**GENERAL ORDER 2-31, SEXUAL ASSAULT**

**ACKNOWLEDGMENTS**

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* Investigator Kristel DiGravio-Ferguson and the Caroline County Sheriff’s Office in the development of the following revised model policy.
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The assistance of these individuals and organizations greatly enhanced the guidance DCJS provides Virginia’s law enforcement agencies on effectively responding to sexual assaults and improving public safety.

**VIRGINIA CODE ON SEXUAL ASSAULT POLICIES FOR LAW ENFORCEMENT**

***Chapter 600 of the Code of Virginia, §*** [***9.1-1301***](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+9.1-1301)***. Sexual assault policies for law-enforcement agencies in the Commonwealth.*** *This new chapter (Chapter 13), added in 2008, requires the Virginia Department of State Police and the police and sheriffs’ departments of every political subdivision in the Commonwealth and every campus police department to establish written policies and procedures regarding a law-enforcement officer's response to an alleged criminal sexual assault in violation of Article 7 (§* [*18.2-61*](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+18.2-61) *et seq.) of Chapter 4 of Title 18.2. The Code of Virginia states that “such policies shall, at a minimum, provide guidance as to the department's policy on (i) training; (ii) compliance with §§* [*19.2-9.1*](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+19.2-9.1) *[(use of polygraph)] and* [*19.2-165.1*](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+19.2-165.1) *[(payment of medical fees)]; (iii) transportation of alleged sexual assault victims; and (iv) the provision of information on legal and community resources available to alleged victims of sexual assault.”*

**GENERAL SEXUAL ASSAULT INFORMATION**

Sexual assault is often a humiliating, terrifying, and brutal crime. It can happen to anyone, including women, men, children, youth, and older adults. Sexual assault occurs when a person is forced, threatened, or intimidated into sexual contact against her or his will. It can also be accomplished through ruse or the mental or physical incapacitation of the victim. Each victim requires strong support from medical, legal, law enforcement, and social service personnel.

The crime of sexual assault is at times misunderstood. In order to deal effectively with those who have survived a sexual assault and educate others about the crime, law enforcement must understand that rape and other sexual assaults are not crimes of passion, but crimes of violence. It is important to remember that the perpetrator, not the victim, is responsible for the sexual assault.

Victims react to being sexually assaulted in a variety of ways. The stereotype of a hysterical woman calling the police is just that: a stereotype. Many victims are calm or numb following an assault, as many are experiencing intense emotional shock. Victims may also initially express anger, confusion, shame, or fear. The victim may feel that he or she is to blame or is at fault. Later, the victim may experience feelings of helplessness, worthlessness, isolation, distrust, anger, fear, and guilt. Difficulties may persist in the form of an inability to express affection, to relate sexually, or to relate to others in general. It may take months or years for a victim to recover. Crisis counseling services, an active support system, and building new strengths and relationships are positive factors in post-assault recovery. Crisis counselors trained to deal with sexual assault can help the victim cope and heal, regardless of whether or not any redress was sought and/or satisfactorily received through the criminal justice system. With such support, however, victims are more likely to cooperate with a law enforcement investigation and provide more detailed information to assist in building a stronger case for prosecution.

Victims of sexual assault may have difficulty deciding what to do after the crime. Reporting the crime may be difficult for some. The FBI estimates that a large percentage of sexual assaults are not reported. In addition, most victims are assaulted by someone they know; therefore, proper investigation is not as much about identification of the perpetrator through physical evidence (i.e., DNA), but rather collecting evidence that corroborates the victim’s story, thereby addressing the tendency to focus on one person’s word against another (a “he said, she said” scenario). This investigative awareness may also address the tendency to focus solely on the victim’s credibility when making judgments about the assault.

Official reports have many uses. Once the report is taken, it can be kept on file for future use if the victim later decides to prosecute. If the victim does not pursue prosecution, it is still useful to obtain as many details as possible to include in a written report. In a majority of cases, perpetrators are known to the victim. In addition, people who sexually assault others are often recidivists (repeat offenders). With the aid of several written reports, law enforcement officers can often identify a repeat offender.

