information from the suspect about the alleged offense. Pretext calls sometimes elicit an apology or other damaging statements from a suspect. At other times, the call may not elicit a confession or apology, but the call may provide important corroborative detail or a lack of denial. The possibility of having a sexual assault victim make a pretext communication to the suspect is one reason an investigator will not want the suspect contacted or interviewed prematurely, as that contact would alert the suspect to an investigation. Victims should never be pressured into participating in a pretext communication. Pretextual electronic communications can build up probable cause to legally seize and search a suspect's devices.

Text Messages and Social Media — This is the same concept as pretext phone call, but through social media, direct messaging, or text messaging. Depending on the age of the suspect, there is a higher likelihood that the suspect communicates more frequently through text messaging or social media. This type of pretext communication may also make the victim feel more comfortable.

Victim Outcry Witnesses — Victims often disclose sexual assault to a friend or family member prior to making a report. Additionally, they may seek frequent or regular support from multiple individuals in the aftermath of a sexual assault. These outcry witnesses may not be initially identified to law enforcement because of the victim's reluctance to involve others in a police investigation. However, collecting victim outcry statements may provide corroborative details,

additions to the timeline and/or increase the credibility of the victim's account. Outcry witnesses can also provide information as to the victim's state-of-mind or demeanor at the time of disclosure. It may be important to note what type of advice the outcry witness provided (reporting, non-reporting, etc.), as the victim may have acted at the direction of a witness.

Suspect Disclosure Witnesses — Suspects may brag or disclose to friends, co-workers, and/or acquaintances. Suspect disclosure witnesses can corroborate the sexual acts described by the victim and provide insight into the suspect's perception of the incident and behavior surrounding the incident. In cases where the outcry witness knows both the victim and the offender, this interview should occur as your investigation concludes. This can help prevent the offender from being "tipped off" as to the investigation.

Polygraph — Although polygraph results cannot be used in court, polygraphs are an important investigative tool. Polygraphs have been proven to be inherently unreliable in accurately detecting deception. Their primary utility is if the subject mistakenly believes that they are reliable, there may be more incentive to be honest. To ensure an accurate and useful polygraph result, it is important that the questions that will be asked of the suspect be discussed first with the polygrapher. Polygraphs should not ever be used as an investigative tool with the victim. If a victim is polygraphed, federal grant funds could be rescinded.

Search Warrants — Search warrants should be considered for the collection of physical evidence as well as corroborative evidence. In a case where a victim was assaulted at the suspect's residence or a place the victim has not been before, the victim may provide investigators with a description of the layout of the residence and specific unique items seen within the residence. Investigators executing a search warrant can confirm the physical description of the residence, photograph and collect items described by the victim, and can corroborate the victim's description of the assault and other important details of the victim's report. Photographs of where the sexual assault took place are also helpful to develop a victim's testimony in front of a jury.

Search warrants should always be considered to collect evidence from a location under the suspect's control. When practical, however, before a search warrant is executed, law enforcement officers should always ask the suspect for consent to search before serving the warrant—it is always a good practice to ensure the admissibility of evidence seized by a search warrant by attempting to obtain the suspect's consent. By following this practice, officers may rely on both consent and the search warrant in gathering evidence. This will help to ensure the admissibility of evidence in court.

Identification of Additional Victims (similar/prior bad acts) — Law enforcement will want to actively seek identification of additional victims. Sex offenders are commonly serial offenders as well as crossover offenders—they may offend against children, adolescents, and adults. Law enforcement should be sure to check both in-state and out-of-state criminal history databases to identify any pending investigations or prior charges. Identification of additional victims can be done by interviewing a suspect's friends, family, acquaintances, roommates, co-workers, fellow students, former partners, and anyone within their immediate or extended social circle. Additionally, when law enforcement is investigating potential serial crimes, they may want to consider contacting their community-based program, which may have information about other victims. While advocates cannot confirm or deny information without receiving permission from the victim in question, this has been a successful strategy in several jurisdictions.

Evidence Collection — Evidence in sexual assault cases is most often found in three areas—on the victim, on the suspect, and at the physical location of the incident. Physical evidence is gathered from the victim through the forensic examination performed by a sexual assault nurse examiner or physician at a hospital or other medical facility. Evidence from the victims' body and/or clothing should be collected in accordance to Sexual Assault Evidence Collection protocol.

Evidence found on suspects may be collected either during the suspect interview or following an arrest. Law enforcement is encouraged to consider exigency (the likelihood that the evidence will degrade or be lost completely) if it is not collected immediately or protected from destruction. In some cases, perishable or easily destroyed evidence may be seized without a search warrant,

but in other cases, a search warrant may be required. Law enforcement is encouraged to consult with the District Attorney's office, if possible, when determining whether to proceed without a search warrant. Particularly with suspects, the existence of exigency is a critical issue to identify and address immediately.

In many jurisdictions, hospitals may refuse to collect physical evidence from suspects and law enforcement will be required to collect evidence themselves. Appropriate evidence collection materials should be available to investigators. A search warrant may be necessary to search the location of the assault. Forensics personnel with specialized training and equipment may be called upon to assist with the search.

Sketches and photos should be a standard part of crime scene response. In sexual assault cases, when a search is initially conducted, it may be difficult to determine what at the scene may become relevant later during the investigation or prosecution. Photos and sketches will document the scene as well items found at the scene. Photos and sketches will help to prove the presence of that potential evidence if it is needed later.

Additionally, victims of sexual assault under Oklahoma Statute Title 74, Section 150.28a, have the right to track the location of their sexual assault (SA) kit from collection to final analysis. Access this information through the following website: <https://sakt.osbi.ok.gov>. For additional information, contact the OSBI at (405) 330-6724.

Submitting Evidence to the Forensic Lab — Law enforcement will determine, sometimes in consultation with the District Attorney's office, what, if any, evidence is submitted to the Forensic Lab for analysis. Consideration should be given to submitting evidence contemporaneously with the investigation of the case.

Unknown Suspects — The best practice is to submit kits to the forensic lab when the suspect is unknown in order to include the DNA profile of the suspect in CODIS.

Use of Technology — It will be important for law enforcement to determine the need to examine telephone and cell phone records of a suspect and/or victim. It may also be important to seize a

cell phone since they contain address books. Most cell phones have digital cameras, which may capture images relevant to an investigation. A search warrant may be required for the seizure and examination of cell phones.

Where appropriate, law enforcement should seize computers, CDs, DVDs, external hard drives, web or video cameras, digital cameras, and other related material during the execution of search warrants. Consideration should be given by law enforcement to having a forensic examination done of those devices to document contact the suspect had with a victim. When practical, victims' devices should not be seized and/or searched through the use of a warrant. Seizing victim devices might risk their privacy interest in areas unrelated to an investigation and inhibit their ability to participate. When possible, evidence from a victim's device should be preserved by screenshot or screen recording. Always remember to capture the date and time of communications when preserving this type of evidence. In addition, certain communications in victims' phones with the suspect can lead the investigator to probable cause for a search warrant for the suspect's phone. It is best to utilize communications in the victims' phones in this way.

Remember, if you have seized and are attempting to search the cell phone of the suspect through a cellular download program such as Cellebrite, *Reynolds v. State*, 2022 OK CR 14 allows law enforcement to compel a suspect to give them the pin code and/or passcode to their phone.

When appropriate, internet service providers should be contacted by law enforcement and directed to preserve email and other electronic correspondence that may have been sent between the suspect and victim or between the suspect and people who the suspect may have bragged to or made other incriminating statements to. A court order will be required for law enforcement to receive this material from the internet service provider.

The use of social networks and messaging apps should be determined. Those sites should be searched through a court order or search warrant. A preservation request can be sent to the social networking or messaging app company while waiting for a court order or search warrant. Suspects often brag or make other damaging statements to friends or associates on such sites.

Law enforcement is encouraged to work closely with their District Attorney's office when determining the course of an investigation.

NEXT STEPS

Complete Police Report — Complete, thorough, and accurate documentation of the initial police report and the statements of the victim, witnesses, and suspect(s) is the foundation of a good investigative technique. It is important that law enforcement complete reports as soon as possible, ideally within one to two days following their contacts related to the investigation. Accuracy and detail are paramount to good sexual assault investigations. Completing an initial sexual assault report is a priority, as investigative follow-up cannot begin until the initial report has been completed.

Law enforcement reports should:

- contain all the elements of the crime,
- be objective (and not include opinions from the author),
- be written in first-person,
- include details of the circumstances leading up to the assault as relayed by the victim, including any indication of grooming and/or premeditation,
- be written using the victim's language and terminology,
- avoid sanitizing the language and include direct quotes from the victim,
- include descriptions of the victim's state-of-mind/demeanor, and
- avoid law enforcement jargon (exited, alleges, suspect, etc.).

Case Forwarding — It is the best practice for law enforcement agencies to forward all completed sexual assault investigations to the District Attorney's office for review. Often, the best way to staff a sexual assault investigation is in person with the prosecutor who is assigned those cases so that the investigator may answer any questions and the prosecutor may recommend follow-up investigation that needs to be completed prior to filing.

Information and Referral — Best practice for law enforcement response includes providing victims of sexual assault with immediate and ready access to an advocate. In Oklahoma, law enforcement officers are statutorily required to inform victims of financial assistance and any other social services available to them, as well as how to apply for assistance. Advocates are in the best position to provide information and should be able to provide referrals specific to the needs of the victim and their family. However, in cases where contact is made with a victim and an advocate is not immediately available, law enforcement shall provide information and referrals to the victim regarding local advocacy services as well as other services that may be necessary. Law enforcement should provide victims with written materials that include the name of an advocate or advocacy agency and their contact information.

