

Pitt County Sexual Assault Protocol

June 2009

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PITT COUNTY SEXUAL ASSAULT PROTOCOL

PURPOSE

The purpose of this protocol is to establish and maintain a clear, consistent, and effective community-wide approach to the issue of sexual assault. This protocol represents the combined efforts of professionals from law enforcement, medical personnel, advocacy, and the judicial system. Interagency cooperation among each of these disciplines is essential in supporting the survivor's healing process, facilitating the arrest, prosecution, and conviction of sexual offenders. The protocol's purpose is to discuss the procedures involved when sexual assault response is a multidisciplinary approach. It does not describe individual services provided by these disciplines.

MISSION

The mission of the Pitt County Sexual Assault Response Team (PCSART) is to build communication and collaboration between agencies serving sexual assault survivors. The PCSART initiative is a survivor-centered project designed to provide a collaborative, interdisciplinary team response to sexual assault. The goal of PCSART is to provide services that ensure a transition from victim to survivor for every individual whose life is impacted by sexual violence.

GUIDING PRINCIPLES

P.C.S.A.R.T. will:

- 1) Provide equal access to services for all sexual assault victims regardless of race, ethnicity, gender, sexual orientation, income, ability, language, age, religion or other personal characteristics.
- 2) Develop and maintain professional relationships through respectful communication and cross-disciplinary education among team members.
- 3) Educate professionals within the legal, medical, human services, justice systems, and community at-large in order to combat the issue of sexual assault.
- 4) Establish and implement countywide standards of practice to ensure consistent responses from responders who will be held accountable to the standards.
- 5) Inform sexual assault victims about their rights and options with regard to health care, social services and the justice system.

The technical expertise and collaboration of P.C.S.A.R.T. is vital to the community's ultimate goal: Victim-Centered Approach.

** Actual implementation and interpretation of this Protocol is necessarily subject to applicable laws and policies of participating agencies. It is important for every discipline involved in the Protocol to understand each discipline's role.*

PITT COUNTY SEXUAL ASSAULT RESPONSE PROTOCOL COMMITTEE

Lt. Karen Kilpatrick, PCSART President, Investigator, Pitt County Sheriff's Office
Det. Diane Smock, PCSART Vice President, Detective, Greenville Police Department
Sgt. Tara Stanton, Patrol, Greenville Police Department
Barbara Coggin, Victim's Advocate, Farmville Police Department
Sgt. Stephanie Carnevale, East Carolina University Police Department
Tracy S. Kennedy, Pitt County Rape Victim's Advocate, REAL Crisis Intervention
LaNika Wright, Sexual Assault Nurse Examiners, ECU Student Health Services
Dr. Peggy Goodman, ECU Emergency Medicine

PITT COUNTY SEXUAL ASSAULT RESPONSE TEAM

Law Enforcement Team Members

Lt. Karen Kilpatrick, PCSART President, Investigator, Pitt County Sheriff's Office
Det. Diane Smock, PCSART Vice President, Detective, Greenville Police Department
Sheriff Mac Manning, Pitt County Sheriff's Office
Leigh Place, Victim's Advocate, Pitt County Sheriff's Office
Det. Phil Moore, Investigator, Pitt County Sheriff's Office
Chief William Anderson, Greenville Police Department
Sgt. Tara Stanton, Patrol, Greenville Police Department
Corp. Lori Cleary, Greenville Police Department
Det. Glen Webb, Greenville Police Department
Chief Timothy Moseley, Ayden Police Department
Chief Barry Stanley, Bethel Police Department
Chief Donnie Greene, Farmville Police Department
Barbara Coggin, Victim's Advocate, Farmville Police Department
Chief Warren Morrisette, Jr., Grifton Police Department
Chief Bryan Edwards, Village of Simpson Police Department
Chief Billy Wilkes, Winterville Police Department
Chief Scott Shelton, East Carolina University Police Department
Sgt. Stephanie Carnevale, East Carolina University Police Department
Capt. Mike A. Perry, East Carolina University Police Department
Lt. DJ Gregory, Jr. East Carolina University Police Department
Sgt. Christopher Moss, East Carolina University Police Department
Chief Alan Edwards, Pitt Community College Police Department
Chief Alton Richardson, Pitt County Memorial Hospital Police Department

PITT COUNTY SEXUAL ASSAULT RESPONSE TEAM

Advocacy

Tracy S. Kennedy, Pitt County Rape Victim's Advocate, REAL Crisis Intervention
Jessica C. Hargett, Victim's Advocate, REAL Crisis Intervention, Inc.
Lynn Rhoades, Victim's Advocate, REAL Crisis Intervention, Inc.
Laura Sweet, Dean of Students, East Carolina University
Dawn Gibbs, Student Legal Services, East Carolina University

Medical Committee Members

Dr. Peggy Goodman, ECU Emergency Medicine
Chetia St. John, Forensic Nurse Examiner, Pitt County Memorial Hospital
Lisa Keel, Sexual Assault Nurse Examiners, ECU Student Health Services
LaNika Wright, Sexual Assault Nurse Examiners, ECU Student Health Services
Jolene Jernigan, ECU Student Health Services

Prosecution Committee Members

Clark Everett, Pitt County District Attorney
Kimberly Robb, Assistant District Attorney
Penny Warren, Office Manager,
Jennifer Corbitt, Victim/Witness Assistant

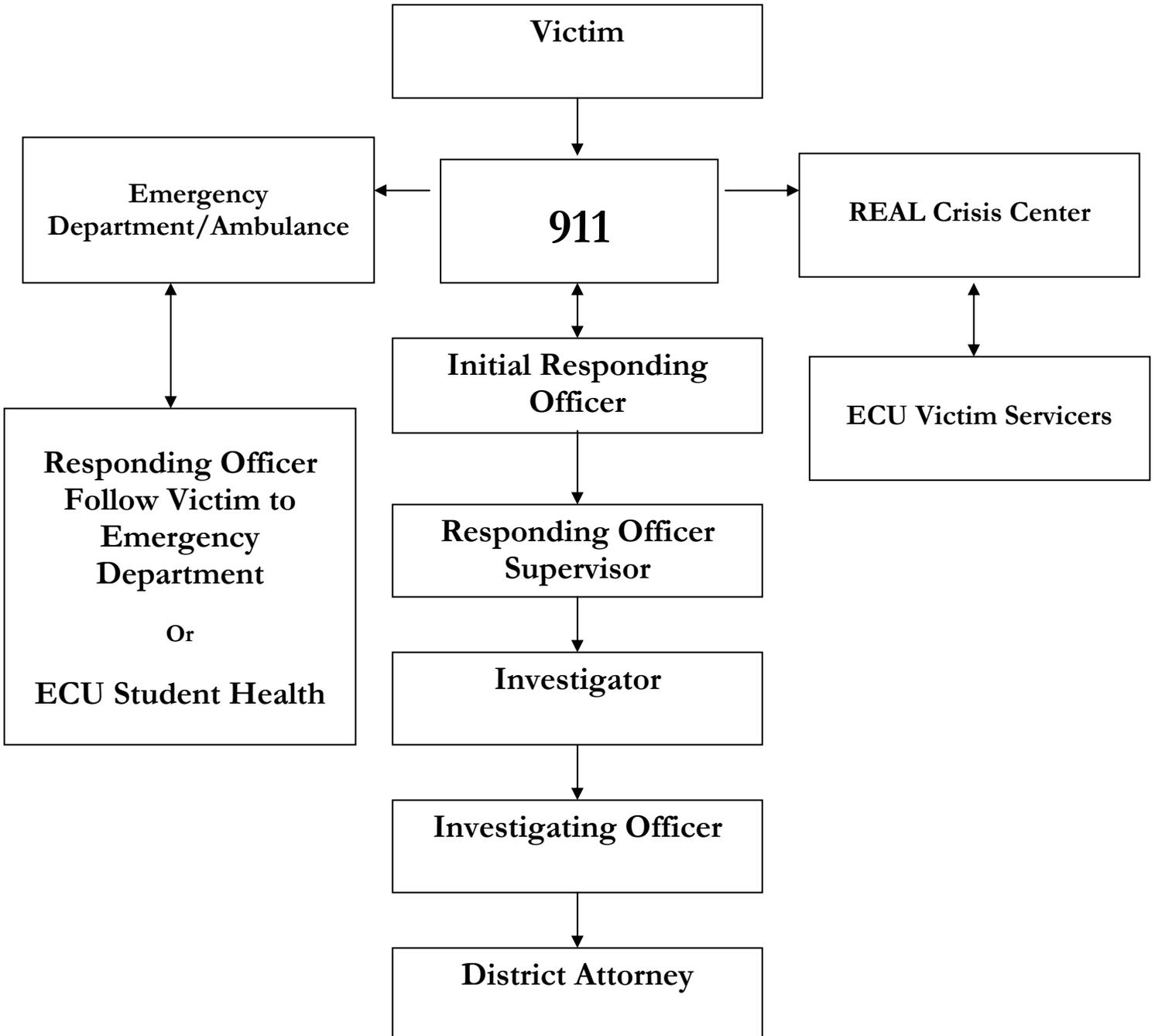
LAW ENFORCEMENT OFFICIALS

Law enforcement's most significant roles in sexual assault cases are to:

1. Protect the victim.
2. Refer the victim to community resources.
3. Protect the crime scene and gather evidence.
4. Attempt to apprehend the suspected assailant.

It is essential that Law Enforcement Officials be objective when responding to a sexual assault and throughout the investigation. An empathetic, informed, and supportive attitude displayed by the officer will encourage the victim's trust and lessen emotional trauma while allowing the victim to have a voice in the process.

Law Enforcement Officials Flowchart



Role of the Telecommunicator

9-1-1 CALL

If the victim does not want to report the incident, encourage him/her to seek medical attention, offer to connect the victim to the REAL Crisis Center.

1. Respond appropriately to the victim's need for support and security.
2. Gather pertinent information:
 - 2.1. Victim's name.
 - 2.2. Location of the call.
 - 2.3. Whether the victim is otherwise physically injured.
 - 2.4. Location of the assault.
 - 2.5. Date and time of the assault.
 - 2.6. Name and/or description of the perpetrator(s), including identifying marks.
 - 2.7. Whether perpetrator(s) is still present at the scene.
 - 2.8. If not, direction and means of perpetrator's flight.
 - 2.9. Description of perpetrator(s) vehicle.
 - 2.10. Is the perpetrator(s) armed?
 - 2.11. Is an interpreter required? If so, what language?
 - 2.12. Determine if the victim has any special needs and dispatch the appropriate persons able to assist.
3. Assure the victim that law enforcement will be dispatched.
4. If possible, keep the victim on the line until law enforcement arrives. This will provide him/her a valuable feeling of security.
5. Caution the victim not to wash, brush his/her teeth, urinate, douche, defecate, change clothes, gargle, clean up, eat/drink or touch anything that may be collected as evidence.

Role of the Telecommunicator

6. Dispatch initial responding officer to the location of the victim. Relay pertinent information concerning the sexual assault to the officer. Once the responding officer arrives on the scene and determines a sexual assault has occurred, he/she will notify his/her supervisor.
7. Route emergency medical personnel, if necessary. Use a code to protect the victim's privacy (CODE 86). If requested by the victim, obtain alternative transportation for emergency medical treatment. The victim may also opt to have law enforcement follow him/her to ED.

Telecommunication * Telecommunication * Telecommunication * Telecommunication * Telecommunication

Role of the Initial Responding Officer

1. Identify oneself by name and agency upon responding to victim.
2. Assess the safety of the victim.
3. Make note of excited utterances in addition to the victim's demeanor.
4. Establish a rapport with the victim.
5. Provide assurance of the safety of the victim.
6. Be sensitive to the needs, fears, and feelings of the victim.
7. Listen attentively and objectively without judgment.
8. Confirm with the victim the information that was obtained previously by the telecommunicator. Document the following:
 - 8.1. Victim's name.
 - 8.2. Location of the assault
 - 8.3. Date and time of the assault.
 - 8.4. Name and/or description of perpetrator.
 - 8.5. Direction and means used by perpetrator(s) during flight.
 - 8.6. Whether the perpetrator(s) had any weapons?
 - 8.7. Document a BRIEF description of the assault.
9. Confirm that a sexual assault has occurred and contact your supervisor to inform them of the situation. Make sure they have contacted a sexual assault investigator.
10. Secure the crime scene and limit access.
11. Document names of persons entering the crime scene.
12. Relay any information gathered from the victim to the telecommunicator and request assistance to secure the crime scene.
13. Inquire of victim if there is someone he/she wishes to be contacted.
14. Make sure the victim understands the consequences of a delay in pursuing a criminal investigation.

Role of the Initial Responding Officer

15. The victim must be told that the collection of physical evidence is important when prosecution is begun at his/her request. If the victim has concerns about hospital billing, refer him/her to the victim's advocate who will be arriving at the hospital. The victim must be told that an SBI evidence collection kit will ***not*** be collected after 72 hours following the sexual assault; however medical attention may be beneficial. Obtain the victim's consent for transportation to the hospital by the officer or by any other means. Obtain the victim's clothing if he/she changed clothing after the assault. Assist the victim in securing a change of clothing and footwear (if wearing same) before going to the hospital.
16. Encourage the victim not to:
 - 16.1. Urinate/douche / Defecate
 - 16.2. Bathe/ Wash hands/clean fingernails
 - 16.3. Change clothing
 - 16.4. Eat/drink
 - 16.5. Brush teeth/floss
17. Take pictures of the victim and the crime scene if necessary to an investigation.
18. If it is suspected that drugs were used to facilitate the sexual assault, request **immediate** collection of urine and blood samples within 36 hours and up to 72 hours of the assault. Place these samples on ice immediately.
19. Prepare a written report as soon as possible and no later than within forty-eight hours of initial victim contact. This report is to be delivered to the investigating officer with the following information:

Role of the Initial Responding Officer

- 19.1. Statements of the victim
- 19.2. Statement of the defendant
- 19.3. Statements of witnesses
- 19.4. Notes concerning the physical and emotional demeanor of the victim
- 19.5. Detailed narrative when the officer was dispatched and ending with the time he/she leaves the crime scene
- 19.6. Note discrepancies in his/her story, without judgment or opinion.

Responding Officer * Responding Officer * Responding Officer * Responding Officer * Responding Officer

Role of the Sexual Assault Investigator

Initial Response

1. Immediately respond, upon request, if it is determined a sexual assault has occurred.
2. A single investigator should interview and support the victim throughout the investigation and court process.
3. Communicate with the responding officer's supervisor or the officer to determine:
 - 3.1. Victim's name and current location.
 - 3.2. Location of the incident.
 - 3.3. Date and time of the assault.
 - 3.4. Name and/or description of the perpetrator.
 - 3.5. BRIEF description of the assault.
4. Upon arrival, the investigator should introduce himself/herself to the victim and briefly explain their role in the process.
5. Note the victim's physical and emotional condition.
6. Explain the need for a medical examination up to 3 days from the time the incident occurred.
7. Once the victim's immediate physical and emotional needs have been met; conduct an interview with PCSART prior to the victim's physical examination unless absolutely necessary to the interest of public safety.
8. The investigator should not be present during the physical examination.
9. Advise the victim that an in-depth interview will be conducted at another time.
 - 9.1 Obtain the names, addresses, work and home telephone numbers of all witnesses.