Police personnel who first come into contact with a sexual assault victim can be the most important people the victim will see. It is important to remember that a sexual assault undermines the victim's sense of control. A victim will be most receptive to law enforcement if she or he is allowed to regain a sense of control by making decisions and by being listened to in a supportive, non-judgmental way.

Most police officers understand the technical aspects of evidence collection necessary for a case; however, some experience discomfort when interviewing a victim. Many officers report that this makes the evidence collection and technical investigation more difficult. In order to mitigate this discomfort, it is important to establish rapport with the victim. As previously noted, this can be accomplished by listening to the victim’s story in a supportive, non-judgmental manner.

*Revised July 1, 2012*

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| **POLICE/SHERIFF’S OFFICE** | **GENERAL ORDERS** |
| **SUBJECT: Sexual Assault** | NUMBER: 2-31 |
| **EFFECTIVE DATE: July 1, 2012** | **REVIEW DATE: Annually** |
| **AMENDS/SUPERSEDES:**GO 2-31, July 1999, January 2005, October 2007, July 2008 | **APPROVED:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Chief of Police/Sheriff** |
| **CALEA Standards: VLEPSC Standards:** OPR.02.01, OPR.02.03, OPR.13.01, ADM.23.01, ADM.23.02, ADM.23.03 |

**NOTE:**

This rule or regulation is for internal use only, and does not enlarge an officer/deputy’s civil or criminal liability in any way. It should not be construed as the creation of a higher standard of safety or care in an evidentiary sense, with respect to third party claims. Violations of this directive, if proven, can only form the basis of a complaint by this department/office, and then only in a non-judicial administrative setting.

**I. POLICY:**

***[Insert name of law enforcement agency here]*** recognizes the fact that sexual assaults (rape, forcible sodomy, incest, exploitation of children, and attempts thereof) are personal violent crimes that have great psychological or physical effects on the victims. It is the policy of this department/office to assist sexual assault victims in a supportive manner, using appropriate crisis intervention skills. Reducing recidivism through the apprehension and prosecution of the assailants is a department priority.

**II. PROCEDURES:**

A. General Responsibilities:

1. "Sexual assault" means those offenses involving sexual penetration or sexual contact with any person by force or threat of force, fear, or intimidation, or through the use of a person’s mental incapacity or physical helplessness, or any attempts to force sexual penetration or contact on any person.

2. Department personnel shall be aware of community services available (e.g., local sexual assault crisis center/hotline, victim/witness assistance program, mental health centers, medical clinics) to victims of sexual assault.

3. Department personnel shall be trained and knowledgeable about sexual assault investigation and its impact on victims. Personnel shall receive ongoing training regarding changes to the Code of Virginia and new or modified procedural requirements related to sexual assault response.

4. Department personnel shall use appropriate communication skills when interacting with sexual assault victims.

B. Communications Officer (Communication Center) Responsibilities:

1. If **hospital personnel** call to make the sexual assault report, the communications officer should obtain initial information only (name and location of victim, reporter's name and job title, and victim's condition). Confirm that the hospital has contacted the local sexual assault crisis center and arranged for an advocate to be available at the hospital to offer the victim support, per local Sexual Assault Response Team (SART) protocol. ***[Insert locality-specific SART protocol here]***

2. If the **victim** calls to make a report, she or he may or may not want law enforcement intervention.

a. If the victim does not want law enforcement response, the communications officer should:

(1) Obtain as much information as the victim will provide, but do not insist on the victim's identity if she or he does not want to provide this information.

(2) Encourage the victim to go to the hospital for treatment and/or evidence collection. Advise the victim that an officer/deputy could meet with him or her there; however, the victim is not required to make a report in order to have evidence collected.

(3) Refer the caller to the local sexual assault crisis center: ***[Insert name and number of local crisis center here]***.

b. If the victim wants law enforcement response, the communications officer should:

(1) Obtain victim’s name, present location, telephone number, victim’s condition, and basic incident details. Ask for name of the assailant, if known, description, possible location or direction and means of travel from the scene, and the time elapsed since the crime.