For more information regarding law enforcement officer's statutory obligations in response to sexual assault, please see the following:

- 21 O.S. § 142A-3
- 21 O.S. § 142C, and
- VAWA

Communicating Next Steps — Victims of sexual assault may not be familiar with the criminal justice system response. In fact, their understanding and expectations may be largely based on what they see in the media and on television. Therefore, it is critical to complete each victim contact by providing information on what is to come next, including information on the timeline and contact information for the law enforcement official handling the case. Information should also include explaining to the victim that the initial charges determined by the investigating agency may not be the charges that are ultimately filed by the District Attorney's office if it chooses to file the case at all. Law enforcement will also want to acknowledge that disclosure is a process that can occur over time and encourage the victim to contact them with additional information. It is advised that the investigator contact the victim prior to pretrial/trial to assess for needs or threats made by outside parties.

Case Clearance — Cases that are incomplete, inconclusive, or cases for which follow-up information is unavailable or insufficient to support the report should be cleared as inactivated or suspended. Cases should be cleared as unfounded ONLY when the investigation establishes a crime was not committed. Additional forms of case clearance, such as by exception (suspect dies or is in custody outside of extradition jurisdiction) or arrest, should be utilized as appropriate. While society seems to support the idea that false allegations of sexual assault are common, the FBI reports that only about 8% of rape reports are unfounded. While false allegations certainly comprise a small portion of cases that are classified as unfounded, unfounded cases also include claims of sexual assault where the elements of the crime, as defined by Oklahoma Statutes, are not met; unfounded cases, therefore, are not the same thing as false reports. Changing the classification of unfounded to include only proven false reports could, over time, help change the public perception that victims often falsely “cry rape.”

ADDITIONAL CONSIDERATIONS:

Law Enforcement Access to Medical Information (HIPPA) — A release of health information is necessary for law enforcement to obtain health information from a crime victim. If the victim is conscious and capable of providing information, they may agree verbally or in writing. It is best practice to obtain a written release of information at the time of the medical/forensic exam. It is important to standardize the consent process as part of the medical exam so that law enforcement does not need to re-contact the victim to gain a release for medical records. For more information about reporting, referrals, and production of medical records, please see 22 O.S. § 40.3A.

However, 22 O.S. § 58F allows for the disclosure of medical records upon request by law enforcement without the consent of the victim in cases of domestic violence. This statute can be found here: <https://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=442192> . An example of a Disclosure of Medical Records form is provided in the Resources section.

Medical Records Accessed by a Subpoena — It is critically important that the scope of the records subpoenaed is clearly described with dates specific to the relevant medical response.

This will avoid the necessity for law enforcement and other members of the criminal justice system to be responsible for confidential medical records.

All medical records that are obtained should be immediately logged as evidence. Medical records should never be included as a part of the police/investigative reports, which are public records.

Taped, Recorded, and Written Statements (Victims' and Suspects') — Video and/or audio recording statements from victims and suspects have advantages and disadvantages. Law enforcement agencies are strongly encouraged to develop a policy related to recording victim and suspect statements in cases of sexual assault. The policy should consider the following advantages of video and/or audio recording statements:

- reliable method of documentation
- records details that may not be summarized or captured in a written report, and
- records demeanor and affect to better communicate the reality of the impact of the assault on the victim.

The policy should also consider the following disadvantages of video and/or audio recording victim statements:

- records demeanor and affect which may appear to be unexpected and even suspicious to some, and
- records omissions, inconsistencies, and/or partial truths of the victim.

Whatever policy is developed by a particular law enforcement agency as it relates to video and/or audio recording victim and suspect statements should also include a way to address the above disadvantages. Additionally, victims and suspects do not need to be treated the same and, in fact, there is good reason to develop taping/recording policies that are distinct for each. Current nationwide practice is to record the interview with the suspect.

Taped/Recorded Statements — All taped and recorded statements should be logged as evidence and a summary of the recording should be noted in a police report. Remember,

Miranda is only required if they are in custody or are not free to leave. If law enforcement plans on conducting a “pre-text” call or a controlled call or text that is facilitated by the victim at the direction of law enforcement, make sure you discuss that particular tactic with the prosecutor prior to using it during an investigation.

Bodycam — Law enforcement agencies may have body camera video for officers to wear during an investigation. Body camera videos assist the prosecution by providing evidence of the scene as well as documenting victim and offender behavior during an investigation. The body camera should be worn during interviews with victims, offenders, and witnesses. Body camera video should be logged into evidence. Any investigator assigned to the case should do their due diligence in making sure any bodycam footage from patrol officers related to the case is preserved, especially since many agencies have different policies related to long term storage of bodycam footage.

Written Statements — Written statements can be used for suspect interviews if video and/or audio recording is not the practice. Written statements can be generated by the suspect and signed, although the disadvantage of allowing suspects to use their own language is that they will undoubtedly minimize and justify their actions. The other option is for law enforcement to generate a statement and have the suspect review and sign it. Suspects who take issue with particular language or components of the statement can cross out and amend that portion of the statement before they sign it. This provides a clear indication that the suspect read the statement, made corrections, and then signed it, thus making the argument of coercion difficult.

Remember that asking victims to write statements is not considered best practice.

Collaboration with Department of Corrections (Parole/Probation) — Law enforcement officers are encouraged to utilize probation and parole staff as a resource in the investigation of sexual assault cases. Department of Corrections and probation/parole staff may be able to provide:

- detailed descriptions of the suspect (tattoos, scars, etc.)
- detailed history of the suspect (Modus Operandi, typology/arousal information), and

- suspect contacts (friends, family, co-workers).

Additionally, the Sex Offender Registry, managed by the Oklahoma Department of Corrections, can also be a good resource and investigative tool for law enforcement in investigating sexual assaults.

Reluctant and/or Recanting Victims — It is not uncommon for victims of sexual assault to be reluctant about reporting or participating in the criminal justice system. Victims who are reluctant may also ultimately recant in an effort to disengage the system. Law enforcement will therefore want to avoid jumping to the conclusion that a recanting victim means the report was false. More likely, the victim, because of internal, family, or socio-cultural pressures, is making their best effort to avoid further participation in the investigation and/or prosecution. Consider the influences that relate to a victim's willingness to participate:

- **Internal Influences** — Victims are likely to feel embarrassed, ashamed, and even unsure of what happened to them. Victims may fear that law enforcement and other responders will not believe them if they do report. Victims may also want to put the assault behind them and avoid repeating the experience, answering questions, or being confronted by the perpetrator in court.
- **External Influences** — Victims may feel pressure from their friends, family, or community (cultural, religious, etc.) to report or not report. Victims may also encounter responders (within the criminal justice system) who have victim-blaming attitudes and believe misconceptions related to sexual violence. Victims also may fear being threatened or harmed by their perpetrator (or their family and friends) if they report their assault.
- **Socio-Cultural Influences** — Victims may feel particularly uncomfortable with specific or humiliating facts about the assault, such as sodomy. Victims may also feel protective about private information related to their situation or behavior, such as pregnancy or drug use. Finally, victims who have some familiarity with the criminal justice system may have a past that they fear will inhibit them from receiving justice.

Ultimately, victims are as likely as the general public to believe misconceptions about sexual assault and blame themselves entirely or in part for the assault, which makes them unsure about prosecution. The District Attorney's Office and law enforcement should provide a victim who recants with information for support services.

FURTHER THOUGHTS ABOUT THE LAW ENFORCEMENT RESPONSE:

It is crucial for law enforcement officers to gain a detailed understanding of the difficulties that sexual assault victims face when making the decision to report to law enforcement and the potential barriers to continuing in the legal response. Only by understanding these concerns, as well as the broader issues of sexual assault dynamics and social myths and misconceptions, will law enforcement officers be able to provide a true victim-centered response. It is a responsibility of the SART to facilitate sexual assault-specific training for law enforcement to ensure that their efforts on behalf of the victim and the larger community are grounded in the victim-centered approach.

It is often the case that the victim's experience of seeking justice may start and end with the law enforcement response and investigation. It is crucial that victims have validating, supportive, and compassionate interactions with law enforcement, both to facilitate their own healing and to prove to the community around them that victim safety and offender accountability are the guiding philosophies of the SART's first responders and not just an empty catchphrase.

CHAPTER FOUR: MEDICAL RESPONSE

The role of the medical personnel or SANEs is the medical treatment, diagnosis, and safety planning of the patient. The nurse's role is *not* for evidence collection only. They are possibly the first point of contact for victims of sexual assault. Medical personnel/SANEs share the responsibility of initiating the multidisciplinary response, including contacting an advocate and, if the patient decides to report, law enforcement. The nurse will begin with getting consent from the patient or parent/legal guardian of the patient. Once the patient has received an informed consent, the nurse is to conduct a medical history then begin with the SANE process of a head-to-toe assessment, collecting swabs and photographs as needed. Starting with medical history allows a gradual transition from the least threatening to more intimidating information for the patient, as well offering an opportunity to build rapport. When the exam is completed, the patient is offered medical intervention, or prophylaxis, for concerns regarding infection and/or pregnancy. The patient may require medical treatment and diagnostic imaging for other injuries and be referred to the emergency room or other specialties. The evidence collected is packaged using a Sexual Assault Forensic Evidence Kit and is given to the law enforcement officer for preservation or testing, depending on the victim's choice to report or not.

Consent can be given or withdrawn for any portion of the exam at any time. In cases where the patient chooses not to report their assault to law enforcement, the option of a non-reporting examination should be explained and offered. Medical personnel/SANEs have an obligation to care for the self-identified victim and to provide them with information and referrals, regardless of the patient's decision concerning evidence collection and reporting.

Victim-Centered — The role of medical personnel/SANEs in a victim-centered response hinges on maintaining medical neutrality and providing quality patient care. All medical exams and subsequent treatment, however, are based on the patient's complaints and disclosures, and the sexual assault exam is no exception.