Investigator * Detective * Investigator * Detective * Investigator * Detective * Investigator * Detective

Role of the Sexual Assault Investigator

9.2 Obtain written statements from victim as soon as possible.

NOT AT THE HOSPITAL

10. Obtain written statements from witnesses as soon as possible.
11. Verify that the description and other information about the perpetrator have been given to the dispatcher and nearby agencies.
12. If the victim expresses concern about his/her privacy and safety explain departmental procedures regarding disclosure of reports.
13. Temporarily withhold the victim's identifying information to protect his/her privacy and safety. Do not include the victim's name or identifying information on law enforcement reports available to media. Provide only general descriptions of the location and crime.
14. The victim may ask questions about the criminal justice process. Explain to him/her that the district attorney will determine whether to pursue prosecution and emphasize that they have the right to discuss concerns with the prosecutor.
15. Contact the Assistant District Attorney responsible for sexual assault cases, if needed.

Investigator * Detective * Investigator * Detective * Investigator * Detective * Investigator * Detective

Role of the Sexual Assault Investigator

Evidence Collection

The Sexual Assault Investigator must ensure the following:

1. Chain of custody should be established and maintained.
2. If it is suspected that drugs were used to facilitate the sexual assault, urine samples and extra blood samples should be collected from the victim only within 72 hours of the assault and prior to the victim making a report of the crime. These samples should be placed in a separate container and should not be stored in the SBI Evidence Collection Kit. Rather, they should be put on ice immediately and eventually refrigerated.
3. Medical evidence will be collected by an emergency physician, with the assistance of a Forensic Nurse Examiner (FNE), or other ED nurse.
4. Evidence will be collected and sent to appropriate agencies for analysis and evaluation in a timely manner. Maintain a proper chain of custody at all times.
5. Photographs of the victim should be taken as necessary and only by law enforcement officials.
6. The investigator should explain that personal articles gathered are for use as evidence.
7. Collect and process evidence from the crime scene. Pay attention to evidence that shows force, any items used to clean up after the assault, and paraphernalia that may have been used to transmit a drug where drug facilitation is suspected.

General Rules at the Crime Scene

Protect the crime scene and seal the area where the assault occurred.

Role of the Sexual Assault Investigator

1. Photograph and sketch the scene and all evidence on the victim first, including photographs of any evidence of a struggle.
2. The Investigating Officer or the ID Technician should process for fingerprints and other fragile evidence at the crime scene and on the victim.
3. Use caution not to damage, mark, or contaminate the evidence.
4. All evidence should be collected with gloves and/or methanol or alcohol soluble tape.
5. Hair comparison is only possible when the lab receives hair samples from the victim and the suspect and is able to compare them to hair samples found at the crime scene. (Use alcohol soluble tape for blotting. Regular tape renders hairs and fibers useless for analysis).

Evidence Collection from the Suspect

1. A SBI Suspect Sexual Assault Evidence Collection Kit should be used to collect physical evidence from the suspect's body. A Nurse should conduct the examination. The kit must be opened in the presence of the suspect.
2. Evidence may be collected from a suspect after the arrest or with consent.

Handling Sexual Assault Evidence

Obtain a letter from the District Attorney's Office to send to the SBI laboratory to request blood and/or urine testing when it is suspected that drugs were used to facilitate sexual assault.

Investigator	*	Detective	*	Investigator	*	Detective
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Role of the Sexual Assault Investigator

1. The investigator should take or mail the following evidence in separate containers to the SBI Laboratory at one time:
 - 1.1. Physical evidence gathered from the scene.
 - 1.2. Victim's clothing in a paper bag, sealed, and initialed.
 - 1.3. SBI Sexual Assault Evidence Collection Kit.
 - 1.4. Suspects' clothing in a paper bag, sealed, and initialed (if available).
 - 1.5. SBI Suspect Evidence Collection Kit (if available).
2. Evidence returned from the laboratory after examination should be locked up in the Evidence Room until it is needed for court.

In-depth Interview

The goals of the in-depth interview:

Determine if and how the crime occurred.

Identify essential crime elements and the direction of the investigation.

Maintain the victim's cooperation and emotional well being.

1. Conduct an in-depth interview only after victim's immediate medical and emotional needs have been met.
2. Whenever possible, a victim advocate should be present when the officer meets the victim.
3. Let the victim first tell what happened in his/her own words with no interruptions. Ask open-ended questions after they conclude their account of what happened to determine additional events that took place before, during, and after the assault. Do not ask leading questions that only result in yes/no answers such as, "Did he/she use a knife?"

Investigator * Detective * Investigator * Detective * Detective * Investigator * Investigator * Detective * Detective

Role of the Sexual Assault Investigator

4. Pay particular attention to the manner in which questions are phrased. If the questions are personal or intimate, explain the reason for asking them. Do not use legal or medical jargon.
5. Obtain the answers to the following questions:
 - 5.1. When did the assault occur?
 - 5.2. Where did the assault occur?
 - 5.3. How long was the perpetrator with you?
 - 5.4. Did you know the assailant? If so, how long have you known him/her and under what circumstances, including any prior sexual relationship?
 - 5.5. Can you describe the assailant(s)?
 - 5.6. Age, height, weight
 - 5.7. Hair and eye color
 - 5.8. Facial hair or identifying marks
 - 5.9. Clothing
 - 5.10. The vehicle he/she was driving
 - 5.11. What did the perpetrator say or talk about before, during and after the assault?
 - 5.12. Who did you talk to after the assault?
 - 5.13. Were weapons used or displayed during the assault?
 - 5.14. Were substances such as drugs or alcohol used before, during, or after the assault and by whom?
 - 5.15. Did the perpetrator threaten you in any way?
 - 5.16. Were you physically hurt in any way?
 - 5.17. Was there a struggle?
 - 5.18. What happened directly after the assault?

Investigator * Detective * Investigator * Detective * Investigator * Detective * Investigator * Detective

Role of the Sexual Assault Investigator

- 5.19. What sexual acts did he/she perform on you or force you to perform on him/her and in what order?
6. If it was a male perpetrator: Did he have an erection and did he ejaculate? (NEVER ask the victim if he/she ejaculated.) Ask the victim to write out a statement of exactly what happened. This can be prepared for the next interview with the investigator.
7. Brief the victim of next contact, judicial process, and other information.
8. If the relationship between the victim and the perpetrator appears to fall within the confines of a domestic violence relationship, determine the following:
 - 8.1. Specific relationship between the victim and the perpetrator.
 - 8.2. Existence of prior domestic abuse by the perpetrator.
 - 8.3. If eligible, encourage and assist the victim in obtaining a Civil No-Contact Order or a Domestic Violence Protective Order (Chapter 50C and 50B of the North Carolina General Statutes).
9. The victim should be briefly advised on the judicial process and encouraged to meet with the District Attorney's Office as soon as possible.
10. Law Enforcement should explain to the victim the role of the Assistant District Attorney if he/she wishes to proceed with prosecution. The Assistant District Attorney will question the victim on all aspects of the case. It is the Assistant District Attorney's responsibility to determine if the case will be tried and will discuss these options with the victim. The Advocate may be present for this interview.
11. The investigator should be present for the initial contact with the District Attorney's Office to ensure a smooth transition.

Investigator * Detective * Investigator * Detective * Investigator * Detective * Investigator * Detective * Investigator * Detective

Role of the Sexual Assault Investigator

12. Whenever possible, a victim’s advocate should also accompany the victim to this meeting to act as a liaison between the team members and the victim and to offer emotional support.
13. Investigator’s contact with the victim is encouraged throughout the judicial process.
14. If the victim is concerned about his/her family’s reaction to the sexual assault, the investigator should discuss these concerns with the family or arrange for appropriate personnel to do so only with the victim’s consent.

Drug Facilitated Sexual Assault

1. In recent years, there has been a dramatic increase in the use of drugs to facilitate sexual assault. Professionals must quickly recognize indications of drug facilitation, as many of the drugs used quickly metabolize or pass out of the body. Whenever it is suspected that drugs were used to facilitate the sexual assault, blood and urine specimens should be collected within 72 hours after the assault. Always maintain chain of custody to protect the evidence.

As a result of the specific effects of facilitating drugs during a sexual assault, and because of the nature of the crime, it is understandable that victims may not report the crime for days. Do not allow reporting delays to discourage an investigation. Even when the reporting delay has made it impossible to detect the drug used to facilitate the sexual assault; it may still be possible to prosecute successfully—especially if investigators identify additional victims of the same rapist.

Investigator * Detective * Investigator * Detective * Investigator * Detective * Investigator * Detective

Role of the Sexual Assault Investigator

Identifying Drug Facilitated Sexual Assault

1. A wide variety of drugs are used for the purposes of sexual assault. Among these, Rohypnol and GHB are the most widely publicized. However, many others are widely used and may be more accessible, including: ecstasy, prescription benzodiazepines (such as Valium or Xanax), muscle relaxers, Ketamine, Scopolamine, and many others. Thus, it is essential for all agencies involved to consider a full range of drugs that have a sedative or hypnotic effect, not to focus on detecting just a single drug.
2. Drugs used to facilitate sexual assault generally produce an anesthesia like effect, rendering victims unconscious or unable to give consent. Alternatively, some drugs may induce a state described as “drug submission” causing the victim to become passive and submissive, and to do things that he/she may not ordinarily do, such as leave a party with someone he/she just met. In addition, some drugs used to facilitate sexual assault can chemically induce a form of memory loss called anterograde amnesia; in essence such drugs temporarily disable the brain from storing information in memory.
3. Depending on the type of drug administered, the victim of a drug-facilitated sexual assault may exhibit the following signs:
 - 3.1. memory loss
 - 3.2. dizziness
 - 3.3. confusion
 - 3.4. drowsiness
 - 3.5. impaired motor skills

Investigator * Detective * Investigator * Detective * Investigator * Detective * Investigator * Detective

Role of the Sexual Assault Investigator

- 3.6. impaired judgment
 - 3.7. reduced inhibitions
4. The victim may be unable to provide a complete account of the assault, or of the events surrounding it. Alternatively, he/she may describe the incident as similar to an “out of body” experience. He/she may report that though he/she was conscious at times during the sexual assault, he/she felt paralyzed, powerless, and unable to move, as if his/her mind was disassociated from his/her body. For example, the victim may say: “My mind was there, but my body was not. I felt like I couldn’t talk or move.”

Sample Collection

- 1. If the victim has an altered mental status (perhaps due to drug-induced sexual assault), specimens should be collected per lab protocol as medically indicated. These specimens should be collected before administering evidence collection and must be refrigerated immediately after collection. For temporary purposes during the interview of the victim, specimens should be kept on ice, chain of custody must be maintained
- 2. After the interview, the investigating officer must take the specimens to the law enforcement department to be stored in evidence.

Investigator * Detective * Investigator * Detective * Investigator * Detective * Investigator * Detective

Role of the Sexual Assault Investigator

2. Check other law enforcement records for common MO's.

Consider including the following items when drafting search warrants:
Innocuous looking containers; such as squeezable water bottles or eye drop-type containers

- 2.1. cooking utensils (for GHB)
- 2.2. video or camera equipment
- 2.3. video tapes
- 2.4. Photographs, DVDs or CD ROMs of the victim.
- 2.5. Computers
- 2.6. Junk Drives, Flash Drives, Kangaroo Drives or any media storage device.
- 2.7. Cell Phones

3. When drafting the search warrant, appropriate wording is necessary in the search warrant to obtain/retrieve items of media.

4. Be aware that some drugs may induce “drug submission.” Remember that some drugs can cause a victim to become passive and submissive, and that under the influence of such drugs, the victim may have little or no recall of the events.

5. In assessing the validity of a possible “consent” defense, law enforcement officials should consider whether the victim’s actions are, in fact, consistent with evidence that the victim was “drugged.”

Investigator * Detective * Investigator * Detective * Investigator * Detective * Detective

ADVOCACY

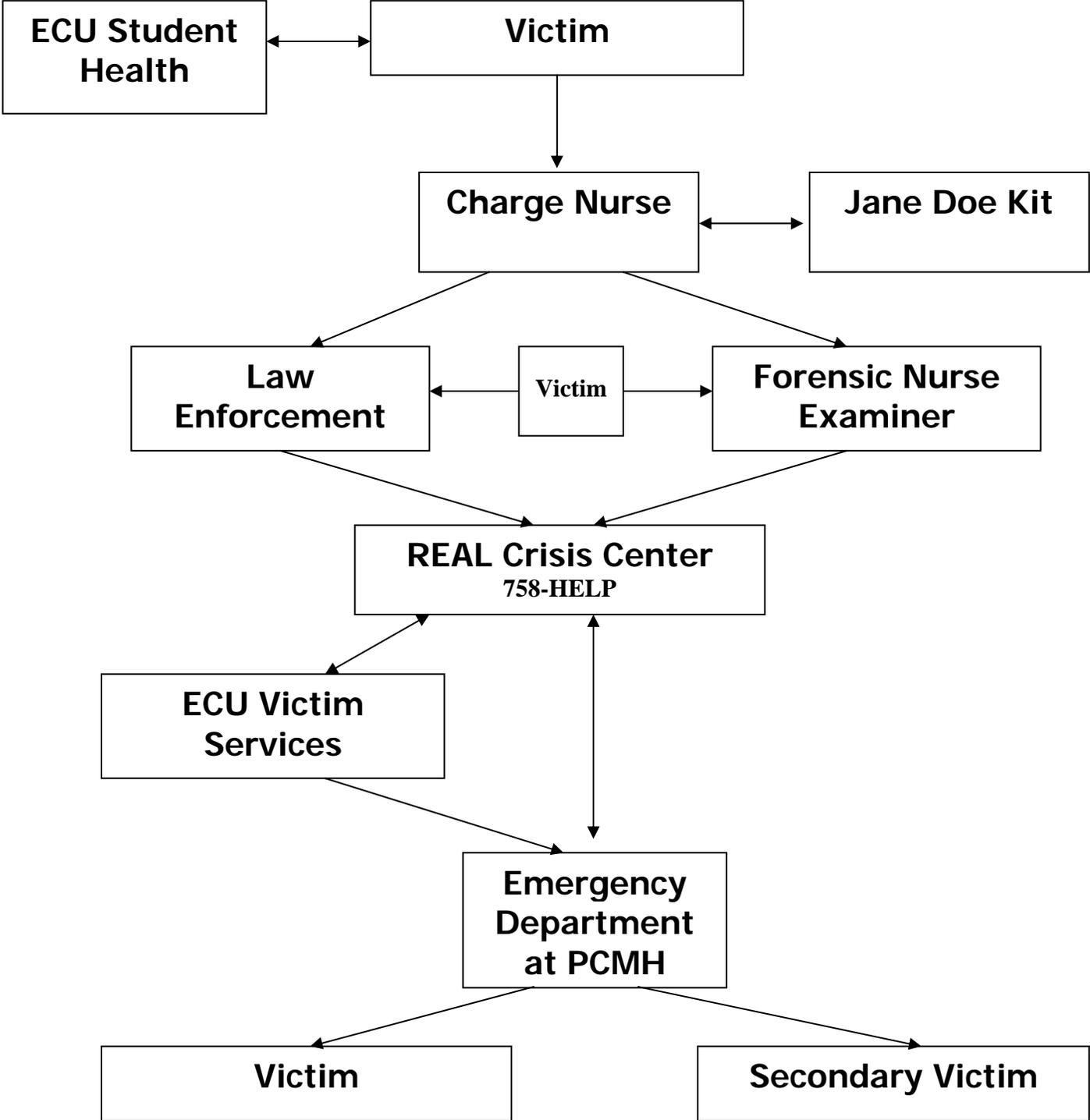
Sexual Assault advocates play a vital role in appropriate response to sexual assault victims. The advocate's role is distinguished by the ability to offer unconditional support, as advocates are not responsible for evidentiary issues. The advocate can provide tremendous assistance and support to other responding professionals. It is essential that advocates become involved as soon as possible.