(2) Ensure the victim's safety. A patrol unit shall be dispatched immediately. If possible, stay on the line until the officer/deputy arrives. Be supportive and use crisis intervention skills.

(3) If the assault occurred within the last 72 hours, explain to the victim the necessity of **not** performing the following activities: washing themselves or clothes, brushing teeth, eating, drinking, smoking, douching, combing hair or putting on make-up, going to the toilet, and touching or moving anything at crime scene. If the victim has already done any of these things, reassure victim, but ask not to do any more "cleanup." There is some possibility that evidence can be recovered even after 96 hours.

(4) If the assault occurred more than 72 hours earlier, advise the victim to still seek medical attention and dispatch an officer/deputy.

(5) Per local Sexual Assault Response Team (SART) protocol, advise the victim that a sexual assault crisis center advocate may be available to offer support. ***[Insert locality-specific SART protocol here]***

In addition, ask the victim if he or she would like the presence of a family member or friend for further support (at the hospital or department) and offer to contact that person.

(6) Ask if victim needs transportation. Dispatch officer/deputy to go wherever the victim is, if possible. Facilitate the transportation of the victim to the hospital or law enforcement office, or explain that an officer/deputy will meet the victim at the specific location.

1. The communications officer should give a complete report of information obtained to the officer/deputy assigned to the case before he or she initially contacts the victim.
2. It is not the communications officer’s role to judge what is heard from the victim. It is crucial to follow proper procedures for obtaining information.

C. Patrol Officer/Deputy Responsibilities:

1. The patrol officer/deputy has certain immediate responsibilities, as follows:

a. The first priority is the victim's physical well-being. Give attention to the victim's emergency medical needs. Ensure safety. Reassure the victim that he or she is safe and that his or her physical and emotional well-being is a priority.

b. Preserve the crime scene. Call an investigator, additional officers/deputies, or the supervisor on-call for additional assistance.

c. Be alert to any suspect in the vicinity. If applicable, give crime broadcast.

d. Explain to the victim his or her role and what will be done at the scene and through follow-up.

1. During initial contact with the victim, the patrol officer/deputy should make every effort to ensure that the victim is comfortable. The officer/deputy should avoid standing over the victim or reacting negatively to statements made by the victim. It is important to use simple terminology, avoid cop/legal jargon, and clarify the meaning of slang terms for the report.
2. The patrol officer/deputy shall obtain detailed information essential to determine what offense (or offenses) actually occurred. When this is not possible for any reason, the officer/deputy should concentrate on obtaining information that will establish the basis for misdemeanor or felony offenses, and help determine appropriate law enforcement response in carrying out the arrest of any suspect.

4. The patrol officer/deputy should obtain preliminary statements from the victim and witnesses. The officer/deputy should establish rapport and get the information most needed to determine the victim’s greatest needs and the identity and/or location of the suspect.

1. The officer/deputy shall inform the victim, preferably in writing, of support services available in the area. Inform the victim that the Criminal Injuries Compensation Fund pays counseling and other crime-related fees, if needed. Per local Sexual Assault Response Team (SART) protocol, advise the victim that a sexual assault crisis center advocate may be available to offer support. ***[Insert locality-specific SART protocol here]***

In addition, ask the victim if he or she would like the presence of a family member or friend for further support (at the hospital or department) and offer to contact that person (if the communications officer has not already done so).