A victim-centered medical response recognizes that it is best for the patient (and for the criminal justice system) that medical personnel/SANEs avoid formulating opinions about whether the sexual assault occurred. Rather, medical personnel/SANEs have an opportunity to conduct an exam that documents the patient's assault history as reported by the patient and notes when the physical and forensic components could be consistent with the patient's history. Medical personnel/SANEs may be asked by law enforcement whether a victim is credible or, more directly, whether the assault occurred. Medical personnel/SANEs can use this as an opportunity to share what is known about the sexual assault medical examination, that the presence or absence of injury or forensic findings is not indicative of whether the patient was assaulted, and neither is a patient's demeanor during the assault history or exam. Medical personnel/SANEs must avoid making judgments regarding the legitimacy of a sexual assault complaint or the credibility of their patient.

Offender-Focused — Medical personnel/SANEs are not routinely in contact with offenders, although at times they may be asked to conduct a suspect exam as a part of the criminal investigation. A victim-centered and offender-focused medical response will make every effort to avoid using the same medical personnel/SANE for victim and suspect exams and avoid using the same entryways and the same exam rooms. However, with the appropriate procedures in place the same personnel can be used. Additionally, it is critical that medical personnel/SANEs maintain their medical neutrality and patient confidentiality when performing suspect exams.

Initiating the Collaborative Response — As part of a multidisciplinary response, when the initial contact made by the patient is the hospital, staff at a hospital or clinic will be responsible for initiating the involvement of SANEs or other expert medical examiners, advocates, law enforcement, or the appropriate culturally specific providers when a victim of sexual assault presents for care. Immediately initiating the advocate response is important, since it is often the advocate who can help the patient decide who else to contact (law enforcement, a culturally specific advocate, a friend, or a relative).

Best Practice — All hospitals and clinics where victims of sexual assault are likely to present for care should have a well-established and detailed protocol to address their immediate medical and forensic needs; creation of this protocol should be one of the earliest tasks for the SART. It is best practice to have a trained Sexual Assault Nurse Examiner (SANE) or other specially trained medical forensic examiner available to conduct the medical forensic exam. In cases where no such expert is available, the most experienced medical personnel should conduct the exam and needs to follow detailed instructions for collecting and maintaining the custody of evidence, documenting medical and incident history, and documenting findings.

Medical Screening Exam — All emergency needs **MUST** be met prior to the SANE exam. In cases where the exam is not conducted by a hospital, a policy should be in place to enable a trained SANE to conduct the medical screening exam (MSE). The purpose of the MSE is to determine the presence or absence of an emergency medical condition, not to treat or diagnose. In the instance where an MSE determines there to be no emergency medical condition, it is possible (and usually best practice) for the entire medical exam and evidence collection to be performed solely by the trained forensic examiner/SANE, saving the patient the possible trauma of being seen by multiple medical personnel. It is important for the SART to determine the MSE policies of its hospitals early in the process of developing medical response protocols to allow for time to make changes at management level, if necessary.

Medical Forensic Exam — The medical practitioner and a support person (advocate, friend, or family member, if requested by the patient) are the only appropriate individuals to be present during the medical forensic exam (the portion of the exam where the patient is asked to disrobe for the purposes of physical examination, documentation, and evidence collection). Law enforcement should not be present during the medical forensic exam.

Reporting and Non-Reporting Victim — It is common for victims of sexual assault to be reluctant to report or participate in the criminal justice system response. It is not the role of medical professionals to encourage patients to report or not to report. A victim of sexual assault should be medically cared for with the same thoroughness as any other patient, regardless of

whether or not they wish to report the incident. The medical history dictated by the patient will indicate the necessity of a complete physical exam and injury evaluation (including a speculum exam, screening for strangulation, etc.). All patients need to receive appropriate treatment and discharge information regardless of whether forensic evidence is collected. All patient records should reflect thorough and complete documentation and should include an incident history; some patients decide days or months after their exam that they want to report, and this documentation will then become part of an investigation. Patients also have the option of accessing the non-reporting evidence collection protocol (described later in this chapter).

Complete Medical History and Documentation — Taking a complete medical and incident history determines the health care needs of the patient who was sexually assaulted and guides forensic evidence collection, including the completion of a Sexual Assault Forensic Evidence (SAFE) Kit. A health care provider who does not document properly may be subject to liability and can have their credibility challenged in court. Additionally, providers called into court who have not accurately documented the details of a particular incident or history may not remember the details of their exams. The forms used by providers to document sexual assault should include space for a narrative description of the incident. This narrative is an important complement to the other evidence collected during a forensic exam or by law enforcement. In fact, it provides an explanation for the evidence itself and can keep a health care provider out of court.

Good medical documentation should:

- be objective (and not include opinions from the author)
- include general information of the circumstances leading up to the assault as relayed by the patient
- include objective observations of demeanor, altered mental status, and physical appearance
- use the patient's language and terminology (avoid sanitizing the language),
- include direct quotes from the patient
- use simple descriptive vs. medical terminology (bruise vs. ecchymosis, etc.), and
- avoid non-neutral terminology (refuses, non-compliant, alleges, etc.) that can be

misunderstood in a legal setting.

Right of Minor to Consent to Medical Service — As previously stated, pursuant to 63 O.S. § 2602, some minors may be able to consent to their own medical services. This includes the medical forensic and medical screening exam. Care should be taken to respect the wishes of the adolescent patient whenever possible.

Strangulation — It is critical to assess every victim of sexual assault for strangulation. Often incorrectly referred to as choking, strangulation means any form of asphyxia, including, but not limited to, asphyxia characterized by closure of the blood vessels or air passages of the neck as a result of external pressure on the neck, or the closure of the nostrils or mouth as a result of external pressure on the head. Strangulation is extremely dangerous and can cause death hours or even days after the event. Though there may be visible injuries to the neck, including scratches or abrasions, most patients who have been strangled do not show injury immediately, or ever. However, many patients report voice changes that may range from hoarseness to the complete loss of voice. It may also be difficult or painful to swallow or to breathe. Involuntary urination and defecation may occur and can be embarrassing for a patient to disclose but should always be asked about. If strangulation is suspected, the patient must be immediately assessed and should be observed and monitored for complications at an appropriate facility. All injuries, including strangulation, take precedence over the forensic exam.

Assault History — At the beginning of a sexual assault exam, it is standard practice for the medical personnel/SANE to first obtain a history of the assault. This history tells the SANE where to look for and gather physical and corroborative evidence on the patient's body. Best practice dictates that the medical personnel/SANE should obtain this history and that the advocate or personal representative may be present for support; law enforcement should not be present.

Evidence Collection — In order for forensic evidence to be collected, the patient must either report to law enforcement or access the non-reporting evidence collection protocol (see below). SANEs or other medical personnel gather forensic evidence based on the assault experience using a SAFE Kit. Medical personnel/SANEs are encouraged to consider exigency (the likelihood that the evidence will degrade or be lost completely) when prioritizing the collection of

evidence. This is especially important in cases of suspected drug-facilitated sexual assault and the need to collect and store urine and/or blood samples.

Documentation of injury (including photographs and body map sketches), details on where and how evidence is collected, and appropriate handling and labeling of evidence is critical.

Photos of the Patient — The purpose of photographs of the patient is to document injury and evidence. Non-genital photos are evidence and should be logged as evidence (and not be attached to the police report, which becomes part of the public record). Genital injury photos should be maintained by the hospital as a part of the medical forensic exam chart, which then becomes part of the medical record. This provides for an additional layer of privacy protection for victims, as a photo specific subpoena should be required in order to access photos in the medical record.

Non-Genital Photos of Other Body Parts — Photos of non-genital areas can be taken by the medical personnel/SANE or law enforcement while genital photos should only be taken by a medical personnel/SANE (not in the presence of law enforcement) and maintained as a part of the medical record. Preference is for photos to be kept digitally on a CD without being developed unless necessary. It is recommended that non-genital photos that require medical interpretation also be maintained by the hospital/program as a part of the medical record.

Release of Information and Evidence to Law Enforcement — Medical information, including evidence collected during a medical forensic examination, is protected under the Health Insurance Portability & Accountability Act of 1996 (HIPAA). It can only be released to law enforcement or accessed for legal proceedings with the patient's (or parent/guardian of a minor patient) prior written consent or when ordered by a court with jurisdiction in the matter. It is important to develop and maintain proper consent and release forms as part of the sexual assault protocol and to obtain all necessary signatures during the exam process. For additional information regarding production of medical records for law enforcement officers investigating sexual assault, please see Title 22 O.S. § 40.3A. For additional information regarding production of medical records for law enforcement officers investigating domestic abuse, please see Title 22 O.S. § 58.

Non-Reporting Evidence Collection — Non-reporting evidence collection allows an adult patient with the capacity to consent (mandatory reporting section below) to have forensic evidence collected and stored anonymously without making the decision to report the assault to law enforcement. The evidence is stored through proper chain of custody, using only a kit number as identification. The evidence is typically stored until the patient makes the decision about reporting; storing the evidence anonymously in no way commits a patient to reporting at a later date. Since some patients refuse an exam because they are not ready to report their assault and because some patients decide to report days or weeks after having an exam that did not include forensic evidence collection, anonymous evidence collection is a way to encourage more patients to come forward for care and to preserve patients' options for reporting at some point after the acute stage. It should be the responsibility of the SART to establish a non-reporting evidence collection policy that complies with Oklahoma Law. For more information, see Title 74 O.S. § 150.28b.

Laboratory Testing — Testing of a sexual assault victim for drugs and alcohol can achieve two purposes: (1) to determine a possible overdose/alcohol poisoning case and be able to treat it effectively or (2) to provide evidence of incapacitation or drug-facilitated assault. The reason for testing should determine where to have urine or blood samples tested. When treatment is needed for a drug or alcohol overdose, testing at the hospital lab for immediate results is crucial, and the normal course of action for an emergency department case. If urine and blood are to be sent to the hospital lab for results in these cases, it is recommended that a sample of each also be drawn to be turned over to law enforcement specifically as evidence to be tested at the forensic lab.