Advocates usually play the role of "silent partner"; the main goal is support for the victim. Advocates accompany victims during medical examinations, law enforcement interviews, or court proceedings, however, advocates should be cautioned that asking questions and taking notes could result in advocate subpoena. Other services include: 24 hour crisis response, short/long term counseling, support groups, information/referral services, community education, professional training, and organizational support for community task forces.

After helping the victim assess his/her overall needs and options, the advocate may assist with the facilitation of the process of healing. To function most effectively, the advocate should be informed of the case status in order to provide comprehensive services to victims.

REAL Crisis Center has an annual contract with Pitt County Memorial Hospital as responding advocates to victims of sexual assault who present in the Emergency Department since 2003. REAL Crisis Center Advocates are available twenty-four hours; offering free and confidential assistance. REAL Crisis Counselors are trained in crisis intervention. Sexual Assault Victim Companions are trained an additional ten hours in sexual assault crisis management. These counselors are prepared to deal with the emotional and psychological aspects experienced by victims of crime. They provide continuous counseling for victims and family/friends if so requested.

REAL CRISIS CENTER ADVOCACY FLOWCHART



Role of the Sexual Assault Victim Advocate

Initial Response

1. When the victim first contacts an advocate, the advocate should assess the victim's safety and assist the victim in developing a plan of action. First, ask if he/she is in a safe place and offer to contact assistance if necessary. Discuss victim services, reporting options, medical assistance, and evidence collection. Ensure if victim is an East Carolina University student that ECU Student Victim Services are offered and dispatch an ECU Victim Advocate, with victim's permission.

NOTE: "Advocate" denotes REAL Crisis and ECU victim services

2. Obtain information in a manner that allows the victim to feel supported, believed, and accepted. An advocate should never interact with a victim in a negative manner.
3. Advocates can assist in arranging transportation to the center or the hospital if necessary. No victim may be housed at the REAL Crisis Center, nor can REAL nor ECU advocates provide victim transportation; but they will assist in locating accommodations or transportation for the victim. If the victim has his/her own transportation, an advocate will meet him/her at the hospital. The advocate will contact the hospital and inform them that a CODE 86 is on the way to the emergency department. If the victim intends to have a sexual assault examination, obtain permission from the victim to call and notify the medical facility and/or law enforcement officials. Inform him/her that law enforcement will not be contacted if he/she goes to the hospital, and that law enforcement **does not** have to be involved if he/she wishes to have evidence collected. Explain to him/her the benefit of law enforcements early involvement and barriers in delayed reporting.

Role of the Sexual Assault Victim Advocate

Explain all reporting options and the benefits and barriers of each option. Also explain to the victim that he/she can choose to have an advocate accompany him/her at any time before, during or after the examination, depending on the state of the victim's injuries and his/her desire for accompaniment.

4. Encourage the victim not to eat, drink, smoke, bathe, brush their teeth, urinate, douche, defecate, change clothes, gargle, clean-up/organize the crime scene, or touch anything from which evidence might be collected. Explain that any of these actions could destroy important evidence. Also, warn him/her that clothing will be taken as part of the evidence collection and encourage him/her to bring extra clothing, if possible. If the victim is unable to bring additional clothing, donated clothing may be available to the victim.
5. If the victim presents to the hospital and permits the hospital to contact a responding advocate, the hospital will contact the REAL Crisis Center. A responding advocate will then report to the emergency department within no more than 30 minutes from the time of the call. Upon arrival at the hospital, the advocate should:
 - 5.1. Make contact with the charge nurse in introduce themselves and that they are here for a CODE 86.
 - 5.2. Advocates should only go to the scene of the crime with members of law enforcement.
 - 5.3. Advocate should determine if the victim is a current East Carolina University student and obtain permission to contact ECU on-call advocate.

Role of the Sexual Assault Victim Advocate

- 5.4. Advocate should discuss with victim all of his/her options of reporting and medical treatments available.
6. If the victim is not interested in advocacy services, the hospital will offer information about services and encourage him/her to call anytime (even when months or years have passed).
7. If the victim is interested in advocacy services, the advocate should respond and stay with the victim. Advocates should begin using active listening and crisis intervention skills to assist the victim with his/her needs.
8. When possible all participants should encourage the victim to wait until the P.C.S.A.R.T. team of professionals are together to provide details of the assault. Team members should all make contact within 60 minutes of initial agency contact. Advocates should use this waiting time to build rapport, explain the steps of the exam and to ascertain whether the victim wants accompaniment during the exam. Be prepared to discuss the victim's feelings, fears, and/or what will happen next.
9. If the victim is under age 16, a parent or guardian must give written consent for medical care. A victim 16-18 can be evaluated without parental consent, for the prevention, diagnosis, and treatment of sexually transmitted diseases, pregnancy, abuse of controlled substance or alcohol, and emotional issues.
10. Sexual assault examinations should not be conducted for purposes of determining if the patient engaged in sexual activity nor should the lack of physical injury be the sole determinant in deciding whether a sexual assault occurred.

Advocate * Advocate * Advocate * Advocate * Advocate * Advocate

Role of the Sexual Assault Victim Advocate

11. Once the interview or the exam has begun, the advocate should assist the team in limiting interruptions.
12. The team should ask the victim to choose who he/she would like to remain in the room during the examination. If the advocate is not present during the examination, he/she should use this opportunity to offer support to secondary survivors, arrange for clothing, or develop rapport with law enforcement officials who may also be waiting.
13. The emergency department may need to collect the victim's clothing for evidentiary purposes. Clothing should be available; it is stored at the Emergency Department for victims who are unaware and/or unable to bring additional clothing. If clothing is not available in the emergency department, arrange for family to bring clothing or request that victims receive scrubs.
14. After the examination is complete, the victim should have access to a beverage, if desired. The advocate should collaborate with medical personnel to arrange this.
15. Once the exam is completed, the advocate should discuss what can be expected after an attack with the victim. This is a good time to discuss the psychological stages a sexual assault victim can experience. The advocate will give the victim additional information and let him/her know that they will be following up with them within the next 72 hours. The advocate should request the victim's contact number and make sure it is alright to leave a message.

Advocate

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Role of the Sexual Assault Victim Advocate

16. If the victim does not have transportation home, the advocate can assist in arranging transportation. Once family, friends, and community resources have been exhausted, law enforcement officials will be responsible for providing victim transportation. When the officer and the victim are opposite sex, the advocate may accompany them.
17. Whenever possible, the advocate should follow-up with the victim within 72 hours after discharge. At that time they will explain the Rape Victim's Assistance Program and Crime Victims Compensation Funds. When appropriate, victim advocates should assist victims with paperwork and forms and offer information about agency services.
18. Medical personnel should have provided information on follow-up medications and screening for HIV, Hepatitis B and STDs. Encourage the victim to be tested for HIV, Hepatitis B and STDs at the local health department or a private healthcare provider. Inform the victim that he/she may be tested at any county health department, without insurance company notification.

Advocacy

1. With the victim's permission, advocates can be present during law enforcement interviews. Advocates will not interfere with the interview, but provide emotional support as needed. While it may sometimes feel appropriate to speak on the victim's behalf, the advocate should not speak for the victim. Advocates must encourage him/her to take their time describing the details.
2. Though it is the assistant district attorney's responsibility to explain prosecution procedures, collaboration with the Assistant District

Advocate * Advocate * Advocate * Advocate * Advocate * Advocate * Advocate

Role of the Sexual Assault Victim Advocate

Attorney is a key part of effective legal advocacy. The advocate should understand the criminal justice system and be prepared to help the victim understand the process.

3. Advocates should attend all court proceedings and provide support throughout the judicial process with the victim.

Counseling Services

1. REAL Crisis Center provides 24-hour access to crisis counseling, as well as referral and information services. Advocates use active listening techniques to help assess needs, discuss options, provide information, and make referrals as needed. They also provide follow-up services, court accompaniment, support groups, and informational literature; and resources such as:
 - 1.1 Anonymous/Blind/Third Party Rape Reports (Appendix C)
 - 1.2 Jane Doe Kit option
 - 1.3 Rape Victim's Assistance Program/Victim's Compensation (Appendix B),
 - 1.4 East Carolina University Counseling Center (ECU current student)
 - 1.5 Civil No Contact Orders (Appendix E),
 - 1.6 SAVAN (Appendix F),
 - 1.7 Sex Offender Registry Information (Appendix G),
 - 1.8 Address Confidentiality Program (Appendix H),
 - 1.9 Department of Corrections Victim Services (Appendix I).

Advocate * Advocate * Advocate * Advocate * Advocate * Advocate * Advocate

Role of the Sexual Assault Victim Advocate

2. Because the process of healing after a sexual assault may take months, sometimes years, the REAL Crisis Center is prepared to provide long-term counseling.

Confidentiality

1. Advocates must protect the victims' confidentiality. While personnel are encouraged to discuss general issues regarding sexual violence, they must not discuss the details of any local sexual assault outside the agency. Advocates should neither confirm nor deny that any victim is, or has ever been, a client without written permission from the victim.
2. The advocate should work cooperatively with law enforcement and medical professionals, but refrain from providing information without the victim's expressed consent. Before communicating with others on a victim's behalf, the advocate should ask the client to specifically identify what information may be released. A disclosure form must be signed by the victim before the advocate discusses their case with other agencies.
3. Confidentiality is absolute unless danger to self and/or others.

Reporting Requirements

1. Though advocates work under strict principles of confidentiality, North Carolina law requires reporting of any known or suspected case of child abuse or neglect to the local department of social services or law enforcement within 24 hours. The advocate must report an assault that takes place against someone under the age of 16 years old and was committed, facilitated, or permitted by a parent, guardian, custodian, or caretaker.

Role of the Sexual Assault Victim Advocate

2. Reporting is also required where there is a “reasonable cause to believe that a disabled adult is in need of protection.” A disabled adult is any person 18 year of age or older who is physically or emotionally handicapped for a number of reasons, including advanced age.

Rape Victim Assistance Program/Victim’s Compensation (Appendix B)

The Rape Victims Assistance Program reimburses a North Carolina medical provider up to \$1,000 for gathering evidence for a rape kit. Hospital staff will submit a rape claim to the Rape Assistance Program to pay the hospital bill for the evidence collection. Victims do **not** need to report to law enforcement to be eligible for the Rape Assistance Program.

CVCC HIV PEP GUIDELINES

The North Carolina Crime Victim Compensation Commission establishes the following guidelines for awarding compensation for antiretroviral postexposure prophylaxis after potential exposure to HIV.

1. The criminally injurious conduct involved penile-anal or penile-vaginal penetration; and
2. The antiretroviral postexposure prophylaxis is administered to the patient/victim within 72 hours of the criminally injurious conduct;
3. The North Carolina Crime Victim Compensation Commission will compensate for a maximum of twenty-eight (28) day supply of the antiretroviral postexposure prophylaxis; and
4. All other requirements have been met for an award of compensation under Chapter 15B of the North Carolina General Statutes.

Role of the Sexual Assault Victim Advocate

Secondary Victims

1. Advocates should also be supportive to secondary victims; including family members, friends, or loved ones. It is important that the advocate obtain contact information from secondary victims in the event that they need additional assistance or that primary victims is difficult to locate.

Advocates can provide additional assistance to secondary victims by:

- 1.1. Educating them about the importance of believing the victim and helping him/her regain a sense of control.
- 1.2. Helping them understand the nature of the crisis the victim has experienced (for example, by explaining rape trauma syndrome).
- 1.3. Discussing their reactions to the assault and the victim.
- 1.4. Exploring additional resources and support system for them and the victim.
- 1.5. Brainstorming ways they can support the victim.
- 1.6. Providing information about available services.
- 1.7. Educating them about misconceptions and myths surrounding sexual assault (for example, explaining that sexual assault is an act of violence and hostility).
- 1.8. Helping them identify and deal with anger, a normal reaction that is far too often misdirected at the victim
- 1.9. Helping them focus on how they can help the victim now; and discouraging thoughts surrounding how the assault could have been prevented or how they might seek revenge.

Role of the Sexual Assault Victim Advocate

Anonymous/Blind Reporting/Third Party Reports (Appendix C)

1. If the victim decides to report the assault to the law enforcement, he/she may choose to file a complete report, which may be followed by an investigation and prosecution. Alternatively, he/she may file a “blind report” which notifies law enforcement that a crime occurred, but can be completed without the victim’s name or identifying information. Thus, law enforcement can get all other important information about the assault and the assailant, and address public safety issues, while protecting the victim’s privacy. While blind reporting is universally recommended, not all law enforcement agencies have implemented blind reporting procedures. Advocates should be aware of local law enforcement procedures.
2. If the victim is reluctant to report a sexual assault to law enforcement, encourage him/her to file a blind report. Procedures for filing a blind report vary with each law enforcement agency. Assure the victim that he/she may provide as much information as they feel is needed. Also inform him/her that filing a blind report meets the minimum requirement for accessing Rape Victim’s Assistance Funds, but not Crime Victim’s Compensation funds.
3. Advocates should assist victims with blind reports and submit to law enforcement on behalf of the victim. However, it is preferable for the victim to make the report himself/herself with the support of the advocate.