1. Officers/deputies should be mindful of the impact of trauma on memory, especially when contact with the victim is within a short time after the sexual assault occurred. Victims of any trauma, including but not limited to sexual assault, may experience difficulty with memory storage and recall. As a result, victims may be inconsistent or unclear in their descriptions. These symptoms are indications of a traumatic experience, not fabrication. After the victim has had two sleep cycles, the investigator will re-interview the victim. More accurate details can often be obtained as time passes from the traumatic event. This policy of re-interviewing the victim is consistent with related policies regarding re-interviewing officers/deputies at least two sleep cycles following an officer-involved shooting.
2. If the assault occurred within the last 72 hours, the patrol officer/deputy shall arrange transportation or transport the victim to the hospital for a forensic examination. The officer/deputy should explain the medical and legal purposes of this exam and advise the victim to take a change of clothing with him or her. The officer/deputy may also provide transportation back home following the exam. See **Section III. Appendices, A. Sexual Assault Evidence Collection** for additional information.
3. If the assault occurred more than 72 hours earlier, the patrol officer/deputy should still advise the victim to seek medical attention.
4. The patrol officer/deputy shallrequest an emergency protective order for the victim for any act involving violence, force, or threat that results in bodily injury, OR places one in reasonable apprehension of death, sexual assault, or bodily injury. Such acts include, but are not limited to, any forceful detention, stalking, or criminal sexual assault in violation of Article 7 (§ 18.2-61 et seq.) of Chapter 4 of Title 18.2, OR any criminal offense that results in bodily injury or places one in reasonable apprehension of death, sexual assault, or bodily injury. See **General Order (GO) 2-32** for guidance concerning family abuse and non-family abuse protective orders, and violations thereof.
5. The patrol officer/deputy should identify and secure the crime scene. It is also important to determine whether there is a *secondary* crime scene.

D. Investigator Responsibilities:

1. The investigator shall obtain a complete report from the officer/deputy assigned to the case.

2. The initial contact with the victim may happen in different ways:

* 1. At the crime scene: The officer/deputy shall protect the crime scene, and the investigator should establish rapport with the victim, transport the victim to the hospital, and begin the preliminary investigation.
	2. At the hospital: The investigator should collaborate with medical staff to arrange for the collection of evidence needed for prosecution. Ensure the victim understands the exam procedures and establish rapport for further interviews. The investigator should never be in the examination room during the sexual assault exam, even if the victim requests the investigator to be with them. Per local Sexual Assault Response Team (SART) protocol, ensure that a sexual assault crisis center advocate is available to offer support during the exam and interview(s). ***[Insert locality-specific SART protocol here]***

The investigator should have the victim sign a consent form in order to obtain a copy of the medical report.

1. At the law enforcement office: Before interviewing the victim, the investigator should review the officer/deputy's report. Per local Sexual Assault Response Team (SART) protocol, ensure that a sexual assault crisis center advocate is available to offer support during the interview(s). ***[Insert locality-specific SART protocol here]***

Establish rapport with the victim by allowing him or her to ask preliminary questions and voice initial concerns.

3. Investigators should be mindful of the impact of trauma on memory, especially when contact with the victim is within a short time after the sexual assault occurred. Victims of any trauma, including but not limited to sexual assault, may experience difficulty with memory storage and recall. As a result, victims may be inconsistent or unclear in their descriptions. These symptoms are indications of a traumatic experience, not fabrication. After the victim has had two sleep cycles, the investigator will re-interview the victim. More accurate details can often be obtained as time passes from the traumatic event. This policy of re-interviewing the victim is consistent with related policies regarding re-interviewing officers/deputies at least two sleep cycles following an officer-involved shooting.

4. The investigator shall be trained in sexual assault procedures.

* 1. Interviewing child sexual assault victims requires special qualifications. See **Section III. Appendices, B. Interviewing Child Sexual Assault Victims** for additional information.
	2. The investigator shall allow the sexual assault crisis center advocate to be with the victim for support during the interview(s), if the victim desires.
	3. If the victim prefers a female investigator, every attempt to provide one should be made. If one is not available, the investigator shall nevertheless encourage the victim's cooperation.
	4. Prepare the victim for each phase of the investigation. The investigator will encourage the victim's cooperation by explaining what must be done and the reasons why.
	5. A Physical Evidence Recovery Kit (PERK) examination must be completed as early as possible in the interests of victim health and safety, evidence collection, and substance/drug identification. All victims should be encouraged to obtain this exam prior to interviews if possible, and regardless of their current willingness to prosecute or cooperate with the law enforcement investigation.

**Note**: All medical fees involved in the gathering of evidence on alleged victims in sexual assault cases (PERK examinations) shall be paid by the Criminal Injuries Compensation Fund (subsection F of § 19.2-368.11:1). Authorization by a criminal justice agency to obtain a PERK exam is not required. Any individual that submits to and completes a PERK exam shall be considered to have met the reporting and cooperation requirements of the Code of Virginia.