In cases where the patient has presented solely as a sexual assault victim with no need for medical treatment, and the patient is either reporting to law enforcement or accessing the non-reporting evidence collection protocol, it is recommended that urine and/or blood samples be turned directly over to law enforcement for testing by the forensic lab without being tested by the hospital.

Lab testing at the time of the sexual assault exam should be guided by exam findings and the

patient's symptoms. Toxicology tests for drugs and/or alcohol are normally obtained immediately if indicated by patient presentation or experience. For toxicology purposes, blood is collected for alcohol and urine for drug testing if the patient presents within 24 hours of ingestion. If the exam is conducted after 24 hours, only collection of urine is necessary. It is important to maintain an appropriate chain of evidence/custody. Work with law enforcement to ensure proper refrigeration and storage.

HIV/STI Prophylaxis — Routine STI screening at the time of exam should be deferred in place of providing prophylaxis antibiotics for common STIs. Pregnancy testing is indicated in all patients at risk for pregnancy to make sure that antibiotics are not given when a pregnancy already exists. The need for follow up STI testing should be outlined to the patient prior to discharge and be included in the written information packet, particularly since some protocols do not include prophylaxis for HIV, hepatitis, herpes, and other infections. Protocols should be in place for referral when there is a high-risk exposure to HIV. The Centers for Disease Control and Prevention (CDC) Sexually Transmitted Disease Treatment Guidelines are an excellent resource for appropriate treatment protocols.

Emergency Contraception — Pregnancy prevention with emergency contraception (EC) must be offered to all non-pregnant, post-menarchal patients presenting within 120 hours (5 days) of unprotected intercourse. Plan B (two tablets) given immediately is the current recommendation for emergency contraception. If a hospital or program formulary does not include Plan B, there are other EC options available.

Please note that there are still hospitals, clinics, and practitioners that do not routinely offer emergency contraception for patients who have experienced sexual assault. Additionally, some pharmacies and pharmacists refuse to fill prescriptions for emergency contraception. It is best practice to provide emergency contraception at the time of the medical forensic examination. If EC is not offered but prescribed, it is important to refer patients to pharmacies with a known willingness to fill the prescription or who sells EC over the counter.

Information And Referral — Best practice medical response includes providing victims of

sexual assault (and their families) with immediate and ready access to an advocate. An advocate is in the best position to provide information and referrals specific to the needs of victims and their families and friends. In cases where contact is made with a patient and an advocate is not immediately available, medical personnel/SANE will want to provide information and referral to the patient regarding local advocacy services as well as other immediate services that may be necessary; it is recommended that the medical personnel/SANE have copies of the advocates' packets on hand in case an advocate is not available.

Medical Follow-Up — Depending on the assault and medical history, patients of sexual assault may need follow-up medical care for injury, assessment for or treatment of STIs, and/or mental health care, or for other complications. It is critical to give specific follow-up information and referrals to address these needs.

Mandatory Reporting — Reporting abuse of a minor victim (under the age of 18) is mandatory for victims of sexual assault pursuant to 10A O.S. §1-2-101. According to 10A O.S. § 1-1-105, abuse means harm or threatened harm or failure to protect from harm or threatened harm to the health, safety, or welfare of a child by a person responsible for the child's health, safety, or welfare, including but not limited to nonaccidental physical or mental injury, sexual abuse, or sexual exploitation. Provided, however, that nothing contained in this act shall prohibit any parent from using ordinary force as a means of discipline including, but not limited to, spanking, switching, or paddling. Reporting of an adult sexual assault victim (18 and older) is not mandatory unless the patient is a vulnerable adult, under the care of a guardian, is a person with a developmental disability or mental illness, or is over 65 years old. A vulnerable adult is an individual who is an incapacitated person or who, because of physical or mental disability, incapacity, or other disability, is substantially impaired in the ability to provide adequately for the care or custody of themselves, or is unable to manage their property and financial affairs effectively, or to meet essential requirements for mental or physical health or safety, or to protect themselves from abuse, verbal abuse, neglect, or exploitation without assistance from others. For information about reporting of a possibly abused person, see Title 43A O.S. § 10-104.

The other exception to this guideline is in the case of injuries caused by a weapon or incidents

involving life-threatening assault. These must be reported to law enforcement agencies; however, this does not require that the sexual assault be a part of the report.

FURTHER THOUGHTS ABOUT THE MEDICAL RESPONSE

When conducting a sexual assault exam, the questions a SANE asks should focus first on obtaining information that will best inform how to care for that patient. As part of a multidisciplinary response, however, the SANE is also collecting information that will help the other first responder SART members do their jobs on behalf of the patient.

- If the patient has questions about what happens next in the legal process, the SANE can facilitate the presence of an advocate in the room.
- If family members or friends accompanying the patient are showing signs of victim blaming or are drawing the focus from the patient's needs, the SANE can ask them to wait outside the room with support from the advocate.
- If the patient seems nervous about behavior or choices made prior to the assault (drug use, under-age drinking) the SANE can share knowledge of law enforcement's priorities with the patient and also inform the officer of the patient's fears, with the consent of the patient, so they can be addressed immediately and openly in the law enforcement interview.
- The SANE can help ease the transition to the law enforcement officer by showing confidence in the officer's approach. For instance, "When we're done with the exam, the detective is going to want to do a longer interview with you to get the information needed to start your case. The officer might ask you some of the same questions again and might ask you some things that feel embarrassing, but it's just so the officer can have enough information to do the best job on your behalf. The advocate can be with you the whole time if you want; advocates know a lot about this part of the process and what happens next."
- Often times, a patient will be less reluctant to share intimate or graphic details of the assault with a medical professional than with a law enforcement officer; sharing such details with the investigating officer before the in-depth interview can increase law enforcement's ability to elicit important information by knowing which questions to ask, information that the patient might not otherwise volunteer to law enforcement due to

shame or embarrassment.

- Due to their position as medical personnel rather than members of the legal response, SANEs (like advocates) are seen as innately more victim friendly than some other team members, since their job is to take the best care possible of their patient. This puts them in the position of being able to facilitate the patient's relationship with other SART members such as law enforcement or advocates simply by describing and expressing confidence in the victim-centered approach of other first responders.
- A SANE should always be open to the possibility of changing the nature of the exam at any point; for example, a patient can come in refusing to report and wanting only STI prophylaxis and Plan B or other emergency contraception. As the patient feels more at ease with the level of compassionate care they are receiving and as they hear the SANE talk about how other first responders can become involved, the patient may feel more comfortable with the option of including other SART members. The SANE must be flexible enough in approach to be able to reset the intent of the exam mid-way if the patient decides they want an advocate, want evidence collected, or want to involve law enforcement. By being able to accommodate the changing wishes of the patient, the SANE is able to both provide the best care for their patient and also serve the guiding principles of the SART: to provide the best possible victim-centered care, to mitigate the effects of sexual assault on victims and those around them, and to increase community safety by aiding the prosecution of perpetrators whenever a victim-centered response allows.

CONSIDERATIONS WHEN SETTING UP THE MEDICAL RESPONSE

Victims are entitled to a forensic examination, free of charge, regardless of whether the assault is reported to law enforcement. This may necessitate a change to existing hospital policies of patient billing, so it is important for a SART to work with their community medical sites to ensure this is in effect. In Oklahoma the Sexual Assault Examination Fund will reimburse medical facilities for sexual assault exams. Keep in mind that while the Fund will cover expenses associated with the forensic examination, the patient may accrue bills for other aspects of their medical treatment. Since one of the barriers to victims coming forward for care is the possible financial cost, it is an important part of the SART's community awareness efforts to publicize the

fact that victims can receive free, confidential forensic medical exams without having to report to law enforcement.

It is important that during the process of creating first response protocols, the SART identifies and confers with all medical sites that could be a point of first contact with a sexual assault victim to determine whether an exam would happen at that site or if the victim would be referred to another site for an exam. Some SARTs designate one hospital to be the only site for exams and evidence collection, so that the responsibility of having trained SANEs and the necessary equipment and supplies is concentrated in one facility. In this case, all community medical facilities must understand how to appropriately transfer a victim from their site to the response facility. While there is an advantage to having one facility as the sole provider, it is important that the unintended disadvantages to this setup are identified and solved. For example:

- If a victim is going to be referred to a different facility, will they be allowed to leave the first facility without a medical screening or incurring a bill for triage services?
- Is the suspect receiving a forensic exam in the same facility? What will be done by the first responders to ensure that the victim and suspect do not come into contact and that there is no possibility of cross-contamination of evidence?
- How will the facility make sure that the victim does indeed go to the designated hospital, and not simply decide it is too much trouble or too re-traumatizing to go elsewhere? (Having an advocate meet at the first facility to accompany the victim can be a solution to this. Another possibility is that law enforcement can transport after they take a report.)
- If the victim does not have private transportation, is transportation to another site readily available after-hours? If the victim is reporting, law enforcement should be able to transport; if not, does the advocacy program allow advocates to transport or provide reimbursement for travel? (OAG-certified programs shall offer transportation as a crisis intervention service in accordance with their certification.)

As part of the SART process, every community must inventory its own resources and gauge the interest of its hospitals and clinics in providing sexual assault services before deciding where

sexual assault exams and evidence collection will take place. If it will be at multiple sites, it is important that the protocols for treatment at each site are identical and conform to the SART's victim-centered acute response model.