Advocate * Advocate * Advocate * Advocate * Advocate

Role of the Sexual Assault Victim Advocate

4. The blind report should contain as much information as possible, including:
 - 4.1. Name and/or description of assailant(s), including identifying traits or marks
 - 4.2. Location, date, and time of assault
 - 4.3. Description of any violence involved
 - 4.4. Description of any weapons used
 - 4.5. Comments made by the assailant
 - 4.6. Necessary details of the assault (vaginal penetration, whether by body part, foreign object, or device, or any type of anal contact, oral contact, or masturbation, and what order these events occurred during the assault).
5. If the victim would like to be contacted in the event that the assailant is charged with another sexual assault, and he/she would like the option of testifying on the victim's behalf; the victim can make arrangements with the advocate.

Community Collaboration

1. In addition to providing services to victims, advocates should provide support and assistance to medical personnel, law enforcement, magistrates, mental health practitioners, other victim advocates, and agencies that are in contact with victims.
2. Advocates should formulate in-service and training in accordance with the particular needs of any organization or agency, while specifically endeavoring to provide training to medical professionals, law enforcement officials, magistrates, judges, and other court personnel.

Advocate

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Role of the Sexual Assault Victim Advocate

3. REAL Crisis Advocates will continue to coordinate Pitt County's Sexual Assault Response Team and encourage involvement from all disciplines working with sexual assault victims.

Advocate * Advocate * Advocate * Advocate * Advocate * Advocate

MEDICAL PROFESSIONALS

Sexual Assault is one of the most serious violent crimes, surpassed only by murder. Medical personnel are an essential component of response to this crime on many levels.

The manner in which the medical services are performed is of extreme importance to the well being of the victim, as it can contribute either to further distress or to a progress in healing. It is essential that the victim senses non-judgmental support from those who treat him/her in the medical setting.

Physical findings are of extreme importance in sexual assault cases. Medical personnel provide essential data that is accurate and objective through the use of SBI Sexual Assault Evidence Collection Kits (SBI Kit).

FNEs

Nurses *

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Physicians

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FNEs

Nurses *

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Physicians

FNEs *

Role of the ECU Student Health Services

Addition to Role of medical professionals- ECU Student Health Service (SHS)

ECU SHS will provide comprehensive medical care to student victims of sexual assault who do not show evidence of acute, severe physical trauma. Care will be provided by sexual assault trained personnel in a confidential manner and will follow consistent protocols to ensure all aspects of services are made available to all student victims.

Services include but are not limited to:

1. Physical examination
2. Sexual Assault Kit collection (SBI Kits)
3. Advocacy services
4. Students have the option to select or decline any service that is offered.
5. Students will be given the option of having Jane Doe Kits collected
6. All services offered may be accessed by any ECU student; however, if an ECU student activates EMS services from any location prior to arriving at SHS, that student will automatically be transferred to Pitt County Memorial Hospital Emergency Department per EMS policy. EMS cannot transport victims to SHS.
7. Victims on campus needing transportation or needing to be escorted to SHS for examination may contact SHS, however, victims who are not on campus, must provide their own transportation to ECU SHS facility.

Role of the ECU Student Health Services

Hours of Operation:

1. SART: Victim Advocate/ SART is available 24 hours a day, after hours and weekends via law enforcement.
2. SHS SANE/ Sexual Assault Examiners: are available for treatment and evidence collection

Fall and Spring Operations: Monday – Thursday 8:00 am – 7:00pm,
Friday 8:00 am- 5:00pm.

Summer Operation: Monday –Friday 7:30 a.m. – 4:30 p.m.

Victims presenting via telephone

1. Victims presenting Code 86 to SHS via phone should be encouraged to come to SHS or go to ED as appropriate for evaluation, treatment, and/or evidence collection per victim preference. Treatment advice will not be given via phone.
2. Victims will be advised to follow these precautions:
 - 2.1 Advise them not to dispose clothing worn before, during, and after the assault.
 - 2.2 Advise victim not to change clothing. If victim has changed from clothing they were wearing at the time of the assault, victim should be advised to leave clothes in their current location to be collected by law enforcement.
 - 2.3 Advise them to bring or carry additional clothes with them and explain the reason.
 - 2.4 Advise them not to take a shower, bathe, douche, eat, drink, urinate, defecate, smoke, or wash their hands (washing their hands may contaminate evidence under their fingernails.)

Role of the ECU Student Health Services

Victims presenting in person to SHS

1. The receptionist will call the Urgent Care Nurse to the front and the Urgent Care Nurse will immediately escort the student victim to the Urgent Care area.
2. The Urgent Care Nurse will escort the student victim to a special equipped and secure room and contact the forensic examiner to provide medical triage and to offer the option of evidence collection. Discussion of law enforcement notification should be initiated early in the phase of victim care.
3. EMS will be activated if victim injuries show evidence of emergency violent physical trauma.
4. Once in the room, The Urgent Care Nurse will then register the student victim.
5. The urgent care nurse must contact the law enforcement agency with jurisdiction. The nurse may contact ECU police to help determine which agency has jurisdiction (the victim has the right to refuse to talk with law enforcement).
6. With the consent of the victim, The Urgent Care Nurse will contact the ECU Victims Advocate and/ or REAL Crisis Advocate for services and support.
7. All P.C.S.A.R.T. members make contact within 60 minutes. Whenever possible, P.C.S.A.R.T. members will interview the victim together.
8. Evidence collection for the SBI Kit will be performed by the SANE Nurse. Evidence will be collected as per instructions and

Role of the ECU Student Health Services

standards set forth by the SBI kit. The assessment and procedure will be thoroughly explained to the victim.

9. If the victim refuses any portion of the exam, the examiner will document this refusal on the appropriate collection envelope with explanation and initials of the examiner.
10. The examiner will ensure:
 - 10.1 The evidence is properly sealed and labeled.
 - 10.2 The time and date are noted on the evidence
 - 10.3 The chain of evidence is noted on the data sheet
11. After completion of the evidence collection SBI kit will be sealed and turned over to the appropriate law enforcement officer.
12. If the student opts to have a Jane Doe Kit collected, the student's Medical Record number will be affixed to the kit. The kit will then be given to ECU police for storage.
13. The examiner will discuss with the victim and provide a written copy of the discharge instructions and necessary medical follow up.
14. Forensic records will be kept as a paper chart in a locked file cabinet and will not be documented in the electronic medical record.
15. The victim should be informed that per protocol, a Third Party Incident Report will be completed regarding the assault, which will not include any identifying information about the victim, if the victim declines to discuss the assault with Law Enforcement. They should also be informed per the Clery Act, all on campus assaults are reported to the Office of the Vice Provost by incident only and no names are attached.

Role of the ECU Student Health Services

16. The Assistant Director for Finance will coordinate with the Victim's Advocate in filing for funds from the Victim's Assistance Fund and work with the victim to ensure charges incurred for this visit will not interfere with the victim's enrollment in the University.

Role of the Medical Professionals

For children 0-14 years of age, see Child Sexual Abuse Policy and Procedure Manual located in the PCMH emergency department.

1. Victims presenting sexual assault to the Emergency Department (ED) via phone should be encouraged to come to the ED for appropriate evaluation, evidence collection, and to obtain treatment. Do not give treatment advice by phone. If they do not wish to come to the ED, refer them to their general physician, health department or ECU Student Health for medical treatment.
2. Victims of sexual assault, ages greater than 14, who present to the ED with a chief complaint of sexual assault, will be evaluated in accordance with ED policies and procedures. The emergency physician will conduct a medical examination; the emergency physician and/or Forensic Nurse Examiner (FNE) will collect evidence with parents/patients consent.
3. Advise the victim of the following precautions:
 - 3.1. Advise them not to dispose clothing worn before, during, and after the assault.
 - 3.2. Advise them to bring the clothing they were wearing at the time of the assault with them to the ED, or take it to their physician's office.
 - 3.3. Advise them to bring additional clothing with them and explain the reason for this.
 - 3.4. Advise them not to take a shower, bath, douche, urinate, defecate, eat, drink, smoke, or wash their hands (washing hands may contaminate evidence under fingernails).
4. Encourage the caller to bring a friend/family member for support, if so desired.

FNEs * Physicians * Nurses * FNEs * Physicians * Nurses * FNEs * Physicians * Physicians

Role of the Medical Professionals

5. Ensure the safety, privacy, and comfort of the victim through the duration of the sexual assault response process.
6. Frequently remind the victim that every effort will be made to maintain their right to confidentiality, except where divulgence is required by law.
7. During the medical assessment, evidence collection, and investigation, it is important to focus on the victim's needs.
8. Inform the victim that all information is important if they decide to pursue legal action.
9. Every effort should be made by each member of PCSART responding to the victim in the ED to support each other in services they provide to the victim. **Note: Assurance of confidentiality is contingent upon statutory law, federal regulation, and/or court order.*
10. The victim is given high priority triage. The triage nurse should notify the charge nurse immediately of the victim's arrival.
11. The charge nurse or the designee will ensure the FNE and the REAL Crisis Center (if available) have been contacted. After performing a quick triage assessment, the triage nurse should escort the victim to a private room designated for victims of sexual assault as soon as possible. There will be a room equipped for sexual assault evaluation. The victim should be registered as quickly as possible, with the presenting complaint listed as "Code 86" on the ED chart. Information that is required for medical records should not be obtained until the victim is in a private room.

FNEs * Physicians * Nurses * FNEs * Physicians * Nurses * FNEs * Physicians * FNEs * Physicians *

Role of the Medical Professionals

12. Medical personnel (Emergency Physician/FNE/Charge Nurse) should initiate discussion about law enforcement notification in the early phase of victim care if law enforcement is not already involved. The victim should be informed that the hospital is required to contact law enforcement when someone presents a sexual assault. The victim should be informed that, although the hospital is required to report the crime of sexual assault to law enforcement, the victim is **not** required speak to law enforcement. Alternatively, whenever possible, information for a third party rape report should be obtained (refer to Appendix C). Third Party Rape Reports are housed in the Emergency Department. If the victim chooses to report to the Responding Officer will be permitted to gather initial data to assess sexual assault crime.
13. The victim should be encouraged to allow the FNE/Emergency Physician to obtain evidence collection if the assault occurred 3 days prior to evaluation. When the FNE/Emergency Physician is about to collect evidence, law enforcement must be contacted to assure the chain of custody of the SBI Sexual Assault Evidence Collection Kit (SBI Kit) in the event the victim chooses to prosecute. If the jurisdiction is not local, or the victim declines to speak to law enforcement, PCMH Police will be contacted to take custody of the SBI Kit. If the victim declines evidence collection, or presents to the ED more than 72 hours after the assault, a medical examination and appropriate treatment options will still be provided.

FNEs * Physicians * FNEs * Nurses * Physicians * FNEs * Nurses * Physicians * FNEs * Physicians

Role of the Medical Professionals

22. The FNE/Emergency Physician must check the evidence to ensure:

22.1 It is properly sealed and labeled.

22.2 The examiner has noted the time and date.

22.3 The chain of evidence is noted on the data sheet.

*NOTE: The sealed SBI Kit and sealed bags are turned over to the law enforcement official/investigating officer. Jane Doe kits will be released to the Pitt County Memorial Hospital Police or ECU police. Once the SBI Kit has been opened it should remain in the possession of the FNE/Emergency Physician caring for the victim until the exam and all forms are completed.

23. In addition to the SBI kit, the Emergency Physician will decide if any other tests or procedures are necessary. Any treatment plan should be discussed with the victim prior to implementation.

24. The FNE or charge nurse should assist the victim with hygiene needs and dressing as needed.

25. Provide the victim with replacement clothing if he/she did not bring additional clothing.

26. The victim should receive information sheets before discharge regarding issue surrounding sexual assault and follow up medical needs.

Physicians

* FNEs

* Nurses

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Physicians

* FNEs

* Nurses

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Physicians

* FNEs

Medical Process & Procedures

Preliminary Concerns

1. **Priority.** The victim should be given high priority as an emergency case. As time elapses, evidence may deteriorate and/or drugs used to facilitate sexual assault may quickly metabolize. Thus, extended waiting times may further traumatize the victim.
2. **Initial EMS Contact.** The initial response of EMS personnel is vitally important. It is essential that the victim senses non-judgmental support and receives appropriate medical care. Only ask questions necessary for medical treatment. Do not remove the victim's clothing, unless medically necessary, particularly since this may compromise evidence.
3. **Privacy.** Give the victim as much privacy as possible and help him/her to feel safe. The numerical code, "Code 86" should be used when referring to sexual assault cases to further ensure the victim's privacy.
4. **Examination Personnel.** Sexual assault exams will be conducted by an FNE whenever possible. FNEs are specially trained in evidence collection and working with survivors of sexual assault. If an FNE is not available, the emergency physician will conduct the exam and evidence collection with the assistance of an ED (non-FNE) nurse.
5. **SBI Sexual Assault Evidence Collection Kit.** SBI Kits include most containers and materials necessary for collecting physical evidence from the victim during an examination. These kits are pre-packaged in cardboard boxes and available free of charge from SBI Molecular Genetics Section. SBI kits should be used for both male and female victims, using the enclosed instruction sheet. The SBI kits are legal evidence and are to be turned over to the investigating officer to ensure the chain of custody. Each item in the kit should be submitted to the SBI

Medical Process & Procedures

for analysis. Jane Doe kits will be released to the Pitt Memorial Hospital Police or ECU Police for storage.

6. **Timing considerations for SBI Kit.** Determine whether to use the SBI Kit by the length of time elapsed since the assault. Generally, the SBI Kit may be used if the assault occurred within **3 days**.
7. **Always conduct physical exam.** Regardless of time elapsed since the assault; medical evaluation will be offered to the victim.
8. **Reporting to Law Enforcement.** Discuss law enforcement notification with the victim before the exam. Explain that talking with law enforcement does NOT mean the victim has to prosecute. If the victim wants to prosecute, the authorities will pursue the crime to the fullest extent of the law.
9. **Consent.** Written consent must be obtained before examination, evidence collection, photography, or other treatment, unless conditions warrant immediate medical care. If the victim is not interested in a specific procedure, respect his/her wishes. If the victim expresses resistance at any point, discontinue the procedure and try again at a later time if the victim consents. Remember that regaining control is an essential part of the healing process. If the victim is under age 16, a parent or guardian must give written consent for medical care. However, a minor may give effective consent for services for the prevention, diagnosis, and treatment of sexually transmitted diseases, pregnancy, abuse of controlled substance or alcohol, and emotional disturbance.
10. **No Cost to Victims.** Medical facilities will conduct procedures without costs to victims for sexual assault services. For example:
 - 10.1. Evaluate charges for services provided to victims.

Medical Process & Procedures

- 10.2. Provide sample medications when possible.
- 10.3. Directly bill Rape Victim's Assistance Funds.