* 1. Evaluate the need for a search warrant.
	2. The investigator shallrequest an emergency protective order for the victim for any act involving violence, force, or threat that results in bodily injury, OR places one in reasonable apprehension of death, sexual assault, or bodily injury. Such acts include, but are not limited to, any forceful detention, stalking, or criminal sexual assault in violation of Article 7 (§ 18.2-61 et seq.) of Chapter 4 of Title 18.2, OR any criminal offense that results in bodily injury or places one in reasonable apprehension of death, sexual assault, or bodily injury. See **General Order (GO) 2-32** for guidance concerning family abuse and non-family abuse protective orders, and violations thereof.
	3. Identify and collect potential evidence, and photograph the scene or arrange for a forensic technician to do so.
	4. Identify and interview any witnesses separately.

5. Interviews of the victim.

1. Interviewing child sexual assault victims requires special qualifications. See **Section III. Appendices, B. Interviewing Child Sexual Assault Victims** for additional information.
2. Privacy is a necessity for follow-up interviews. Choose a quiet room free of distractions and interruptions, or go to the victim's home. Per local Sexual Assault Response Team (SART) protocol, it may be helpful to have a sexual assault crisis center advocate available to offer support during the follow-up interviews. ***[Insert locality-specific SART protocol here]***
3. The investigator should remain aware of the impact of trauma on the victim and his or her memory. The victim may experience confusion, memory recall difficulty, or reluctance to discuss fear-inducing or humiliating details of the incident. Interview information is best obtained through supportive rapport building, not by questioning a victim’s veracity or motives. Techniques used in interrogations should never be used with a victim.
4. Using a polygraph exam on a victim is strongly discouraged. If a victim is asked to take a polygraph exam, he or she must be informed, in writing, that “(i) the examination is voluntary, (ii) the results thereof are inadmissible as evidence and (iii) the agreement of the complaining witness to submit thereto shall not be the sole condition for initiating or continuing the criminal investigation.” In addition, “the refusal of a victim to submit to such an examination shall not prevent the investigation, charging, or prosecution of the offense.” (Code of Virginia § 19.2-9.1.)
5. Building rapport with a victim may include:

(1) Explain the purpose of the interview (e.g., to collect information for law enforcement to determine exactly what happened, decisions about prosecution will be made later).

(2) Acknowledge the victim’s experience. Although there is a need to remain unbiased, investigators can relay sympathy by stating, “I’m sorry this happened to you.”

(3) Allow the victim to express emotions. Communicate empathy. This facilitates cooperation and creates an environment that will yield the most information for an investigation.

(4) Avoid statements that do not communicate empathy, such as:

* Don’t cry
* You shouldn’t feel that way
* You must get on with your life
* Time heals all wounds
* It could have been worse
* At least you’re not injured
* I know how you feel

(5) Avoid “why” questions that sound accusatory or judgmental about the victim’s actions or behavior prior to the assault (such as "why did you go to the house?" or "why did you accept a ride with him?").

(6) Ask “how” questions instead (such as “how did you get to the house?” or “how did you end up in the car with him?”).

1. Address questions that the victim can’t answer. Sexual assault victims may react uniquely to this situation because they are concerned that they will be doubted or blamed.

(1) Victims should be cautioned against guessing. Reassure him or her that she might not know the answers to all of the questions.

(2) It is acceptable for the victim to answer “I don’t know” or “I don’t remember.”