Many SARTs in their early stages concentrate on getting a few nurses at each response site SANE trained so there is a trained medical responder on staff all or most of the time. Having medical personnel who have SANE training is the first step in improving the quality of the medical response to sexual assault cases. If the trained medical personnel are only available while they are working their regular shifts, the benefit to the victim can be somewhat diluted. To create a more victim-centered response, some SARTs may choose to move to a SANE on-call system that provides on-call trained nurses who can respond to one or more medical facilities as soon as they are called. The benefits of an on-call SANE program help create a truly victim-centered acute response:

- The victim does not need to wait until a nurse is finished with more medically urgent cases before being seen. The on-call SANE is there to respond only to the sexual assault case. The time spent waiting is greatly reduced for the patient.
- The victim is treated by only one medical personnel/SANE from start to finish (unless requiring emergency medical treatment), avoiding the potentially re-traumatizing effect of having to explain their assault to the triage nurse, the ED doctor, and multiple staff nurses.
- The medical personnel/SANE cannot be called away to a more urgent case in the middle of a sexual assault exam (jeopardizing evidence chain of custody and victim sensitivity).
- The on-call SANEs become experts at caring for sexual assault victims and are able to build a rapport and good working relationships with other first responders through regular interaction.
- The SART first response protocols are more likely to be adhered to when it is the duty of the on-call SANE to initiate the multi-disciplinary response, such as calling an advocate or law enforcement.
- Multiple emergency room personnel are not tied up by a sexual assault case, which can often take a minimum of 3 – 5 hours, allowing the emergency room to function

more efficiently.

While the benefits of developing an on-call SANE program have been well demonstrated in SARTs that have them, funding for such a system may make it beyond the reach of a new SART, at least initially. Having an on-call system in mind as a goal throughout the early stages of SART development may help shorten the timeline for its development, whether the cost ends up being covered by the community's hospital, group of medical facilities, or by the SART itself.

As with the other first responders, SANE nurses must have training in and a complete understanding of the SART protocol for acute response to sexual assault cases and also in the methods and needs of their fellow first responders. Since it is not likely that all SANEs will have been part of the development of the SART protocols during early SART implementation, having one person in charge of communication with and ongoing training for the SANEs is important. SARTs may have a SANE Program Coordinator, either volunteer or paid, to fulfill this role. Providing a regular forum for SANEs to discuss cases, review charting methods, improve evidence collection techniques and practice expert witness testimony skills is an important aspect of a SANE Program, which a Coordinator can facilitate.

Some useful resources exist for SARTs interested in creating a SANE program, including:

- National Protocol for Sexual Assault Medical Forensic Examinations of Adults/Adolescents by the International Association of Forensic Nurses (IAFN) is available at: <http://www.safeta.org/displaycommon.cfm?an=4>
- Implementing SANE Programs in Rural Communities: the West Virginia Regional Mobile SANE Project is a thorough look at starting a SANE program, including a detailed replication checklist that takes the reader through the process from start to finish. (www.fris.org, see Programs & Projects, SANE Mobile Project)
- The OVC Bulletin SANE Programs: Improving the Community Response to Sexual Assault Victims (2001) gives an overview of many of the benefits of SANE programs.
- (http://www.ojp.usdoj.gov/ovc/publications/bulletins/sane_4_2001/welcome.html)

NOTES:

i SAFE Kits are provided are used to complete an adult sexual assault forensic exam whether the victim consents to law enforcement involvement or is non-reporting.

ii For sample forms, see the Sexual Assault Task Force website at www.oregonsatf.org.

iii Taken from "A Model Protocol for Maryland Medical Practitioners: Treatment of Strangulation Cases," adapted from the work of Dr. George E. McClane, M.D., and Gail B. Strack, J.D. and The Model Policy of the Maryland Health Care Coalition Against Domestic Violence.

iv For more information, see the Task Force position paper, "A Best Practice: Why Law Enforcement is Excluded from the Forensic Medical Exam," available at www.oregonsatf.org.

v CDC Sexually Transmitted Diseases Treatment Guidelines 2006 can be found at www.cdc.gov/std/treatment/.

vi You may also reference the position paper, "HIV Postexposure Prophylaxis after Sexual Assault," on the Task Force website, www.oregonsatf.org.

CHAPTER FIVE: PROSECUTOR RESPONSE

The role of the prosecutor in a collaborative sexual assault response is to provide for the safety of the community and victim by holding offenders accountable through the prosecution of criminal cases. Prosecutors are responsible for evaluating reports of sexual assault to determine if sufficient evidence exists, or could be obtained, to file criminal charges. The standard for approving the filing of criminal charges (i.e., probable cause, beyond a reasonable doubt, etc.) should be the same for sexual assault cases as a prosecutor uses for any other type of case. In cases where victims choose to participate in the criminal justice system, prosecutors have the responsibility and challenge of identifying a response that meets the needs of the victim, as well as the needs of the community, in order to achieve a truly victim-centered response. Although prosecutors are generally not responsible for initiating the SART response, the prosecutor, by virtue of their role, assumes a position of leadership and is therefore responsible for promoting an engaged SART during the criminal justice system process.

Victim-Centered — The prosecutor’s role in maintaining a victim-centered response involves giving serious consideration to the prosecution of each sexual assault case, upholding the Oklahoma Crime Victims’ Bill of Rights, and providing information to the SART so that an increasing number of cases might ultimately be suitable for filing. With respect to reported sexual assault, prosecutors are the final decision-makers for a criminal justice intervention—prosecutors determine whether a case will be prosecuted, pleaded to a lesser charge, or declined, which will ultimately impact the victim and the community.

Offender-Focused — Prosecutors must ensure that the criminal justice system response to a reported sexual assault case is offender-focused. Through case evaluation, prosecutors can determine if sufficient evidence against the offender exists or if there is the need for additional investigation. Offender-focused prosecution facilitates the use of prosecutorial tools such as prior bad acts and modus operandi. This approach reflects an understanding of the prevalence of serial and cross-offending by sexual assault offenders.

PROSECUTION — INITIAL CASE EVALUATION

Victim Interview — After receiving a sexual assault case from law enforcement, it is best practice for the prosecutor to meet with the victim in person, both to assess how to facilitate the victim's ability to participate in the legal process and to learn how the victim hopes the case will be resolved. This meeting is not meant to be the same as the investigative interview done by law enforcement, but a meeting in which the prosecutor can introduce themselves and the prosecution process to the victim. Ideally, a member of the victim witness office would be present for this meeting. While the prosecutor must consider the safety and well-being of the community in deciding how to resolve a sexual assault case, the needs and wishes of the victim should always remain forefront in a prosecutor's consideration.

Prosecutors, by statute, are responsible for informing victims of their rights as victims of crime and for ensuring that those rights are respected by the criminal justice system. Prosecutors will want to take the time to explain to victims the details of the case and the likely outcome of the criminal justice process.

Collaborating With Law Enforcement — It is best practice for prosecutors to directly communicate with law enforcement during review of the case for consideration of criminal charges. Law enforcement officers have direct contact with victims and suspects and the most complete understanding of the circumstances surrounding the assaults. Law enforcement is in the best position to consult with prosecutors on charging decisions.

Filing Charges or Declining to File — Determining whether to file charges is a broader decision than merely evaluating the evidence; the nature of sexual assault crimes often results in little or no physical evidence. However, corroborative evidence, witness statements, participation of the victim/witness in the case, and similar bad acts committed by the offender are likely to play a significant role in the prosecution. A complete investigation of the suspect is necessary to understand the case before charges are filed.

Prosecutors are encouraged to avoid basing a decision to charge solely on the perceived

credibility of the victim and the offender. Offenders are likely to present as highly credible while victim behaviors and reactions are not always easily understood. Prosecutors must understand that offenders purposefully select victims who will be seen as lacking credibility as a result of their lifestyle choices, conduct, presentation, age, cognitive ability, and background.

Prosecutors are encouraged to utilize the responding law enforcement agency or the District Attorney's office investigator to conduct follow-up investigations. It is the best practice for prosecutors to take a proactive role in identifying and acquiring information and corroborative details necessary to prosecute the case. In cases where a thorough investigation has not been conducted by the responding law enforcement agency, prosecutors are encouraged to return the investigation for the necessary follow-up. Charging decisions should be balanced with the safety risks presented by the offender to the victim and the public, waiting until all of the information related to the circumstances leading up to and surrounding the sexual assault has been fully pieced together.

If the investigation is complete, a thorough review of the evidence has been considered, and the decision is to not file the case, it is the best practice for the prosecutor to discuss the decline to prosecute decision personally with the victim. A victim is more likely to respect the criminal justice system and the prosecutor if they feel respected and understand the reasons why charges are not being filed. The confidence of the victim and the public in the system is earned by being forthcoming with the victim.

It is best practice for the prosecutor to also follow-up with law enforcement to discuss the issues surrounding the no file decision. A good forum for this discussion would be monthly Case Review meetings, where the prosecutor could, with benefit of hindsight, discuss practices that could increase and improve the investigation and prosecution of individual sexual assault cases.

PROSECUTION — BEST PRACTICES

Vertical Prosecution — It is the best practice to utilize vertical prosecution in sexual assault

cases—having the same prosecutor take the case from the filing of the Information through final disposition. Vertical prosecution enables prosecutors and victims to establish rapport and build trust, the stronger the bond and connection between the victim and the prosecutor, the stronger the case.

Victim Privacy — Prosecutors should file the appropriate Motions in Limine to ensure the Rape Shield laws are upheld in order to keep out the prejudicial information about the victim. Prosecutors should also proactively work to protect victim privacy interests by filing motions to preclude irrelevant and/or immaterial evidence unrelated to sexual experience and reputation but designed to embarrass and/or humiliate the victim. Prosecutors should prevent efforts for a victim’s mental health related records from being disclosed. Additional privacy protections for a victim can also involve requestion protective orders to make sure discovery material related to the victim can only be viewed by the defense in the prosecutor’s office or, alternatively, prohibits the defense from making copies of such materials.

- See 12 O.S. § 2412 Commonly Referred to as Rape Shield;
- See 51 O.S. 24A.30 for sealing of court records; and
- See 21 O.S. § 142A-9 for certain information about a victim not disclosed upon request.

CONSIDERING THE EXPECTATIONS/NEEDS OF THE VICTIM/WITNESS — As part of Oklahoma’s Crime Victims’ Bill of Rights, prosecutors are obligated to consult with the victim on bail decisions, continuances, plea bargains, dismissals, sentencing, and restitution. By statute, it is also the role of the prosecutor to honor the victim’s choice to be present at the trial.