Medical Process & Procedures

Examination Procedures

1. **Components.** A complete sexual assault examination includes five components:
 - 1.1. Evaluation, treatment and documentation of injuries
 - 1.2. Collection of evidence utilizing SBI Kit (Refer to Appendix A)
 - 1.3. STD and HIV risk evaluation and prophylactic treatment
 - 1.4. Pregnancy risk evaluation and prophylactic treatment
 - 1.5. Crisis intervention and follow-up referrals
2. **Access victim's priorities.** It is incumbent upon the FNE or emergency physician to help the victim to feel reasonably comfortable during the exam. Reassure him/her of your concern for them and always be non-judgmental and objective. Though a great deal of information is provided about evidence collection, many victims are only interested in treatment for injuries and prevention of pregnancy or disease. While evidence collection may be encouraged, medical personnel should provide information about all options, assess the victim's priorities, and respect his/her decisions.
3. **Integrate procedures.** Physical assessment and evidence collection procedures should be completely integrated to maximize efficiency and minimize trauma to the victim. For example, draw blood for medical and evidentiary purposes at the same time, whenever possible.
4. **Explain the procedures.** Before beginning medical procedures, clearly describe each procedure and its purpose. Remember that some of the procedures are uncomfortable and painful, especially considering the nature of the trauma he/she has just experienced. Time and courtesy will help the victim relax, making the process easier for all involved.

Medical Process & Procedures

5. **Collaborative interviewing.** By conducting initial interviews simultaneously, the number of times that the victim must tell his/her story may be reduced. Though various professionals responding to sexual assault will need different information, collaborative interviewing is encouraged whenever feasible. Discuss collaborative interviewing with the victim.
6. **Collection and Handling of Evidence.** SBI Kits should be used for both male and female victims. Do not leave SBI kits unattended once the seal is broken. Follow the instructions included with the SBI kit. Change gloves between each evidence step. All evidence must be individually packaged, sealed, labeled with the date and time of collection and the initials of all clinicians that collected or handled evidence. Though most containers are provided, evidence may be secured in additional, sterile containers as necessary. Each item in the kit should be submitted to the SBI for analysis; none should be examined or retained by the hospital. It is not necessary to submit duplicate samples collected for non-evidentiary purposes. Place items in the kit and seal with evidence seal. Include additional items in the kit if size permits. Outer clothing, large items, and blood and urine samples should not be placed in the kit. They should, however, be properly sealed, labeled, and returned with the kit. Kits should be turned over to a law enforcement officer who will sign to ensure chain of custody.

Medical Process & Procedures

7. **Clothing.** Assist the victim in undressing while he/she stands on a sheet donated by the hospital. The sheet may collect trace evidence as the victim undresses (The hospital sheet will be collected as evidence and will **not** be returned to the hospital). If the victim is unable to undress because of his/her condition, carefully cut clothing off. Be sure not to cut through any rips, tears, or stains. Collect any clothing worn at the time of or after the assault. If the clothing is wet, air-dry them and place them in the white bag provided in the kit. Place additional clothing in the large paper bag provided in the kit. NEVER use plastic bags, especially for wet clothing. ALWAYS use paper bags. Do not place the bags of clothes into the kit. The paper bag should be sealed and secured as evidence. Collect any sanitary napkins, tampons, panty liners, or diapers used up to 24 hours after the assault. Carefully fold the sheet and place in a separate bag.
8. **Documentation.** Complete the sexual assault data form for all sexual assault victims. Return the Crime Laboratory copy inside the kit and the law enforcement copy in the envelope attached to box. Document all signs of trauma, including lacerations, cuts, bruises, bites, burns, and others by type. Record the exact location of each injury in relation to fixed body landmarks and standard anatomical regions. Describe injuries in terms of their length, width, shape, color, and depth. Also, note any evidence of healing or accompanying swelling. Indicate the location of all injuries on the Anatomical Drawing chart provided in the SBI Kit. Use direct quotes as much as possible. Limit use of “sexual assault” or “rape,” as such terms may be conclusory. For example, indicate that a sexual assault exam was conducted and that “injuries are consistent with

Medical Process & Procedures

account of the incident.” Be aware that the entire chart can become evidence. Written findings, diagrams, and photographs should be collaborated.

9. **Photographing Injuries.** A law enforcement officer should photograph all injuries. Once you obtain consent from the victim to take photographs, ensure that the victim is appropriately draped. Before taking photographs, make a label with the victim’s name or an identifying number at the beginning of the roll (or in all photographs). Take photographs both with a scale and without, so that nothing is hidden. In many cases, photographs should be taken 2-21 days after assault to show injuries that did not appear during the initial exam.
10. **Swabs and Smears.** Using a Woods Lamp, view the victim’s skin and note areas fluoresced under the light. Using sterile cotton swabs, swab the areas that fluoresced under the lamp. Air-dry these swabs and place swabs from each different area in a different envelope. Labeling should include area of collection. Speculum may be moistened with water only. Do not use lubricant. Depending upon the type of sexual assault, evidence may be detected in the mouth, vagina, and rectum. Swab all orifices that were assaulted. Encourage the victim to allow examination of all three orifices. Consider that embarrassment, trauma, or confusion may cause the victim to be vague or mistaken about the type of contact that occurred. Furthermore, semen may leak from the vagina or penis to the anus, even without rectal penetration. Obtain oral swabs first; so that he/she may rinse out his/her mouth as soon as possible. Swab cheeks, between teeth and cheek, and around gum lines. Swab each orifice with the four (4) sterile swabs provided for each area. Allow all swabs to air

Medical Process & Procedures

dry. Return smears and swabs to appropriate envelopes, seal, and fill out all information requested on each envelope. Do not moisten swabs prior to sample collection. Do not save swab wrapper or place swab back into wrapper. If the victim must use the bathroom before collection of specimens, ask him/her to blot dry and save tissue. Air-dry and place in envelope. When the victim is male, thoroughly swab the external surface of the penile shaft and glands. Swab all outer areas of the penis and scrotum where contact is suspected. However, do not swab inside the penis opening.

11. **Evidence Beneath Fingernails.** Remove debris from beneath the nail if the victim scratched his/her attacker and debris can be seen in the victim's fingernails. In order to collect the debris, pull the skin of the finger from the fingernail to make easy access to the debris. Then remove the tissue with tweezers and place it into an envelope to ensure the sample will not be contaminated.
12. **Known saliva, blood, and head hair samples.** In order to prevent contamination, the victim should not eat, drink, or smoke for at least 15 minutes prior to collection of known saliva sample. Collect saliva sample by allowing the victim to place two (2) clean dry swabs in his/her mouth and swab tongue and cheek. Air-dry and place into envelope. Collect at least 4 ml of venous blood in an EDTA tube from hospital stock. Invert tube as necessary to mix blood with additive. Do not allow blood to be frozen. Randomly select fifty full-length head hairs, and place in envelope provided. Allow victim to pluck hairs if he/she prefers.

Medical Process & Procedures

Additional Tests and Treatment

1. **Pregnancy.** Conduct a urine pregnancy test to determine whether victim is currently pregnant. If the victim is not currently pregnant, discuss and offer prophylactic treatment. Be sure the victim understands how the medication will work and its effects on the normal menstrual cycle. Administer prophylactic treatment according to institutional protocol.
2. **Toxicology Screening.** In recent years, there has been a dramatic increase in the use of drugs to facilitate sexual assault. While drug testing should not be conducted in every case, specimens should be collected within 8 hours of the assault if the victim indicates an altered mental status synonymous with drug-induced sexual assault. If a Jane Doe Kit is being collected, specimens should not be collected since they cannot be secured as evidence for an indeterminate period of time.
3. **Sexually Transmitted Disease (STD).** Do not routinely conduct STD testing, as testing at the time of the assault will only indicate the victim's status prior to the assault. Administer prophylactic treatment according to institutional protocol. Advise the victim to be tested for Hepatitis B by the local health department or a private health care provider.
4. **Human Immunodeficiency Virus (HIV).** Do not routinely conduct baseline testing for HIV. Since it takes 3-9 months for HIV antibodies to develop, testing at the time of the assault would only indicate the victim's status prior to the assault. Advise the victim to be tested by the local health department or a private health care provider. Inform him/her that he/she may be tested free of charge at any county health department, without insurance company notification. Explain that HIV testing will include several visits. Stress the need to complete follow up testing.

Medical Process & Procedures

nPEP is routinely administered at the emergency department when clinically indicated and with the permission of the victim. Administer prophylactic treatment according to institutional protocol.

5. **Discharge.** Discuss follow-up care and community resources with the victim and, with permission, his/her family/friends. Provide a package containing the following: name and number of physician; medications with dosage information and information about side effects; follow-up dates or information on follow-up care.
6. **Confidentiality.** To ensure confidentiality, the Sexual Assault Data Form should be kept separate from medical records.

Post Examination Concerns

1. **Court Appearances.** Documentation provided in medical records may be essential for prosecution of sexual assault cases. If subpoenaed to appear in court, contact the district attorney in advance to discuss the time and purpose of the court appearance.
2. **Public Education.** It is important for medical personnel to participate in the training of sexual assault crisis volunteers and law enforcement officers, to give presentations to school students and to participate in community programs about sexual assault. An informed community is an essential ingredient in the improved treatment of victims and the prevention of sexual assault.

THE JUDICIAL SYSTEM

Sexual Assault cases carry very serious penalties and district attorneys strive for an appropriate outcome. The successful prosecution of these cases is uniquely difficult and requires an equally distinct combination of skill, patience, and sensitivity.

Facts will differ in each case, but by definition, each case has a victim. It is the victim that will make or break the prosecution. The victim is essential to the success of prosecution.

Consider a few basics to implement whenever possible.

1. Be accessible to the victim.
 2. Learn the victim's concerns and priorities.
 3. Keep the victim involved and informed.
- 

Role of the Prosecution

Role of the District Attorney

1. An Assistant District Attorney (ADA) will be assigned to assist law enforcement agencies in sexual assault investigations.
2. Law Enforcement will contact the ADA for guidance in charging decision process against the perpetrator if needed.(Refer to Appendix D). The District Attorney's office will notify the victim of information concerning court proceedings.
3. Upon victim's request, the ADA will meet with the Victim, Sexual Assault Investigator, REAL Victim's Advocate, and a Victim/Witness Assistant from the District Attorney's Office to discuss the case and the victim's legal rights concerning their court case.
4. The District Attorney's office will provide the victim the opportunity to talk with the ADA prosecuting the case, **before** the case is disposed, about the victim's views of the disposition of the case.
5. Once a case is evaluated by the ADA and is found sufficient to warrant prosecution; sexual assault cases should be sent directly to the Grand Jury in lieu of a Probable Cause Hearing when possible. This will safeguard the victim from multiple court appearances.
6. Where a Probable Cause Hearing is required or preferred, it is appropriate to hold these hearings when the courtroom is less crowded if possible.
7. Every effort should be made to avoid calling the victim to testify before the Grand Jury. If necessary, the ADA should explain to the victim the procedure and the necessity of the victim's appearance.
8. The District Attorney's office will provide the victim a secure waiting area during court proceedings, if at all possible and practical.

Role of the Prosecution

9. The Victim/Witness Assistant should ensure that frequent contact is made with the victim during the progress of the case through the court system. Every effort should be made to ascertain from the victim which stage of the proceedings he/she would like to be present.
10. The ADA and the Victim/Witness Assistant should encourage the victim to seek support of family, friends, and advocates during the court process. Their presence in court with the victim should be supported.
11. At the victim's request, the ADA will ensure that the victim is notified before and is aware of the perpetrator's bond hearings.
12. Subpoenas will be issued to the victim. Victims can request phone stand-by so they will be contacted when needed for court.
13. Case consolidation at trial should be encouraged in order to protect the victim from the prospect of multiple trials and testimony.
14. Case resolution should be discussed fully between the ADA and the victim. The sexual assault investigator and victim advocate should be present as well.
15. Throughout the process, the ADA should instruct the victim that he/she may be present for the sentencing hearing if he/she wishes. Possible sentencing options as a part of a suspended or probationary sentence should be discussed fully and the victim should be encouraged to offer input concerning these options.
16. During sentencing, special consideration should be given to medical as well as other restitution expenses incurred by the victim or State. These restitution amounts are subject to statutory limitations, which should be discussed fully with the victim.

Role of the Prosecution

17. At the sentencing hearing the victim should have the opportunity to address the court concerning sentencing. When the victim does not wish to do so, a written Victim Impact Statement may be prepared and submitted.
18. The ADA should consider incorporating the victim's requests in his/her sentencing arguments.
19. If the defendant appeals the verdict, the District Attorney's office will forward to the Attorney General's office the appropriate information about the victim so they can inform the victim on how the appellate process works.
20. If the victim does not request to be notified prior to final proceedings, The District Attorney's office will notify the victim in writing what happened in the case within thirty (30) days of the final proceeding.
21. The ADA should:
 - 21.1. Ensure that the victim is escorted safely from the courtroom.
 - 21.2. Answer questions concerning the trial and/or sentencing.
 - 21.3. Encourage the victim to continue to utilize services available to sexual assault victims.
 - 21.4. Encourage the victim and his/her family to contact the District Attorney's office, his/her investigating officer, the Department of Corrections Victim Services Unit, or the probation office if they have any questions or concerns.

PITT COUNTY PROTOCOL APPENDIX

APPENDICES

Appendix A	Instructions SBI Evidence Collection Kit
Appendix B	Crime Victim's Compensation
Appendix C	Sexual Assault Offense/System Progression
Appendix D	Third Party Rape Report
Appendix E	Civil No Contact Order
Appendix F	SAVAN System
Appendix G	Sex Offender Registry
Appendix H	Address Confidentiality Program
Appendix I	Department of Corrections Website

APPENDIX A

INSTRUCTIONS FOR THE SBI EVIDENCE COLLECTION KIT

(Available at Pitt County Memorial Hospital – Emergency
Department and ECU Student Health Services)

SEXUAL ASSAULT EVIDENCE COLLECTION KIT INSTRUCTIONS

This kit is designed to assist the examining physician, S.A.N.E. and nurse in the collection of evidentiary specimens for analysis by the forensic laboratory. Any additional sites where semen may be found and are not listed on envelopes within the kit which might contain evidence should be collected on sterile swabs (from hospital stock) and placed in a new envelope. The hospital is not requested or encouraged to analyze any of the specimens/evidence collected in this kit. Any specimens required by the hospital are to be collected with hospital supplies.

Sexual assault is a legal matter for the court to decide and is not a medical diagnosis. The physician should express no conclusions, opinions, or diagnosis to the victim or others, nor should this be written in the record.

**STEP 1 AUTHORIZATION FOR TREATMENT,
EXAMINATION, COLLECTION, AND RELEASE OF
EVIDENCE AND INFORMATION FORM**

Fill out all information requested and have victim (or parent/guardian, if applicable) and witness sign where indicated.

STEP 2 N.C. SEXUAL ASSAULT DATA FORM

Fill out all information requested on form.