1. Address concerns regarding prosecution. If the victim is unsure or unwilling to follow through with prosecution, explain the importance of making a report and the need to respond quickly to collect appropriate evidence.
2. Avoid telling the victim that he or she should follow through with prosecution in order to prevent future similar assaults. This places a burden on the victim that he or she is responsible for the assailant’s behavior.
3. Avoid telling the victim that he or she must cooperate with the law enforcement investigation and/or follow through with prosecution in order to obtain a PERK examination. This is against the law.
4. Avoid pressuring a victim into cooperating with the law enforcement investigation and/or prosecution.
5. It is important to remember that proceeding with prosecution may not always be in the best interest of every victim.
6. If the victim refuses to give a statement, he or she should be advised of the right to file a complaint at a later time and the procedure for doing so.
7. The victim should be informed that critical evidence will be lost with the passage of time and may not be available at a later date. Advise the victim that he or she may obtain a PERK exam regardless of his or her decision participate in the investigation. If the victim decides to participate at a later date, the PERK exam results will be helpful; however, other evidence (such as at the crime scene) may not be available.
8. The victim should be given information on how to contact the law enforcement agency.
9. The victim should be provided referral information for medical treatment and sexual assault crisis center services.
10. There is no guarantee that victims will appreciate a sensitive and competent response by law enforcement.
11. It is important to remember that proceeding with the investigation and/or prosecution may not always be in the best interest of every victim.
12. Questions that must be addressed during the interview include:
13. Assault Circumstances: Where approached? How? Where occurred? When?
14. Suspect Information: Name, if known? Age? Race? Hair color? Clothing? Height? Weight? Identifying marks? Relationship to victim, if any?
15. Multiple Crimes: Did multiple assaults occur? Were other crimes committed?
16. Assault Details: What happened during the assault? Were weapons used? Describe them. Were threats made? What were they? Was there a fight or struggle? Did the victim bite or scratch the suspect? Were injuries sustained by the victim and/or suspect? Were alcohol/drugs involved? Was the victim incapacitated in any way?
17. Details of Sexual Acts: If a male suspect, did he ejaculate? If so, where? Was a condom used? Was a lubricant used, and if so, what?
18. Alcohol/Drugs: Were alcohol or drugs used to facilitate the assault? If so, a blood and urine sample should be obtained as soon as possible.
19. Duration: How long was the suspect with the victim?
20. After the Assault: What did the victim or suspect do immediately after the assault?
21. Prosecution: Does the victim have concerns about prosecuting?
22. At the conclusion of the interview, the investigator should ask about any additional assistance needed by the victim. Refer the victim to the local sexual assault crisis center and victim/witness assistance program: ***[Insert names of local crisis center and victim/witness program here]***.
23. Inform the victim that it is common to remember additional details later. Encourage the victim to contact the investigator with additional details or to ask questions. Provide contact information to the victim.
24. As soon as practicable, notify the victim/witness assistance program that a sexual assault has occurred. Provide the information necessary for program staff to contact the victim.
25. Interviews and interrogations of the suspect.
26. A complete and accurate victim statement is crucial to conducting effective suspect interviews and interrogations. [it is recommended that interviews and interrogations be video recorded, audio recorded, or both]
27. The interview is non-threatening. Its purpose is to obtain a detailed statement. The investigator should listen, document, and allow the suspect to offer as much information as he or she will without interruption. Good suspect interviews can produce numerous inconsistencies and admissions, often resulting in strengthening the victim’s statement.
28. The interrogation is the questioning of a person suspected of committing the crime. Its purpose is to match previously acquired information to a particular suspect in order to secure a confession.
29. It is usually beneficial to have background information about the suspect (e.g., prior arrests or convictions, past experiences with sentencing, previous confessions to sexual assaults, relationship between suspect and victim, information from family, friends, or neighbors).
30. It is generally recommended that the suspect be interviewed as soon as possible, before he or she learns of the investigation, in order to lock him or her into a story. If the suspect is surprised, he or she will be less likely to construct mental defenses and alibis.
31. The location of the interview can be very important.
32. The location has an impact on whether the suspect feels free to leave or feels more threatened.
33. The location has an impact on whether or not a Miranda warning must be given to the suspect.
34. The interview should be conducted in a place that is quiet and free from distractions and interruptions.
35. Conducting the interview away from the suspect’s home or place of employment may reduce his or her feeling of control.
36. Consider using additional interview/interrogation strategies with a suspect (e.g., polygraph, an apology letter, a pretext phone call).
37. It is crucial that sexual assault investigators receive specialized training in interviewing and interrogating suspects.
38. A PERK examination should be conducted on all identified suspects within 72 hours following the alleged assault. If an arrest has not been made, and the suspect will not consent to an examination, the investigator should obtain a search warrant. A Forensic Nurse Examiner (FNE) or Sexual Assault Nurse Examiner (SANE) is the most qualified person to conduct the suspect PERK examination; however, a law enforcement officer may be in the room while the evidence is collected from a suspect. The procedures involved in a suspect PERK examination are similar to those of a victim PERK examination.