PROSECUTION — CRIMINAL JUSTICE RESPONSE

Preliminary Hearings— A preliminary magistrate shall have the authority to limit the evidence presented at the preliminary hearing to that which is relevant to the issues of: (1) whether the crime was committed, and (2) whether there is probable cause to believe the defendant committed the crime. Once a showing of probable cause is made, the magistrate shall terminate the preliminary hearing and enter a bindover order; provided, however, that the preliminary hearing shall be terminated only if the state made available for inspection law enforcement

reports within the prosecuting attorney's knowledge or possession at the time to the defendant five (5) working days prior to the date of the preliminary hearing. The district attorney shall determine whether or not to make law enforcement reports available prior to the preliminary hearing. If reports are made available, the district attorney shall be required to provide those law enforcement reports that the district attorney knows to exist at the time of providing the reports, but this does not include any physical evidence which may exist in the case. This provision does not require the district attorney to provide copies for the defendant, but only to make them available for inspection by defense counsel. In the alternative, upon agreement of the state and the defendant, the court may terminate the preliminary hearing once a showing of probable cause is made. However, please keep in mind that should you believe certain witnesses may not be available at trial, for whatever reason, make sure you preserve their testimony at the preliminary hearing.

Trial Preparation — Defendants in most sexual assault cases are going to select one of three defenses: 1) denial that they had anything to do with the crime, 2) mistaken identity, or 3) that the sexual act was consensual. Trial preparation requires preparing arguments to counter the above denials, as well as addressing common myths and misconceptions that surround sexual assault, credibility issues related to the victim (and friends/family), credibility of the defendant, and developing an argument to demonstrate the criminal intent of the defendant.

Theme Development — In sexual assault cases, theme development can be extremely helpful when presenting a picture of the victim as a target and the defendant as a premeditated perpetrator. The defense will often raise a host of issues intended to question the credibility of the victim and the legitimacy of their allegations. Prosecutors may be able to use the defense's credibility concerns to their advantage by arguing that, due to the victim's state of intoxication, history of criminal involvement, and/or homelessness or isolation, they were, in fact, at greater risk and more vulnerable to the predatory nature of a sexual offender. Who better to target than someone who is vulnerable, accessible, and who will not be believed? Rather than being reactive to a defense framing of the victim, prosecutors should attempt to develop an offender focused theme that highlights the predatory nature of the sexual offender.

- How did the sexual offender select this victim? How was real or perceived vulnerability of

the victim identified?

- How did the offender get access to the victim?
- How did the offender get the victim alone?
- How did offender maintain control or power during the sexual assault?
- What was the offender's escape plan?
- Did they try to use charm?
- Did the offender try to paint themselves as the victim?
- Was the offender misrepresenting or concealing evidence?
- Was the victim harassed or intimidated?

One of the best ways to educate your jury from the very beginning is through the voir dire process.

USE OF EXPERTS — A Qualified Expert Witnesses in victim behavior can:

- assist with trial preparation and case consultation,
- educate the jury on general information that has relevance to the case, and
- offer findings or results specific to the case.

Prosecutors are encouraged to work with their local community-based advocacy agency to develop suitable experts who can provide testimony that educates the Court and a jury on common victim reactions and behaviors during and following a sexual assault. The District Attorneys Council or Attorney General's office can be a resource for identifying expert witnesses; over time, it should become the responsibility of the SART to identify and cultivate a group of possible expert witnesses. However, testifying victim behavior experts should only testify about victim behaviors generally, rather than about the specific victim in the case. As such, testifying victim behavior experts should not have worked with the victim, either themselves or their agency, and should not have reviewed discovery. This is called a "blind expert" A testifying victim behavior experts should only be familiar with the victim behaviors and reactions that are at issue in the case.

Defense attorneys may argue that delayed reporting, a lack of resistance, lack of injury, and the victim's behavior after the sexual assault are inconsistent with a "real" or "true" victim. Sexual

assault victim advocates from your county may be well-positioned to offer expert testimony based on their direct service experience working with a continuum of victims from different age groups, backgrounds, and religious, ethnic, or racial groups. Their ability to explain victim behavior as evidence of trauma (not lack of it) based on their knowledge of and experience working with victims/survivors can be a useful tool to help a jury understand the different ways that trauma can present after a sexual assault.

Victim/Witness Coordination — Building stronger victims builds stronger cases. It is the responsibility of the prosecutor to identify resources and collaborate with necessary partners to ensure that victims are supported and able to participate in a criminal justice system response that can last anywhere from six months to two years. Maintaining a close working relationship with the District Attorney’s Victim–Witness Coordinator and the community domestic violence and sexual assault program is a necessary and fundamental component of providing support and resources to victims of sexual assault.

Child Advocacy Center — A child advocacy center (CAC) is a community-based multidisciplinary team response that offers child-friendly and trauma-informed therapy, medical exams, courtroom preparation, victim advocacy, case management, and other services. CACs are represented by Children’s Advocacy Centers of Oklahoma which are all accredited by the National Children’s Alliance. A list of Child Advocacy Centers can be found at <https://cacok.com/directory/> .

Facilitating SART member participation, communication among responders, and problem solving will ensure that victims have access to the full range of information and services available to them. This collaborative approach assists victims to feel supported by the criminal justice system.

Voir Dire — Voir Dire sets the stage for the presentation of the state’s evidence and is the only opportunity prosecutors have to interactively converse with potential jurors. Voir Dire provides a unique opportunity for prosecutors to address the myths and misconceptions surrounding sexual assault that have the potential to undermine the victim’s credibility. Although discussing rape

myths can be daunting, a frank and non-judgmental dialogue during Voir Dire can have a tremendous impact on the likelihood of conviction.

TRIAL

Direct And Cross Examination — Direct examination of the victim in sexual assault cases is the heart of the prosecutor’s case. The prosecutor must use this opportunity to effectively introduce the victim to the jury by explaining the victim’s background and the context for the assault. Cross-examination points must be incorporated and explained during direct examination. Similarly, cross-examination of the defendant should support the victim’s testimony by demonstrating that the victim was selected purposefully and intentionally by the defendant—for their vulnerability, accessibility, and perceived lack of credibility. Do not fail to talk about any bad facts of your case with the victim. It is better to discuss this with the victim so that you can control the narrative and how that testimony comes out in front of the jury.

Plea Negotiations — Prosecutors are required to consult with victims prior to finalizing a plea negotiation. Although victims may not ultimately have their wishes met with respect to a plea agreement, a tremendous amount of respect and consideration can be demonstrated to victims by merely taking the time to discuss with them the considerations surrounding the plea negotiations.

Sentencing — Pursuant to Oklahoma Law, prosecutors are required to consult with the victim as part of the process to determine sentencing recommendations. In counties that conduct pre-sentencing investigations, the victim is to be consulted by the investigator as part of that process. The victim’s need for closure and case resolution must be considered in conjunction with the prosecutor’s goals of ensuring that the corrections and/or treatment providers are appropriately identified to make suitable recommendations for sentencing. Recommendations or agreements regarding the length of incarceration and/ or probation (when flexible) and the specific conditions of probation are particular obligations of the prosecutor in the sentencing process.

Victim Impact Statements — Victims of crime have the right to present their impact statements

written or orally, either personally or by a designated person. The victim impact statement shall be considered for judgement and sentencing, even if a plea is being entered. It is important for the court to know the impact the crime had had on the victim. Victim impact statements describe the emotional, physical, and financial impact the victim and others have suffered as a direct result of the crime. The statements can be written or oral. A standard form to fill out might also be available if that is the victim's preference. For more information regarding victim impact statements visit: <https://www.justice.gov/criminal/criminal-vns/victim-impact-statements> .

Prosecutors should always remember that a victim cannot be cross-examined during victim impact testimony (21 O.S § 142A-8(A)).

Restitution And Compensatory Fines — Victims are entitled to adequate compensatory fines and prompt restitution upon a plea agreement or conviction. Prosecutors are encouraged to consult with victims to determine the request for restitution.

OTHER CONSIDERATIONS

Juvenile Victims — Sexual Assault Response Teams must have a protocol for responses to an investigation when the victim is a minor. Prosecutors may be involved in two (2) separate cases when a minor is the victim. The prosecutor will work to ensure the offender is held accountable through criminal proceedings. At the initial appearance, the prosecutor is responsible for requesting a bond that will protect the community and the juvenile victim. The prosecutor will most likely request a no contact order as a condition of bond to prevent further harm to the victim and the offender from persuading the victim to change their statements or recant their original statement.

The prosecutor works closely with the Department of Human Services Child Welfare Division (DHS) to assess the child's safety and whether it's appropriate to remain in the home. Prosecutors are mandatory reporters of child abuse and neglect. If the prosecutor has "reason to believe that a child under the age of 18 years is a victim of abuse or neglect" a referral must be called into the DHS hotline. For information regarding this, see Title 10A O.S. 1-2-101. The

Department of Human Services hotline will either screen out or send it to the county where the child resides, the abuse occurred, or where the child or parent is located. If DHS determines a child cannot safely remain in the home, the child may be placed in the custody of the Department of Human Services upon application of the office of the district attorney and by an order of the district court. For further information, see Title 10A O.S. 1-4-201.

The District Attorney's Office may request a child be taken into emergency custody of the Department of Human Services if "the continuation of the child in the home or with the caretaker of the child is contrary to the child's welfare and that there is reasonable suspicion that:

1. the child is in need of immediate protection due to an imminent safety threat
2. the circumstances or surrounding of the child are such that continuation in the child's home or in the care or custody of the parent, legal guardian, or custodian would present an imminent safety threat to the child, or
3. the child, including a child with disability, is unable to communicate effectively about abuse, neglect or other safety threat or is in a vulnerable position due to the inability to communicate effectively and the child is in need of immediate protection due to an imminent safety threat. This information can be found in Title 10A O.S. 1-4-201.