STEP 3 OUTER CLOTHING (1 paper bag provided)

Note:

1. Wet or damp clothing should be air dried before packaging.
2. If victim changed clothing after assault, inform officer in charge so that the clothing worn at the time of assault may be collected by the law enforcement.
3. Do not cut through any existing holes, rips, or stains in victim's clothing.
4. Do not shake out victim's clothing or microscopic evidence will be lost.
5. If additional clothing bags are required, use only new paper (grocery-type) bags.

Place outer clothing worn by the victim at the time of and after the assault in the paper bag provided. Seal and fill out all information requested on the bag.

Note: Do not place Outer Clothing bag into the kit box.

SEXUAL ASSAULT EVIDENCE COLLECTION KIT INSTRUCTIONS

Always have victim undress on a clean sheet, wrap clothes in the sheet and place in bag.

- STEP 4 PANTIES (1 paper bag provided)
Place panties worn by the victim at the time of and after the assault in the paper bag provided. Seal and fill out all information requested on Panties bag label.
Note: Do not place the Panties bag into the Outer Clothing bag.
Place Panties bag into the kit box.

- STEP 5 ORAL SWABS AND SMEARS (Collect only if oral assault occurred)
Note: Do not remove slides from slide holder. Do not stain or chemically fix smears. Do not write on slides. Do not moisten swabs prior to sample collection.

Using four (4) swabs, carefully swab the buccal area, gumline, and lips. Leaving slides in slide holder, use a swab to prepare two (2) smears. Place the swabs in the provided swab dryers by putting the wooden end of the stick down through the larger end of the plastic dryer. Once the stick protrudes through the opposite end, grab the stick and pull the swab through until it stops. Do not touch the swab end. The swab end should rest snugly in the bulb area now. Return smears and four oral swabs in the dryers to the envelope. Seal and fill out all information requested on envelope.

- STEP 6 PUBIC HAIR COMBINGS (To obtain pubic hairs shed by the assailant during the assault)
Remove paper towel and comb provided in Pubic Hair Combings envelope. Place towel under victim's buttocks. Using comb provided, comb pubic hair in downward strokes so that any loose hairs and/or debris will fall onto paper towel. Fold towel in manner to retain both comb and any evidence present. Return to Pubic Hair Combings envelope. Seal and fill out all information requested on envelope.

SEXUAL ASSAULT EVIDENCE COLLECTION KIT INSTRUCTIONS

STEP 7 PULLED PUBIC HAIRS (for comparison with hairs found at crime scene or on assailant's body)

Randomly remove 50 known pubic hairs for comparative purposes and place in the envelope provided. It is preferable to pluck these hairs rather than cut them. However, if the trauma of hair plucking is felt excessive, cut the hairs as close to the skin as possible.

STEP 8 VAGINAL SWABS AND SMEARS (Collect only if within 3 days of assault)

Note: Do not remove slides from slide holder. Do not stain or chemically fix smears. Do not write on slides. Do not moisten swabs prior to sample collection.

Using four (4) swabs, carefully swab the vaginal walls and cervix. Leaving slides in slide holder, use a swab to prepare two (2) smears. If cunnilingus occurred, prepare two external genitalia swabs from hospital stock in addition to the vaginal swabs. Place the swabs in the provided swab dryers by putting the wooden end of the stick down through the larger end of the plastic dryer. Once the stick protrudes through the opposite end, grab the stick and pull the swab through until it stops. Do not touch the swab end. The swab end should rest snugly in the bulb area now. Return smears and four vaginal swabs in the dryers to the envelope. If applicable, place two external genitalia swabs in a separate envelope from hospital stock. Seal both and fill out information requested on envelope and write information on the new envelope.

STEP 9 RECTAL SWABS AND SMEARS (collect only if rectal assault occurred)

Note: Do not remove slides from slide holder. Do not stain or chemically fix smears. Do not write on slides. Do not moisten swabs prior to sample collection.

Using four (4) swabs, carefully swab the rectal canal. Leaving slides in slide holder, use a swab to prepare two (2) smears. Place the swabs in the provided swab dryers by putting the wooden end of the stick down through the larger end of the

SEXUAL ASSAULT EVIDENCE COLLECTION KIT INSTRUCTIONS

plastic dryer. Once the stick protrudes through the opposite end, grab the stick and pull the swab through until it stops. Do not touch the swab end. The swab end should rest snugly in the bulb area now. Return smears and four oral swabs in the dryers to the envelope. Seal and fill out all information requested on envelope.

STEP 10 MEDICAL HISTORY FORM

Fill out all information requested on page 1 and 2 of form. Retain completed two pages of form for hospital records. (DO NOT RETURN THESE FORMS TO KIT BOX.)

STEP 11 ANATOMICAL DRAWINGS

Using the appropriate anatomical drawing, note and describe all signs of physical trauma e.g. bruises, scratches, redness, bitemarks, etc. on the anatomical drawings. Retain completed forms for hospital records. (DO NOT RETURN THESE FORMS TO KIT BOX.)

STEP 12 PULLED HEAD HAIR (For comparison with hairs found at crime scene or an assailant's body)

Randomly remove 50 known head hairs for comparative purposes and place in the envelope provided. It is preferable to pluck these hairs rather than cut them. However, if the trauma of hair plucking is felt excessive, cut the hairs as close to the skin as possible.

STEP 13 KNOWN CHEEK SAMPLE (collect even if no oral contact)

Note: The victim should not have anything to eat, drink, or smoke for a minimum of 15 minutes prior to collection. If oral assault occurred, have victim rinse his/her mouth, wait 15 minutes, and collect sample.

Vigorously rub inside of cheeks while rotating the swab. Place swabs into the provided swab dryer. See insert. Return swabs in the swab dryers to this envelope.

SEXUAL ASSAULT EVIDENCE COLLECTION KIT INSTRUCTIONS

- STEP 14 **KNOWN BLOOD SAMPLE (For DNA testing)**
Do not touch the blood collection card with ungloved hands. Using a fingerstick method; place drops of blood onto the filter paper in the card holder. Fill up the pre-printed circles with blood. Return the closed holder to the envelope. Seal and fill out all information requested. There is no need to collect a liquid blood sample for DNA testing.
- STEP 15 **TOXICOLOGY SAMPLE**
If victim indicates an altered mental status (perhaps due to drug-induced sexual assault), specimens should be collected per lab protocol as medically indicated. Keep these samples refrigerated until transferred. Transfer specimens to officer at the same time as the sealed kit is transferred. Do not place these specimens in the Sexual Assault Collection Kit box. This will expedite transfer of the samples to the proper sections within the State Bureau of Investigation Crime Laboratory.
- STEP 16 **PATIENT INFORMATION**
Give the patient information sheet to the patient or the sexual assault victim's advocate so that they may explain counseling programs and the victim compensation program.
- STEP 17 **EVIDENCE COLLECTION CHECKLIST AND
DISPOSITION**
Fill out all information requested on form.
Note: If local law enforcement agency required photographs of the victim, place in an envelope, seal, initial, and give to the investigating officer.
- Note: A woodslamp should be used to determine if any samples collection. Do not moisten swabs prior to sample collection (only saline), swab, Place the swabs in the provided swab dryers as instructed before, Place swabs in the dryers into a clean general envelope and label accordingly. Seal and fill out all information requested on previous envelopes provided with the kit.

SEXUAL ASSAULT EVIDENCE COLLECTION KIT INSTRUCTIONS

FINAL INSTRUCTIONS

A) Make sure all information requested on all forms and envelopes has been filled out completely.

B) Separate all forms- Steps 1, 2, and 17.

C) Retain white copies of all forms for hospital records. Return all yellow copies to kit box and place all pink copies in envelope affixed to bottom of kit box labeled "For Law Enforcement". (DO NOT PLACE STEP 10 FORM (Pages 1 and 2) OR STEP 11 FORM IN KIT BOX-RETAIN FOR HOSPITAL RECORDS.)

D) With the exception of sealed and labeled Outer Clothing bag and drug analysis specimens, return all other evidence collection envelopes and panties bag, used or unused, to kit box.

E) Affix bio-hazard label where indicated on box top.

F) Initial and affix red law enforcement evidence seals where indicated on box top.

G) Fill out all information requested on kit box top.

H) Hand sealed kit and sealed bags to investigating officer.

Note: If officer is not present at this time, place sealed kit and sealed bags in secure area, and hold for pickup by investigating officer. Toxicology samples need to be refrigerated.

THE COLLECTORS INSTRUCTION OF THE SEXUAL ASSAULT KIT:

If the sexual assault has been facilitated by drugs and has occurred within 36 hours, collect a urine and blood sample. Collect a minimum of 10 mls (ccs) of urine in a specimen cup. Label appropriately and seal the lid with the tape/sticker and your initials. Also collect 2 purple top tubes (1 is acceptable) from the victim. This is in addition to the purple top tube collected for the kit. Place the blood and urine containers in a plastic bag and label appropriately. Seal this bag and transfer to officer at the same time as the sealed kit is transferred. **Do not place these specimens in the Sexual Assault Collection Kit box.** This will expedite transfer of the samples to the proper sections within the State Bureau of Investigation Crime Laboratory. Attach this sheet to the bag with the samples.

INSTRUCTIONS FOR THE INVESTIGATING OFFICER:

Sexual assault cases believed to have been facilitated by drugs, the SBI Crime Laboratory requires a special request from the District Attorney's office before analysis is performed on blood or urine to determine if alcohol or drugs are present. Once this request from the District Attorney has been obtained; forward it to the Special Agent in Charge of the Drug Chemistry section. The plastic bag containing blood and/or urine should be sealed and identified by the submitting officer. The package can be sent to the SBI Crime Laboratory with the Sexual Assault Collection Kit box as long as they are packaged separately.

INSTRUCTIONS FOR SWAB DRYERS:

In each vaginal, rectal, and oral collection envelope, is supplied with a set of plastic "swab dryers". These instruments will reduce the time the collector must wait to seal the kit in that the newly collected swabs can be placed in the dryers and immediately placed into the envelopes without waiting for the swabs to dry. The plastic tubing keeps the swabs from sticking to the envelopes, but still allows air flow around swab to aid in drying. Please do not handle the swabs, or the dryers with bare hands. ALWAYS USE GLOVES!!

- 1) Collect swabs as usual. Prepare smears.
- 3) Without touching the swab end, place wooden end of stick down through the larger end of the plastic dryer.
- 4) Once the stick protrudes through opposite end, grab the stick and pull the swab through until it rest snugly in the bulb area.
- 5) Repeat this for all four swabs.

THE COLLECTORS INSTRUCTION OF THE SEXUAL ASSAULT KIT:

- 6) Seal smears and swabs in dryers into appropriate envelope.
- 7) Place in kit when properly labeled.

INSTRUCTIONS FOR KNOWN BLOOD SAMPLE

The SBI is switching to a dried blood sample for a number of advantages. A benefit to the victim is that there is a fingerstick instead of a needle stuck in his/her arm, PLUS the blood sample will now be stable for years which means that the victim will not have to redrawn at a later date if the sample is too old. Refrigeration of the kit is no longer necessary, an advantage to all involved parties, including the hospital and law enforcement. The advantage to the SBI Lab is that additional steps will not be required to make the DNA standard stable and there will be no risk of a spilled sample. Due to the amount of time it takes for the blood to dry, we have developed these card holders so that the stain can be placed into the kit immediately after collection.

1. Using the outside edge of the tip of one of the ring fingers, do a fingerstick.
2. Do not remove the card from the card holder. By milking the finger, place drops of blood directly onto the filter paper in the pre-printed circles until they are filled.
3. Do not touch the filter paper with ungloved hands.
4. Close the card holder and place in the envelope.
5. Seal envelope and fill out information requested.

APPENDIX B

CRIME VICTIM'S COMPENSATION INFORMATION AND APPLICATION

**(Available at REAL Crisis Center, ECU Victim Services,
Greenville Law enforcement Department Victim Advocate,
Pitt County Sheriff's Office Victim Advocate)**

NORTH CAROLINA CRIME VICTIM COMPENSATION PROGRAM

As a victim of sexual assault you may also be eligible for help from the North Carolina Crime Victim Compensation Program which helps victims of violent crimes meet their financial obligations. The program can assist victims in payment of medical bills as well as fees for psychological counseling and lost wages which add up while victims recover.

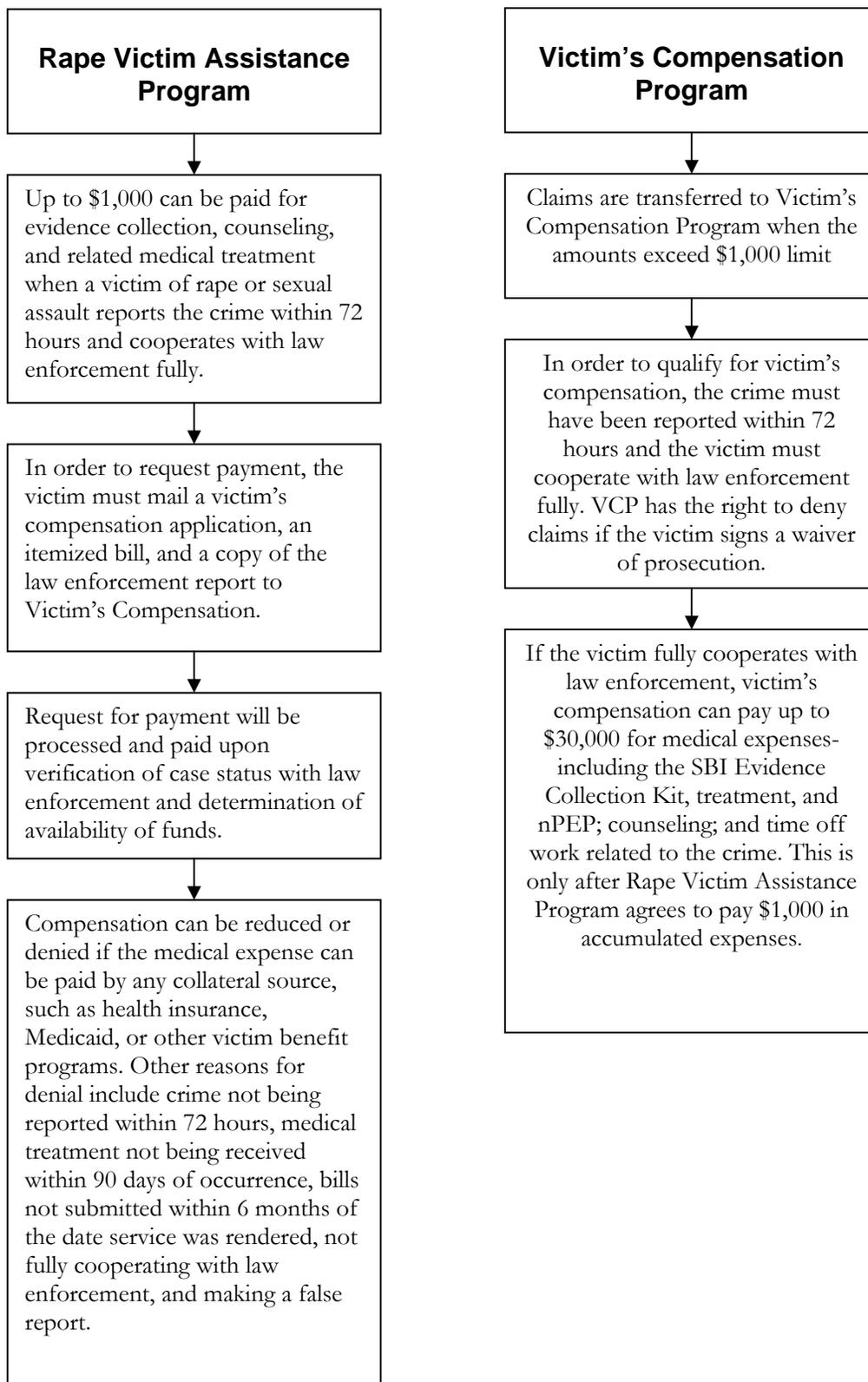
The Victim Compensation Program is available to victims for up to one year after the crime, but only if the victim cooperates with the law enforcement agency.