E. Evidence Collection Considerations:

1. General rules:

1. Safeguard crime scene and evidence.
2. Evaluate the need for a search warrant.
3. Document the names of all persons who enter the crime scene.
4. Call a crime scene unit or evidence technician, if available.
5. Use caution not to damage, mark, or contaminate evidence.
6. Initial and date all items seized.
7. Document chain of custody of evidence.
8. Place evidence in appropriate containers, seal, and initial.
9. See **Section III. Appendices, A. Sexual Assault Evidence Collection** for complete instructions.

2. Evidence should be sought to corroborate the victim’s story (e.g., the room where the assault occurred contains overturned furniture, scratches or bruises on the body of the victim or suspect reflect the account of events). The majority of sexual assault cases involve perpetrators who are known to the victim, so the issue of combating a consent defense is more likely than that of correct suspect identification (as in stranger sexual assaults). Too often, sexual assault cases result in a situation of one person’s word against another, with little or no evidence to corroborate the victim’s story. To mitigate this, it is important for the investigation to yield as much corroborating evidence as possible.

1. In sexual assault cases, the victim’s body is often the most important source of physical evidence. A suspect’s body can also provide critical physical evidence.
2. The forensic medical examination of the victim generally includes the following components:
3. Comprehensive medical interview.
4. Collection of forensic evidence.
5. Evaluation of risk and prophylactic treatment of sexually transmitted diseases (STD).
6. Evaluation of pregnancy risk and emergency pregnancy interception.
7. Crisis intervention and referrals.
8. Evidence collected during the forensic medical examination can generally be used for four primary purposes:
9. To identify the suspect.
10. To confirm recent sexual activity.
11. To establish force or threat.
12. To corroborate the victim’s story.
13. Types of forensic evidence include:
14. DNA evidence (identification).
15. Hair evidence (identification).
16. Seminal fluid evidence (identification, sexual activity, corroboration).
17. Clothing evidence (force, corroboration).
18. Saliva evidence (identification, corroboration).
19. Blood evidence (identification, force, corroboration).
20. Urine analysis [drug facilitated assault] (force, corroboration).
21. Non-biological evidence [e.g., lubricants, contraceptives, debris, fibers, soil, paint] (identification, corroboration).
22. Non-genital injury evidence (force, corroboration).
23. Genital trauma evidence (sexual activity, force).
24. A PERK examination should be conducted on all identified suspects within 72 hours following the alleged assault. If an arrest has not been made, and the suspect will not consent to an examination, a search warrant should be obtained. A Forensic Nurse Examiner (FNE) or Sexual Assault Nurse Examiner (SANE) is the most qualified person to conduct the suspect PERK examination; however, a law enforcement officer may be in the room while the evidence is collected from a suspect. The procedures involved in a suspect PERK examination are similar to those of a victim PERK examination.
25. In addition to considering evidence transferred to the victim by the suspect, it is also important to consider any evidence transferred from the victim to the suspect.
26. Bodily fluids, saliva, and epithelial cells from the victim are often recovered from the body of the suspect. In cases of digital penetration, cells from the victim have been found under the suspect’s fingernails even after he or she has washed hands and/or bathed.
27. A forensic examination can identify and document any injuries to the suspect that might have been caused by the victim.
28. The victim may describe some types of distinguishing characteristics (e.g., tattoos, scars, moles, genital warts) that the examiner can photograph.
29. If a suspect examination is not possible within several days following the assault, a full forensic examination is not recommended; however, an abbreviated examination should still be conducted to collect a DNA reference sample. This may include blood and/or saliva samples, and it may require law enforcement to obtain a search warrant.
30. Chain of custody.
31. The PERK examination of an alleged sexual assault victim is paid for by the Criminal Injuries Compensation Fund (CICF). It is the property of the Commonwealth of Virginia, not the victim.
32. When notified by a medical facility of a completed sexual assault PERK, the officer/deputy or investigator assigned will respond to take custody of the evidence.
33. In cases where a victim has completed a PERK examination, but chooses not to participate in the criminal justice system, the medical facility will follow local protocol regarding who to notify and where to store the evidence. ***[Insert local protocol here]***