The district attorney's office may file a petition alleging a child to be deprived if further action is necessary to protect the child. See Title 10A O.S. 1-4-301. The District Attorney shall prosecute the criminal and deprived cases.

Juvenile Offenders — The prosecution of juvenile offenders are specialized prosecutions. Prosecutors responsible for these cases should have specialized training. As these cases intersect with the juvenile court, the procedure of charging and holding accountable a juvenile offender will require cooperation with the local Office of Juvenile Affairs. The juvenile criminal system must create an Individualized Service Plan to rehabilitate the juvenile offender and protect the public. Prosecutors are encouraged to work collaboratively with their criminal justice partners to effectively serve juveniles. Prosecutors are also encouraged to take very seriously the crimes committed by juveniles, even those that don't appear serious. The evidence is clear that early and strong intervention is the best chance of interrupting behaviors that may turn

juveniles into career sex offenders.

The role of the prosecutor in a collaborative sexual assault response is to provide for the safety of the community and victim by holding offenders accountable through the prosecution of criminal cases.

NOTES

i National Prosecution Standards, 2nd Ed., §1.1, National District Attorney Association, (1991).

ii R. Campbell, T. Sefl, H. Barnes, C. Ahrens, S. Wasco, and Y. Zaragoza-Diesfeld, "Community Services for Rape Survivors: Enhancing Psychological Well-Being or Increasing Trauma?" Journal of Consulting and Clinical Psychology, Vol. 67, No. 6, 847-858 (1999).

Please see the Appendix for Patti Power's article, Overcoming the Consent Defense: Direct and Cross Examination for more information on developing effective strategies

CHAPTER SIX: OFFENDER MANAGEMENT

The management of sexual offending behavior is influenced by many theories and factors. A comprehensive approach should address all dimensions to be able to have an effective rehabilitation of sexual offenders.

Offender management and treatment professionals as regular members, or even as consultants on specific cases can be extremely useful for SARTs in identifying opportunities for victim voice, improving system responses, and preventing future offenses. Sex offenders are a diverse group of individuals who come from all walks of life. There is no identifiable profile to use in detecting who is and who is not a sex offender. Nor is there one clear-cut method by which to prosecute, treat, or manage those who are identified as sex offenders. Therefore, community members, advocates, law enforcement, prosecutors, probation and parole officers, treatment providers, judges, and policy makers must become increasingly knowledgeable about best practices for the assessment, treatment, and management of sex offenders.

Assessment and Risk — Notable differences between sex offenders include the degree to which they are aroused to children or sex with non-consenting partners, the use of force or aggression versus the use of manipulation (i.e., grooming), as well as the number and types of victims they have offended against. These offense dynamics, in addition to other relevant information, suggest differences in the risk for future sexual offending. Generally speaking, the assessment of a particular offender's risk to re-offend is a complex task, which must be performed by a qualified professional with specialized knowledge. Assessment of risk considers both static factors (unchangeable) and dynamic factors (changeable). It is the consideration of both static and dynamic factors that result in the most accurate assessment of an offender's future risk to offend.

Point for SART Consultation — If an offender has previously been supervised, on probation or parole, or undergone sex offender treatment, the Probation and Parole Officer or Treatment Provider can provide information that may be useful in determining criminal history and risk. That

information can inform decisions regarding what criminal charges to bring against the offender and what plea bargain or sentencing conditions to request.

MANAGEMENT OF ADULT SEX OFFENDERS

Prior to conviction adult sex offenders can be released on probation, sentenced to serve jail or prison time. In some cases, where an offender's mental state is in question, they may be evaluated to determine whether they are competent to stand trial. In cases where legal opinion deems an offender incompetent to stand trial, the offender is committed to the Department of Mental Health and Substance Abuse Services until such time as they are restored to competence. Once restored, the case proceeds to trial or plea agreement.

Adult sex offenders are placed on supervision in two ways: 1) first by a Judge, which is called probation, or 2) by the Parole Board and Governor when granting parole, which is called post-prison supervision. For those offenders on probation, each Judge decides which conditions are appropriate for each sex offender. The general conditions of supervision are the same for all offenders on supervision.

Sometimes the conditions are determined through a plea agreement. For those offenders on parole supervision, there are two packages of conditions for sex offenders, which are determined by statute. Package A sex offender conditions are for those who have a current conviction for a sex offense. Package B sex offender conditions are for those who have had a sex offense condition in the past. A regular condition of supervision is for the sex offender to have no contact with the victim of the crime. This condition can be expanded to include no contact with members of the victim's family and/or going to where the victim lives or works.

Note: Post-imprisonment supervision is mandatory if someone serves a sentence of two or more years for certain sex offenses.

Post Imprisonment Supervision is mandatory for sex offenders who serve a sentence of two or more years in the Department of Corrections. The offender is required to serve a term of post-imprisonment community supervision under the conditions determined by the Department of

Corrections. Any term of post-imprisonment community supervision shall be for at least three years.

Point for Victim Notification — Victims shall be notified when Parole Board hearings pertaining to the offender are scheduled and are invited to attend if they so choose. Similarly, victims can request to be notified whenever the offender is released to the community in a less restrictive setting, this can be done by registering with the VINE system (see the end of this chapter).

PROBATION AND PAROLE

Probation and Parole Officers (PPOs) have two roles in the supervision of a sex offender: 1) the preservation of community safety, and 2) the facilitation of the sex offender's rehabilitation. The main objective that is reached through both of these roles is to reduce the future number of sexual offenses.

PPOs have the power to detain offenders and submit paperwork for violation and the court determines the consequences. In lieu of arresting an offender, the PPO may have the option of placing the offender on electronic monitoring or GPS surveillance. This all depends on whether it is probation or parole. Sex offenders may be ordered to submit to polygraphs for purpose of supervision and treatment compliance. PPOs usually refer offenders to sex offender treatment, and PPOs may also require that they participate in treatment for alcohol or drug addiction, domestic violence, anger management, cognitive restructuring, mental health counseling, and/or medication.

Point For Victim Notification: Victims are encouraged to contact the PPO assigned to supervise the offender. PPOs can provide general information about the status of the offender's supervision and answer questions about conditions and the supervision process. The victim can request to be notified of upcoming violation hearings. Additionally, if the offender has been ordered to pay restitution, it is the PPO's job to develop a payment plan and hold the offender accountable for keeping up with the payment plan.

SEX OFFENDER TREATMENT

Participation in sex offender treatment is almost always a condition of probation or parole for adults convicted of sex crimes. However, the requirement for participation in sex offender treatment is terminated when an offender reaches the time limit of their sentence, regardless of whether they have completed treatment.

JUVENILE SEX OFFENDERS

The process and system for handling juvenile sex offenders differs greatly from that of handling adult sex offenders.

A juvenile may be detained in a juvenile detention center for a period of 90 days without being adjudicated as a delinquent. If the juvenile is not adjudicated within the 90 days of detention, the juvenile must be released on bond. The District Attorney's Office and the Office of Juvenile Affairs work together to determine the appropriate filing decision. The Office of Juvenile Affairs conducts an intake of all juvenile offenders and will provide information gathered during the intake to the District Attorney's Office to consider in the filing decision. The District Attorney's Office shall charge juveniles of certain sexual offenses as Youthful Offenders. Youthful Offenders may file a motion for the court to consider whether the case should remain a youthful offender or be prosecuted as a juvenile delinquent. The District Attorney's Office may file a motion to impose an adult sentence whenever the district attorney determines there is good cause to believe that the person charged as a youthful offender would not reasonably complete a plan or the public would not be adequately protected if the person were to be sentenced as a youthful offender. See Title 10A O.S. §2-5-207A.

Point for Victim Voice — Victims have the right to be heard regarding any considerations for release from detention or disposition of the case.

SEX OFFENDER REGISTRATION:

The sex offender registry is the central storehouse of information on persons who live, work, or attend school in Oklahoma who are required to register for sex crime convictions and adjudications under Oklahoma law. The registry contains juveniles and adults who have been

found guilty of sex crimes in Oklahoma courts as well as persons who have moved into Oklahoma from other jurisdictions. While adults are not required to register while housed in an Oklahoma correctional facility (which includes a closed medical facility), they must contact law enforcement and register within 10 days of release or partial release from a correctional facility. Juveniles in closed custody currently register with juvenile authorities during their period of detention and after their release. Information regarding persons on the registry is provided to agencies in Oklahoma through the Law Enforcement Data System (LEDS) and nationally to criminal justice agencies through National Crime Information Center (NCIC) records.

The Oklahoma Sex and Violent Crime Offender public website is located on the internet at <https://sors.doc.ok.gov/> and provides information in conjunction with the requirements of the Adam Walsh Child Protection and Safety Act on sex offenders who have been.

Point For Victim Notification: Information is available to the public, upon request to the Department of Corrections registry, on all registered sex offenders individually, by telephone, through email, or in list form by city or zip code. Victims of sex offenders can obtain information on sex offenders in Oklahoma, including prison status, release information, and parole status by registering for OK VINE, Oklahoma's criminal tracking and victim notification system.

VINE: VICTIM INFORMATION & NOTIFICATION EVERYDAY

VINE is a computer data system operated by the Oklahoma Office of Attorney General. VINE informs victims if an offender is in the custody of the Department of Corrections or a county jail. VINE also updates victims on other important custody and/or probation/ parole information.

VINE allows victims to identify a phone number that is used to generate an automatic message when an offender is released, transferred, escapes, dies or has a change in parole or probation status. To access the VINE system, victims can call 1-877-OK4-VINE (1-877-654-8463)

CHAPTER SEVEN: REFERENCES

Title 21 O.S. § 142C-1 Additional Rights of Victim

In addition to rights enumerated in the Oklahoma Victim's Rights Act, a sexual assault victim retains all the rights of this act regardless of whether the victim agrees to participate in the criminal justice system at any time and regardless of whether the victim agrees to receive a forensic medical examination to collect sexual assault forensic evidence.