RAPE VICTIM ASSISTANCE PROGRAM

The General Assembly authorized funds in 1981 to provide financial assistance to victims of sexual assault or attempted sexual assault reporting the crime to the proper law enforcement officials within 72 hours of the incident. The program, which is administered by the N.C. Department of Crime Control and Public Safety's Division of Victim and Justice Services, provides up to \$1000 for immediate and short-term medical expenses. The program can also pay for mental health and ambulance services.

The assistance is paid directly to the hospital or doctor providing the care. It is important that you provide them with all the details of your insurance coverage because the Rape Victim Assistance Program will coordinate benefits with any applicable insurance plan.

VICTIMS COMPENSATION AND RAPE VICTIM ASSISTANCE FLOWCHART



APPENDIX C

THIRD PARTY RAPE REPORTS

(Available at REAL Crisis & ECU Victim Services)



THIRD PARTY RAPE REPORTS OR “BLIND” REPORTING

The victim may choose to file a third party rape report or “blind report” to law enforcement. This type of report can be completed without the victim’s name or any identifying information about the victim. When a victim files a third party rape report, the law enforcement department is able to obtain all of the information surrounding the assault and the assailant while protecting the victim’s privacy. Third party rape reports are available via advocates and the emergency department at the hospital.

A victim opting to file a third party rape report often wants to know if the decision is absolute. The answer is no, however, the longer the victim waits to report the crime to law enforcement, the more difficult it will be to obtain evidence and conduct an effective investigation. It is important that the victim discuss his/her concerns with an advocate when making decisions regarding third party rape reports and prosecution. When a victim chooses to file a third party rape report and decides not to prosecute, the third party rape report can still be an effective investigative tool.

Benefits of a Blind Reporting System

According to the FBI, only 16% of sexual violence victims report to law enforcement. Victims sexually assaulted by strangers remain more likely to report the crime than victims who are sexually assaulted by someone they know. Even victims who report the crime often choose not to report the circumstances of the assault, the identity of the assailant, or the nature of the violence. As a result, when law enforcement officer’s review reported incidents, the numbers reflect only a fraction of the

THIRD PARTY RAPE REPORTS OR “BLIND” REPORTING

violence that actually occurs. Law enforcement may not have the most accurate information about local offender’s patterns of behaviors or the characteristics of emerging high-risk situations/locations. Therefore, law enforcement benefits from accepting blind reports because investigators have a clearer picture of sexual violence in their communities. Moreover, when investigations can pinpoint dangerous scenarios, they can better educate the community, gathering information about neighborhood crime and better educating the community.

THIRD PARTY / BLIND / ANONYMOUS SEXUAL ASSAULT REPORT

Please complete this form on each victim, with victim's permission. This information will be used to assist law enforcement with trends in sexual assault and statistical use only. The identity of the victim will NOT be disclosed.

VICTIM STATISTICAL INFORMATION

1. Birth date: _____ 4. Marital Status: _____
2. Gender: F / M 5. Employed: Y / N
3. Race: _____ 6. Occupation: _____
7. Student: Y / N Jr. High / High School / PCC / ECU
8. This assault has been reported to (circle all that apply)
Sexual Assault Advocate / Law Enforcement / Friend / Family / Doctor / Teacher / Preacher /
Other _____
9. Required medical treatment for injuries: Y / N 10. Jane Doe kit performed? Y / N
11. Reason victim choose not to report to law enforcement (circle all that apply):
Embarrassed / Fear of legal system / Fear of rapist / Fear of being believed /
Do not want anyone to know / Fear of public disclosure / Other: _____

SEXUAL ASSAULT INFORMATION

1. Date of offense: _____ 3. Time of offense: _____
2. Day of the week: _____ 4. City / State: _____
5. General location (street corner): _____
6. Initial contact (circle): on street / victim's home / offender's home / business / school/ park /
parking lot / bar / theater / restaurant / Other: _____
7. Did sexual assault occur at initial contact? Y / N If not, where: _____
8. Offender(s) was a (circle): strange / friend / neighbor / relative / boyfriend/girlfriend /
other: _____
9. Number of Offenders: _____
10. Was a weapon present: Y / N If yes (circle):gun / knife / club / Other: _____
11. Could victim resist? Y / N If yes (circle):"No" / scream / scratching / kicking /
biting / fighting / other : _____
12. Victim was forced to (circle): vaginal intercourse / anal intercourse / oral penetration /
masturbate offender / digital penetration / . complete disrobe / other : _____
-
-

THIRD PARTY / BLIND / ANONYMOUS SEXUAL ASSAULT REPORT

OFFENDER(S) STATISTICAL INFORMATION

1. Age: _____
2. Gender: _____
3. Race: _____
4. Height: _____
5. Weight: _____
6. Hair color: _____ Hair style: Long hair / short hair / dreads / bald / other: _____
7. Description: (circle): mustache / full beard / side burns / goatee /
scars _____ / tattoos _____ / marks _____ / teeth _____
8. Unusual actions or statements: _____
9. Offender's name, if want to disclose: _____
10. Offender's has a vehicle: Y / N Color: _____ Make: _____
Model: _____ State license plate: _____ License plate number: _____
Unusual characteristics of the vehicle : _____

NARRATIVE:

Form completed by(circle): victim / victim advocate__ Date: _____
Agency: _____
Permission to release to law enforcement: Y / N Date: _____

APPENDIX D

GENERAL STATUTES

NORTH CAROLINA SEX CRIME STATUTES

FORCIBLE ACTS

VAGINAL INTERCOURSE

First Degree Rape (GS 14-27.2(2), Class B1 Felony)

*Registerable Offense

Second Degree Rape (GS 14-27.3(a), Class C Felony)

*Registerable Offense

OTHER SEXUAL CONTACT

First Degree Sexual Offense (GS 14-27.4(a)(2), Class B1 Felony)

*Registerable Offense

Second Degree Sexual Offense (GS 14-27.4(a)(1), Class C Felony)

*Registerable Offense

Second Degree Sexual Offense (GS 14-27.5, Class C Felony)

*Registerable Offense

Sexual Battery (GS 14-27.5(A)(a)(1), Class A1 misdemeanor)

*Registerable Offense

STATUTORY RAPE AND RELATED STATUTORY SEX CRIMES

First Degree Rape (GS 14-27.2(1), Class B1 Felony)

*Registerable Offense

First Degree Sexual Offense (GS 14-27.4(a)(1), Class B1 Felony)

*Registerable Offense

Statutory Rape by 13, 14, or 15 year old (GS 14-27.7A, Class B1 or C Felony)

Indecent Liberties with a Child (Adult Perpetrator) (GS14-202.1, Class F Felony)

*Registerable Offense.

Intercourse and Sexual Offense with Certain Victims (GS 14-27.7(a), Class E Felony)

*Registerable Offense.

Indecent Liberties with a Child (Juvenile Perpetrator) (GS 14-202.2, Class 1 Misdemeanor)

Indecent Liberties with a Student (GS 14-202.4, Class I Felony or A1 Misdemeanor)

Intercourse and Sexual Offense with Certain Victims (schools) (GS 14-27.7(b))

Crime Against Nature (GS 14-177, Class I Felony)

Incest Between Near Relatives (GS 14-178, Class F Felony)
*Registerable Offense

Incest Between Uncle and Niece or Nephew and Aunt (GS 14-179, Class 1 misdemeanor)

Bigamy (GS 14-183, Class I Felony)

Fornication and Adultery (GS 14-184, Class 2 Misdemeanor)

Opposite Sexes in Same Hotel Room (GS 14-186, Class 2 Misdemeanor)

Computer Solicitation of a Child (GS 14-202.3, Class I Felony)

Employing or Permitting a Minor to Assist in an Obscenity Offense
(GS 14-190.6, Class I Felony)
*Registerable Offense.

First Degree Sexual Exploitation of a Minor (GS 14-190.16, Class D Felony)
*Registerable Offense.

Second Degree Sexual Exploitation of a Minor (GS 14-190.17, Class F Felony)
*Registerable Offense.

Third Degree Sexual Exploitation of a Minor (GS 14-190.17A, Class I Felony)
*Registerable Offense.

Prostitution (Adult) (GS 14-204 and GS 14-204.1, Class 1 Misdemeanor)

Promoting Prostitution of a Minor (GS 14-190.18, Class D Felony)

*Registerable Offense.

Participating in the Prostitution of a Minor (GS 14-190.19, Class F Felony)

*Registerable Offense.

NON-PHYSICAL SEXUAL CONTACT

Peeping (GS 14-202)

Registerable offense at higher felony levels

Sexual Harassment (GS 14-395.1, Class 2 Misdemeanor)

Stalking (GS 14-277.3)

Telephone Harassment (GS 14-196, Class 2 Misdemeanor)

Cyber Stalking (GS 14-196.3, Class 2 Misdemeanor)

Indecent Exposure (GS 14-190.9, Class 2 Misdemeanor)

PHYSICAL ASSAULT

Simple Assault (GS 14-33, Class 2 Misdemeanor)

Simple Assault (GS 14-33©, Class A1 Misdemeanor)

Domestic Abuse of Disabled or Elder Adults (GS 14-32.3(a))

STRUCTURED SENTENCING IN NORTH CAROLINA (GS 15A-1340.17)

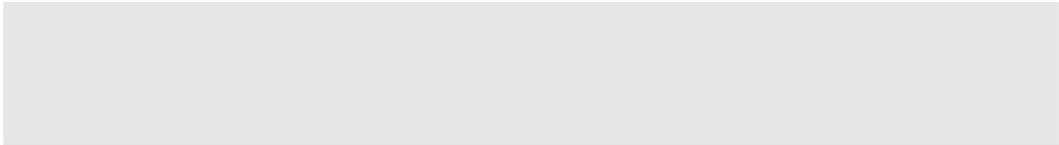
FELONY LEVEL	SENTENCING RANGE (months in prison)
A	Life without parole- Death
B1	144-Life without Parole
B2	94-210
C	44-210
D	38-183
E	15-74
F	10-49

G	8-36
H	4-25
I	3-12

MISDEMEANOR LEVEL	SENTENCING RANGE (days in jail)
A1	1-150
1	1-120
2	1-60
3	1-20

Class E felonies and lower grades of punishment permit intermediate and community punishment.

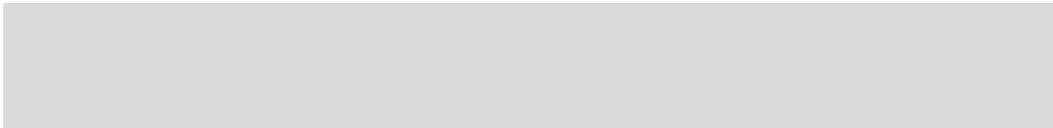
NOTE: Refer to NC General Assembly: General Statutes- Chapter 14 for statute description. *Denotes Registerable Offense to include crimes that require the defendant to register with the NC Sex Offender Registry prior to his/her release from prison.



APPENDIX E

CIVIL NO CONTACT ORDER

(Available at REAL Crisis Center, ECU Victim Services,
Greenville Law enforcement Department Victim
Advocate, Pitt County Sheriff's Office Victim Advocate)

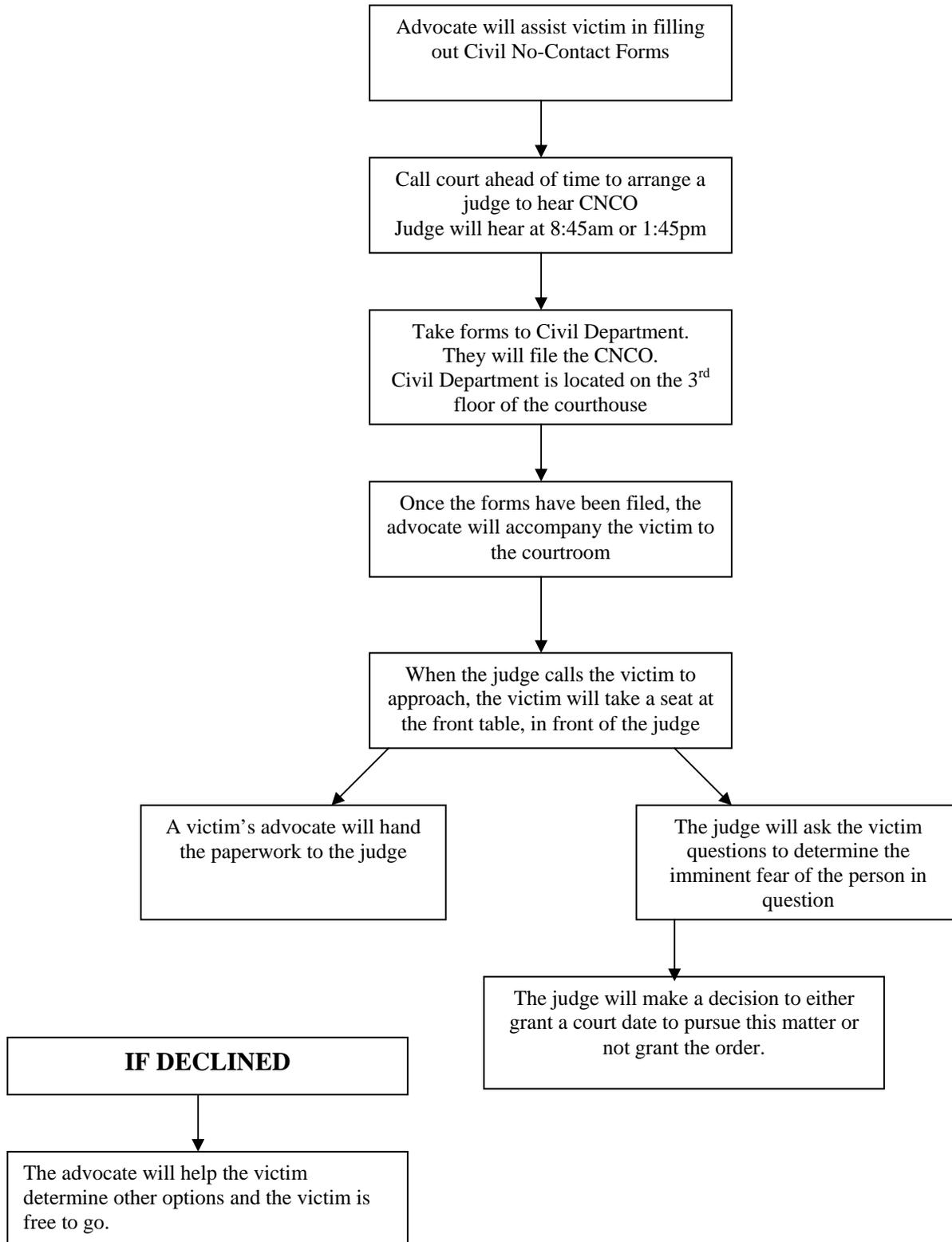


CIVIL NO CONTACT ORDERS

In December 2004, Civil No Contact Orders became available to victims of sexual assault and stalking. Similar to 50B Domestic Violence Protective Orders, 50C Civil No Contact Orders are civil protection orders that enable the victims of these crimes to seek protection from their assailants. Both orders of protection require the same type of paperwork, however, the most important difference is the degree of the relationship between the victim and the assailant. While Domestic Violence Protection Orders require a personal relationship, Civil No Contact Orders do not require the victim and the assailant to have had any type of relationship prior to the assault.