In these cases, if law enforcement is taking custody of the PERK, the contact information for the officer/deputy or investigator should be provided for the victim. The law enforcement agency’s investigative unit shall be notified according to standard procedures, advised that the evidence is now in agency custody, and given relevant chain of custody information. The agency will process and preserve this evidence according to standard procedures for evidence in criminal cases. The agency will dispose of the evidence according to standard procedures.

1. Jurisdictions without a local procedure for chain of custody (especially in those cases where the victim chooses not to participate in the criminal justice system at the time of the exam) are directed to Executive Order 92, signed by Governor Timothy M. Kaine, which directs the Division of Consolidated Laboratory Services of the Department of General Services to accept and store PERK evidence from health care providers.
2. At each stage of the investigation, consult with the Commonwealth’s Attorney to determine if additional interviewing or evidence collection is needed to increase the likelihood of successful prosecution.

All law enforcement officers responding to sexual assault reports shall review **General Order (GO) 2-32** for guidance concerning family abuse and non-family abuse protective orders, as well as handling violations thereof.

For additional information concerning the law enforcement response to sexual assault, and law enforcement roles and responsibilities in sexual assault response teams (SART), refer to the DCJS publication, “Sexual Assault Response Teams (SART): A Model Protocol for Virginia” at <http://www.dcjs.virginia.gov/common/links.cfm?code=9&program=victims&announce=6>.

**III. APPENDICES**

A. Sexual Assault Evidence Collection:

1. General Rules:

1. Safeguard crime scene and evidence.
2. Evaluate the need for a search warrant.
3. Document the names of all persons who enter the crime scene.
4. Call a crime scene unit or evidence technician, if available.
5. Use caution not to damage, mark, or contaminate evidence.
6. Initial and date all items seized.
7. Document chain of custody of evidence.
8. Place evidence in appropriate containers, seal, and initial.

2. At the Crime Scene:

1. Collect undergarments, clothing, bedding, rugs, or other appropriate items which may contain semen, blood, other fluids, or be damaged.
2. Collect wash cloths or towels which may have been used.
3. Collect bottles, glasses, or other objects which may contain latent prints.
4. Search scene for foreign objects (e.g., buttons, hair, pieces of torn clothing).
5. If the crime occurred outdoors, gather soil samples from several areas and sketch the location of each sample taken.
6. If the crime occurred in a car, gather sweepings from seats and floors, and search floor mats and seat covers.
7. If entry was forced into the victim's house, gather samples of broken glass and paint chips. Note any pry marks.
8. Photograph the crime scene.
9. Photograph bite marks, scratch marks, or other signs of brutality or injury to the victim. It is recommended that only qualified medical personnel photograph private sexual areas of the victim.

3. Notes to be Prepared:

1. Description of exact location where each piece of evidence was found (e.g., one white bra, left strap torn, found on the ground in rear yard of *[address]*, 6 feet south of rear stairs).
2. Description of victim's appearance and behavior (e.g., bruises or marks, facial discoloration, disarrayed clothing, smeared makeup, hair disheveled, confused, dazed, disoriented, crying, incoherent speech).
3. Description of victim's clothing. Note the locations of torn garments, dirt, stains (e.g., blood, semen, grass).
4. Description of suspect. Pay special attention to the victim’s physical description, especially those characteristics that would not be readily visible if the suspect were clothed (e.g., tattoos, scars, moles, genital warts).
5. Ensure that all signs of trauma or injury, as well as a description of the emotional state of the victim, are recorded in the hospital record.

B. Interviewing Child Sexual Assault Victims

1. It is recommended that ONLY specially-trained child forensic interviewers conduct child sexual assault victim interviews. Local child forensic interviewers include: ***[Insert name(s) of the local child advocacy center and/or other local child forensic interviewers here]***.