21 O.S. § 142C-2 Victim's Right to Speak with Sexual Assault Victims' Advocate

A sexual assault victim has the right to speak with, either in person, virtually, via audio and visual communication or telephonically, a sexual assault victims' advocate before the commencement of any forensic medical examination. When a sexual assault victims' advocate has been requested, but is not available in person, every effort shall be made to allow the sexual assault victim to speak with a sexual assault victims' advocate either virtually, via audio and visual communication or through telephonic means.

21 O.S. § 142C-3 Victim's Right to Advocate during Interview – No Discouragement of Medical Examination or Reporting

A. A law enforcement officer or district attorney shall allow a sexual assault victims' advocate to be present during any interview with the sexual assault victim.

B. No person, for any reason, shall discourage a sexual assault victim from receiving a forensic medical examination or discourage the sexual assault victim from reporting the sexual assault to the proper authorities.

21 O.S. § 142C-4 Restrictions on Sexual Assault Forensic Evidence

No sexual assault forensic evidence shall be used:

1. To prosecute a sexual assault victim for any misdemeanor crimes; or
2. As a basis to search for further evidence of any unrelated misdemeanor crimes that may have been committed by the sexual assault victim.

21 O.S. § 142C-5 Initial Interaction – Victim’s Rights – Requirements for Enforcement Officer or Medical Provider

Upon initial interaction with a sexual assault victim, a law enforcement officer or medical provider shall provide the victim with victims' rights information pursuant to 142A-3(c) of Title 21 of the Oklahoma Statutes.

Victims’ Rights Information —Pursuant to the Oklahoma Statute Title 21 §42A-3, victims of domestic violence, rape, forcible Sodomy or stating have rights.

- Request that charges be pressed against your assailant;
- Request protection from any harm or threat of harm arising out of cooperation with law enforcement and prosecution efforts and to be provided with information on the level of protection available;
- Be informed of financial assistance and other social services available, including information on how to apply for the assistance and services;
- File a petition for a protective order or, when the court is not open for business, an emergency temporary protective order;
- Be informed by the interviewing officer and the District Attorney of other victims' rights available pursuant to Title 21 §142A-2 of the Oklahoma Statutes, and
- A free medical examination for the procurement of evidence to aid in the prosecution of your assailant.

GLOSSARY

21 O.S. § 142C Sexual Assault Victims' Right to Information Act

For the purposes of this act:

1. "Law enforcement officer" means any sheriff, police officer, peace officer, tribal law enforcement officer, federal law enforcement officer, campus police officer or any other law enforcement officer who has been certified by the Council on Law Enforcement Education and Training (CLEET) and whose duty it is to enforce and preserve the public peace or any other first responder.
2. "Sexual assault forensic evidence" means any human biological specimen collected by a medical provider during a forensic medical examination from an alleged sexual assault victim including, when circumstances indicate the need, a toxicology kit.
3. "Sexual assault victim" or "victim" means any person who is a victim of a sexual assault as defined under Section 142.20 of Title 21 of the Oklahoma Statutes. If the victim is incompetent, the term shall include the parent, guardian, spouse or any other person related to the incompetent victim by consanguinity or affinity to the second degree or any other lawful representative of the incompetent victim.
4. "Sexual assault victims' advocate" means any person who serves as a victims' advocate for a state-certified or tribal sexual assault or sex trafficking program or an advocate working in a center that offers sexual assault services to minors who has received formalized training through a government or tribal agency in providing trauma-informed direct services to victims of sexual assault.

RESOURCES: GENERAL

[Rape, Abuse, & Incest National Network](#)

[National Sexual Violence Resource Center](#)

[Resources for Survivors | Sexual Assault Kit Initiative \(SAKI\)](#)

RESOURCES: SPECIFIC

[Indigenous Sexual Assault & Abuse Clearinghouse](#)

The International Association of Forensic Nurses (IAFN) was awarded grant funding from the Office on Violence Against Women (OVW) for this resource center, which we call the Indigenous Sexual Assault and Abuse Clearinghouse (ISAAC) project.

We are developing a unique approach to delivering training and providing resources, education, technical assistance, and support to professionals addressing sexual assault and abuse in Tribal Communities. The IAFN ISAAC project will supplement and support the work of the Southwest Center for Law and Policy (SWCLAP) National Indian Country Clearinghouse on Sexual Assault (NICCSA) project by:

Providing technical assistance and training for tribal communities to assist them with enhancing or establishing coordinated community response models such as a Sexual Assault Nurse/Forensic Examiner (SANE/SAFE) project or a Sexual Assault Response Team (SART); providing technical assistance and training to tribal governments and tribal courts on effective responses to sexual assault through web-based technology, regional training and on-site assistance; and providing programming and services to address the unique environmental, cultural and traditional needs for Alaska tribal governments and villages.

[Minnesota Coalition Against Sexual Assault](#)

MNCASA acts as a collective voice of organizations and individuals committed to ending sexual violence. As the state coalition, we advocate publicly for the needs of victims/survivors statewide, serve as a point of connection for our members, and work to increase their capacity through networking opportunities, technical assistance, and other resources.

www.mncasa.org,

[Sexual Violence Justice Institute](#)

“The Sexual Violence Justice Institute provides expertise in the criminal justice system and

community response to sexual violence. System change—in protocol, procedures, and routine practice—is a key element to improving the response to sexual violence. We work with communities to create a comprehensive, victim-centered response through multidisciplinary collaborations, leadership development, training, and technical assistance.”

Some specific resources include:

What Can We Talk About? Honoring Victim/Survivor Confidentiality in SARTs

<https://mncasa.org/wp-content/uploads/2023/01/What-Can-We-Talk-About-Final.pdf>

SVJI Protocol Template

<https://mncasa.org/wp-content/uploads/2022/06/Protocol-Template.pdf>

Sample MOU

<https://svrga.org/sites/default/files/documents/Sample%20MOU%20for%20SARTs.pdf>

Language Access

At the First National Conference of the Judiciary, held in Williamsburg, Virginia, in 1971, United States Chief Justice Warren Burger called for the creation of a central resource for the state courts—a "national center for state courts."

Resources for Program Managers: Oklahoma

Language Access Coordinator

Michelle Peguero

Administrative Office of the Courts

2100 N. Lincoln Blvd. Suite 3

Oklahoma City, OK 73105

Phone: (405) 556-9881

michelle.peguero@oscn.net

Asian Pacific Institute on Gender Based Violence

The **Asian Pacific Institute on Gender-Based Violence** is a culturally specific national resource center on domestic violence, sexual violence, trafficking, and other forms of gender-based violence in Asian/Asian-American and Pacific Islander (AAPI) communities. We envision a world free of gender-based violence for communities with equal opportunities for all to thrive. Our mission is to disrupt gender-based violence, which causes physical, sexual, emotional, spiritual and economic harm within AAPI communities throughout the U.S. and its territories.

Activating Change

We believe disability, survivor advocacy, and criminal legal system reform fields play critical roles in securing freedom and safety for people with disabilities and Deaf people. Yet, none of these fields are currently working to systematically address the high rates of victimization,

over-policing and over-incarceration of people with disabilities. These fields are disconnected, often mis-aligned, and lack the capacity needed to work together toward collective impact.

OVW TA2TA: The TA Provider Resource Center

The National Council of Juvenile and Family Court Judges (NCJFCJ) is the comprehensive technical assistance (TA) provider for the U.S. Department of Justice, Office on Violence Against Women's (OVW) Training and Technical Assistance (TTA) Program. The NCJFCJ, through TA2TA: The TA Provider's Resource Center (TA2TA), supports OVW's 100 plus TA projects by hosting a calendar of OVW-funded in-person and on-line educational events, a directory of OVW's TA providers, a library of resources developed by OVW TA providers, webinars designed specifically for OVW TA providers, and a new grantee orientation portal for OVW's TTA Program. TA2TA provides specialized services specifically for OVW TA providers and OVW's TTA Program. The TA Provider Toolkit provides more information about TA2TA and its online resource center, TA provider community, and TTA project implementation.

A directory of TA Providers can be found here:

<https://www.ta2ta.org/directory.html>

Sexual Assault Prevention and Response Services

The Sexual Assault Response Team (SART) works to limit the obstacles individuals face as they struggle to cope with the aftermath of sexual assault. Working closely with local law enforcement, the legal system, medical professionals, and the community, SART employs a cohesive, team-based response to assist victim-survivors of sexual violence.

Medical Disclosure Form O.S. Title 22-58.F:



MEMORANDUM
The City of
OKLAHOMA CITY
POLICE DEPARTMENT

**DISCLOSURE OF MEDICAL INFORMATION
PURSUANT TO
O.S. TITLE 22-58.F**

The undersigned hereby represents he/she is a police officer with the Oklahoma City Police Department, conducting a criminal investigation of Domestic Abuse involving the below listed individual and is requesting the medical records concerning the treatment received from this Domestic Abuse pursuant to Title 22-58.F of the Oklahoma State Statutes.

Patient's Name: [REDACTED] Date of Birth: [REDACTED]
Patient Address: [REDACTED]
Social Security Number: [REDACTED] Treatment Date: [REDACTED]
Treating Institution / Treating Physician: [REDACTED]
EMSA Pick Up Address: [REDACTED]
OCPD Case Number: [REDACTED]

The undersigned police officer acknowledges the records provided concerning the above named individual are provided pursuant to Oklahoma State Statute, Title 22, Section 58.F, Reporting Criminally Injurious Conduct and Certain Types of Domestic Abuse – Health Care Professionals.

Date: [REDACTED] Signature: [REDACTED]
Customer ID: [REDACTED] Print Name: [REDACTED]

Oklahoma City Police Department
Domestic Violence Unit
700 Colcord Dr.
Oklahoma City, Oklahoma 73102
Voice: (405) 297-1125
Fax: (405) 316-1125