When a victim seeks protection via Civil No Contact Order, he/she will be required to file the appropriate paperwork to request a civil summons be served to the defendant. The summons will include a complaint, a temporary Civil No Contact Order, and a notice of hearing to which the assailant is required to appear in court. Once the victim has filed the complaint, the defendant may be ordered not to visit, harass, stalk, or contact the victim or the victim's family members. If the assailant violates either the temporary order or the Civil No Contact Order, he/she will be held in contempt of court.

CIVIL NO CONTACT ORDER FLOWCHART



IF ACCEPTED

The advocate will accompany the victim to the civil department

The civil department will file the findings, arrange a court hearing, and prepare 5 documents to be served.

5 documents:
Victim will get 2 copies
Advocate
Sheriff's Department
LEA-jurisdiction where crime occurred

The advocate will then give complaint to the Sheriff's Department

The advocate will answer questions and provide important information to the victim. The victim is free to go.

The Sheriff's Department will serve the complaint and court hearing information to the offender

VICTIM IS GRANTED COURT DATE

Notify Law Enforcement Agency and call DA's office to find out who ADA will be

Advocate will accompany victim to court.

Victim will sit and wait for case to be called.

Once called, victim will sit on the stand. He/She will announce his/her name, what county he/she resides in, their relationship to the offender, and will explain what happened that caused victim to pursue the Civil No-Contact Order

Offender will also take the stand and explain what happened.

Both parties will have the opportunity to question each other or ADA/Defense Attorney will ask questions.

Judge will make decision- grant a permanent order or not grant an order.

APPENDIX F

SAVAN: STATEWIDE AUTOMATED VICTIM ASSISTANCE AND NOTIFICATION SYSTEM

PROGRAM OVERVIEW

SAVAN PROGRAM OVERVIEW

What is SAVAN?

Statewide Automated Victim Assistance and Notification (SAVAN) is a fully automated toll-free hotline that provides victims with access to updated status information. SAVAN is operational 24 hours a day, seven days a week.

How does SAVAN work?

SAVAN is provided through the same technology as the nationally known VINE program. Through telephone integration SAVAN will link victim information with offender and case data in county jails, the Department of Corrections and court information systems to a centralized Call Center capable of providing multiple notifications to the public. Victims can call anytime to check the status of their offender. SAVAN also allows victims to register for automated notification. Once a victim registers, SAVAN will link the victim's phone number to the offender's case file. When any information is entered into a criminal justice computer about an offender (e.g. release, escape, transfer) SAVAN will automatically call the victim.

How does SAVAN serve the community?

SAVAN bridges the gap that often exists between the community and the criminal justice system by putting information in the hands of those who need it most – victims of crime.

The call center meets the needs of victims and other concerned citizens by providing accurate and timely offender information and notification.

SAVAN PROGRAM

SAVAN also provides callers with referrals to appropriate law enforcement or victim service organizations.

Agency-based and community-based training and public awareness efforts ensure that SAVAN is accessible at all levels of the criminal justice process.

SAVAN is available in both English and Spanish to serve the needs of a diverse population.

Does the SAVAN Program Monitor All Offenders?

SAVAN monitors offenders who are the responsibility of the Department of Correction and Sheriff's Offices. We will be piloting notifications on court information.

-There may be delays from the time of arrest before an offender is officially recorded by the agency. If SAVAN cannot confirm the offender's location, callers should assume that the offender has been released.

-An offender may be released on bail or released on his/her recognizance during arraignment. These individuals may not be considered in custody.

-SAVAN will not monitor offenders being held at a law enforcement precinct or other local law enforcement facilities.

How Does a Victim Register?

Victims register by calling the SAVAN hotline: (877) 627-2826 to receive notifications on an offender's status change.

APPENDIX G

SEX OFFENDER REGISTRY



NORTH CAROLINA'S SEX OFFENDER AND PUBLIC PROTECTION REGISTRY

Sex offender registries keep track of and make public the home addresses of certain convicted sex offenders for a period of time after they have finished their sentences and/or are living in the community. The purpose of the registry is to increase public safety. Effective January 1, 1996, the North Carolina General Assembly created North Carolina's first sex offender registration laws.

Persons convicted of a "reportable offense" on or after January 1, 1996, and those persons released from a penal institution for a reportable offense on or after January 1, 1996 must register. Reportable Offenses include the following:

- First Degree Rape
- Second Degree Rape
- First Degree Sexual Offense
- Second Degree Sexual Offense
- Sexual Battery
- Attempted Rape or Sexual Offense
- Intercourse and Sexual Offense with Certain Victims
- Incest between near relatives
- Employing/Permitting a minor to assist in offenses against public morality/decency
- First Degree Sexual Exploitation of a minor
- Second Degree Sexual Exploitation of a minor
- Third Degree Sexual Exploitation of a minor
- Promoting Prostitution of a minor
- Participating in prostitution of a minor
- Taking indecent liberties with children

This also includes a conviction for solicitation to commit, conspiracy to commit a sexually violent offense and attempt to commit any of the preceding offenses. Aiding and abetting of an offense against a minor or a sexually violent offense would require registration if the court finds that it would serve the purpose of the Registration Act.

Sex offenders must register for 10 years from the date of release from a penal institution or from the date of each reportable offense conviction (if the person was not sentenced to active time).

NORTH CAROLINA'S SEX OFFENDER AND PUBLIC PROTECTION REGISTRY

North Carolina residents must maintain registration with the sheriff of the county where the person resides. This registration must occur immediately upon conviction for a reportable offense or within 10 days of release from a penal institution. The offender must provide a written notice to the sheriff of the county within 10 days of his/her move. He/she must update his/her information with the sheriff of the "new" county in which he/she resides within 10 days of his/her move.

What is required when registering?

Full name and address

Date of Birth

Sex, Race, Hair Color, Eye Color, Weight and Height

Drivers License Number

Type of offense convicted, date of the conviction, and sentence imposed

Photo and fingerprints

Once the offender has registered, the information is available to the public. The public can access this information via written requests to the sheriff's department or online at <http://sbi.jus.state.nc.us/DOJHAHT/SOR/Default.htm>

APPENDIX H

ADDRESS

CONFIDENTIALITY



ADDRESS CONFIDENTIALITY PROGRAM

1. SUMMARY

The North Carolina General Assembly unanimously voted to create the Address Confidentiality Program (ACP) in 2002. Administered by the Attorney General's Office, the goal of the Address Confidentiality Program is to ensure that perpetrators of domestic violence, sexual assault, and stalking cannot use the state's public records to locate their victims. Laws governing the program are located in Chapter 15C of the North Carolina General Statutes.

2. PROGRAM COMPONENTS

The ACP offers its participants two services, each of which helps keep the victim's new location secret. One part is the participant's use of an ACP substitute mailing address. The ACP provides cost-free mail forwarding services. The Attorney General serves as each program participant's legal agent for purposes of service of process and receiving and forwarding first-class, certified and registered mail. The second part of the program prevents public access to a participant's actual address on governmental records.

A. THE ACP SUBSTITUTE ADDRESS

The ACP assigns each program participant a substitute address that has no relation to a program participant's actual residential address and all program participants use the same substitute address. The ACP assigns each participating family an ACP code number to help differentiate their mail. A program participant's mail must include the corresponding ACP code number. The program forwards first-class mail to each participant's actual residential address. **The ACP will not forward magazines, packages, or junk mail.**

B. PROTECTED RECORDS SERVICE

The ACP protected records program provides confidentiality for various government records. Upon presentation of a current and valid ACP authorization card, a program participant's actual address will be protected when he or she registers to vote, obtains a driver's license or applies for or receives public services or assistance. An ACP participant must specifically request ACP protected records services from state and local government agencies.

ADDRESS CONFIDENTIALITY PROGRAM

3. PARTICIPANT'S DISCRETION

Program participants choose when to use the substitute address. They decide if and when they reveal their actual address to a government employee. When an ACP participant chooses to reveal his or her actual address, the agency may not be legally obligated to keep that information confidential.

In unusual circumstances, an agency may petition the Attorney General's Office for an exemption to the ACP laws. If the Attorney General's Office grants the agency a waiver, program participants involved with that agency may have to reveal their actual residential address. Participants subject to the Sex Offender and Public Protection Registration Programs must disclose their actual residential address as required by these programs.

Under most circumstances the ACP is prohibited from releasing information about its program participants. The ACP staff will, however, verify if a person is or is not a current program participant. The program will release information to a third party under two conditions. The first is if a court of law orders the program to release information. The second is if the head of a federal, state, or local law enforcement agency requests information for official use only and makes that request in writing.

4. APPLYING FOR ACP PARTICIPATION

The Address Confidentiality Program provides substitute address services to residents of North Carolina. An applicant must be a victim of domestic violence, sexual assault, or stalking who has confidentiality relocated to an address unknown to the abuser. Men, women, and children may participate in the program. Participants complete applications in person at community-based victim assistance programs located throughout the state. The application process involves meeting with an application assistant and receiving information about the program. Application Assistants send the completed applications to the ACP office. The ACP office reviews the applications, then assigns an ACP code number and creates an ACP authorization card. A program participant may begin using the substitute address as soon as he or she receives the ACP authorization card in the mail.

ADDRESS CONFIDENTIALITY PROGRAM

ACP certification is valid for **four years** unless withdrawn or cancelled prior to that time. A program participant may renew ACP certification by completing an application in person at a community-based victim assistance program within **30 days** prior to expiration of certification.

5. HOW TO CONTACT THE ACP

If you have questions about the ACP, please call us at 919-716-6785. You may direct written questions or requests to Address Confidentiality Program, 9099 Mail Service Center, Raleigh, NC 27699-9099 or acp@ncdoj.com

APPENDIX I

DEPARTMENT OF CORRECTIONS

NORTH CAROLINA DEPARTMENT OF CORRECTION:

AN INTRODUCTION TO THE DEPARTMENT AND ITS SERVICES FOR VICTIMS OF CRIME

The North Carolina Department of Correction is the agency that is responsible for the care, custody and control of offenders serving their court-ordered sentences. The Department has two divisions: the Division of Prisons which is responsible for those offenders serving active prison sentences and the Divisions of Community Corrections which is responsible for supervising and monitoring the behavior and activities of offenders who are living in the community and serving either a term of probation, parole or post-release supervision. The commission is also responsible for releasing offenders who are eligible for parole or post-release supervision after serving a portion of their prison sentences.

The North Carolina Department of Correction and the Post-Release Supervision and Parole Commission offer services to survivors. It does not matter if the offender is serving a sentence in a prison facility or is being supervised while on probation, parole or post-release supervision. The following is list of services provided by the Department of Corrections:

1. Call for information regarding victim services, safety strategies and tips, and referrals to local victim assistance programs and resources
2. Contact the Department to discuss registering for notification to learn of certain changes in the offender's status
3. If you have access to the internet, use the NC Department of Corrections "Offender Locator" at www.doc.state.nc.us

Please contact Office of Victim Services at the Department of Corrections at (919) 716-3681 or toll free at (800) 368-1985.

FORCE ALUMNI

Law Enforcement

Chief Joseph Simonowich, Greenville Police Department
Connie Elks, Greenville Police Department
Theresa Sparrow, Greenville Police Department
Amy Clark, Greenville Police Department
Patrick O'Callaghan, Greenville Police Department
Susan Bass, Greenville Police Department
Donna Greene, Winterville Police Department (currently with PCSO)
Chief Bennie Benson, Ayden Police Department
Richard McLawhorn, Ayden Police Department
Chief Theresa Crocker, ECU Police Department
Chief Linwood Outlaw, Grifton Police Department
Jon Curry, Greenville Police Department
W.G. Smith, Greenville Police Department
Danny Mills, Greenville Police Department
Charles Farrar, Detective, Greenville Police Department
Robert Wright, Greenville Police Department
Richard Tyndall, Greenville Police Department
Elizabeth Tyson, Pitt County Memorial Hospital Police Department
Amy Davis, East Carolina University Police Department
Kimberly Rowe, East Carolina University Police Department
Janel Drake, East Carolina University Police Department
Paul McLawhorn, Farmville Police Department
Mike Jordan, East Carolina University Police Department
Justin Guthrie, East Carolina University Police Department
Richard Allsbrook, Sergeant, Greenville Police Department

Advocacy

Rebecca Setzer, PCSART Coordinator, REAL Crisis Intervention, Inc. (Prior)
Christine Clift, Victim's Advocate, Greenville Law enforcement Department
Olivia M. Sutton, PCSART Coordinator, REAL Crisis Intervention, Inc. (Prior)
Sue Molhan, Victim's Advocate, East Carolina University

Medical

Deanna Bennett, Forensic Nurse Examiner, PCMH
Vicky Pugliese, Forensic Nurse Examiner, PCMH
Angie Foss, Forensic Nurse Examiner, PCMH
Shelia Bunch, East Carolina University School of Social Work & PCMH
Alice Daniels, Social Work, PCMH
Donna Zekonis, Forensic Nurse Examiner, Pitt County Memorial Hospital
Michelle Jones Guthrie, Forensic Nurse Examiner, Pitt County Memorial Hospital
Sarah Dentel, Forensic Nurse Examiner, Pitt County Memorial Hospital

Prosecution

Lee Allen, Assistant District Attorney
Joseph Bowman, Assistant District Attorney
Lee Teague, Assistant District Attorney