

Attorney General Standards for Providing Services to Victims of Sexual Assault

2nd Edition

**New Jersey Department of Law & Public Safety
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INTRODUCTION

Sexual assault crimes have a tremendous impact on victims and their families. The emotional and psychological injuries sustained are often more serious than the physical injuries, affecting every aspect of a victim's life long after physical injuries have healed.

New Jersey recognizes the importance of developing a methodology that treats sexual assault victims with sensitivity and understanding. The dignified, compassionate and well-organized treatment of victims is an essential element in creating an environment in which individuals feel safe reaching out for support and assistance. These services can promote healing for the victim and improve the identification and collection of evidence in all cases of sexual assault.

The ***Attorney General Standards for Providing Services to Victims of Sexual Assault*** was developed with the intention of implementing a systematic focus on the needs and concerns of sexual assault victims in an effort to ensure the compassionate and sensitive delivery of services in a non-judgmental manner. By promoting a victim-centered approach to sexual assault one can make the victim's safety the top priority, recognize the obstacles to seeking help, respect the integrity and autonomy of each victim, protect the victim's confidentiality, and regard victim feedback as critical to an improved response.

New Jersey is home to many diverse ethnic and cultural populations. Issues unique to these diverse populations may impact the ability of a victim of sexual assault to effectively access the services provided for in these Standards. It is important that local agencies are aware of the issues that may arise when such a victim comes forward and that provisions are made to address the needs of these victims.

These Standards and criteria will serve as a foundation for establishing county policies and procedures specific to the needs of each county's population and local resources. It is paramount that the well-being of the victim be given precedence. However, because of the unique nature of each sexual assault incident, situations may arise that will require the use of discretion to ensure that an individual victim's needs are met while, at the same time, public safety concerns are addressed in the most appropriate manner.

HISTORY

In 1997, a Sexual Assault Protocol Council that included representatives from nursing and medical professionals, rape care advocacy and law enforcement was convened with the support of Violence Against Women Act (VAWA) funds awarded to the Division of Criminal Justice. The Council's mandate was to develop statewide standards for the provision of services to victims of sexual assault. The utilization of a "victim-centered" approach to the development of standardized protocols became the guiding principle of the Council. The Council defined a victim-centered approach as "the systematic focus on the needs and concerns of a sexual assault victim to ensure the compassionate and sensitive delivery of services in a non-judgmental manner."

In 1998, the Office of the Attorney General issued the Council's recommendations in New Jersey's first *Standards for Providing Services to Survivors of Sexual Assault*. These Standards had the objective of improving the provision of services to victims by coordinating the efforts of health care providers, rape care advocates and law enforcement.

The purpose of the Standards was to create an environment in which victims of sexual assault were treated with fairness, compassion and respect. The desired outcome was that victims would feel safe to seek help, counseling, medical treatment and to report these crimes.

In 2001, a permanent Attorney General SART/SANE Coordinating Council was established by the passage of N.J.S.A. 52:4B-50 et seq.

In 2003, at the direction of the Attorney General, the Coordinating Council created a subcommittee to review and revise the existing Standards.

The first edition of the Standards projected the vision of how a coordinated victim-centered approach should look. This second edition establishes Standards for best practices based on the experiences of those who applied this approach and what we have learned from the victims through doing so.

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SEXUAL ASSAULT RESPONSE TEAM

N.J.S.A. 52:4B-50 et seq. mandates every county prosecutor's office to establish a Sexual Assault Response Team (SART) and a SART Advisory Board.

The Sexual Assault Response Team is comprised of a law enforcement officer, a rape care advocate and a sexual assault nurse examiner (SANE). The SART uses a team approach in providing compassionate, comprehensive medical care, emotional support, information, assistance, evidence collection and investigation of the alleged incident of sexual assault.

A victim of sexual assault is eligible for SART services when the following criteria are met:

1. The victim is 13 years of age or older;
2. The assault occurred within the past five days; and
3. The victim consents to SART activation.

When a victim is identified or reaches out for assistance, and fits the above criteria, he or she is informed of the availability of the specialized services offered by members of SART. The victim is also informed that she or he may choose any, all, or none of the services offered. The victim may request one, two or all three SART team members to be activated.

When the victim consents to having all three team members activated, the County on-call SART members will be activated according to county procedure. When the victim requests only one or two members of the SART to be activated, only the requested on-call team member(s) will be activated.

The activating agency will convey to the appropriate on-call SART members, the victim's first name, age and the hospital at which the team is to assemble.

The requested team members will meet the victim at the hospital within one hour or less as proscribed in the county SART protocol.

The specific roles and responsibilities of each discipline are set forth in the following Standards.

Standard 1

RAPE CARE ADVOCACY

Victims of sexual assault will be provided the opportunity to have the support of a rape care advocate prior to and during all medical and legal proceedings and throughout the entire healing process.

All hospitals and law enforcement agencies shall provide sexual assault victims with information about the local designated rape care program, regardless of when or where the incident occurred, or whether or not the victim has reported the incident to police. Additionally, these agencies must afford the victim the opportunity to contact the rape care program and to have a rape care advocate present during any medical treatment or law enforcement interview. See N.J.S.A. 52:4B-22.

The victim will be afforded the opportunity to speak privately with a rape care advocate prior to investigative and sexual assault medical forensic interviews or procedures. The rape care advocate will explain the advocate's role and the services of the rape care program.

The victim will have the opportunity to have the rape care advocate present to provide crisis intervention and emotional support throughout the medical and investigative process. The rape care advocate may be present to provide emotional support at the victim's request; however, the rape care advocate will not participate with evidence collection or law enforcement interviews.

The rape care advocate will ensure that the victim is informed regarding all procedures, options and resources, including rape care services, the importance of seeking medical attention, and the value of immediate evidence collection and early police reporting.

The rape care advocate will provide the victim a safe, neutral and confidential avenue to explore and weigh options. The rape care advocate will support the victim's choices and decisions.

The rape care advocate will maintain the confidentiality of all communications occurring solely between the advocate and the victim unless otherwise instructed by prior written consent of the victim. See N.J.S.A. 2A:84A-22.15.

The services of the rape care program are available to the victim throughout the entire healing process including accompanying the victim during all legal and court proceedings.

The rape care program is available to provide support for non-offending family members and friends.

Standard 2

LAW ENFORCEMENT

Victims of sexual assault will be provided with thorough, compassionate and objective assistance from all law enforcement officers responding to and investigating an incident of sexual assault.

All Incidents of Reported Sexual Assault (SART and Non-SART)

All law enforcement officers will ensure the immediate safety and security of the victim.

All reported incidents of sexual assault will be investigated in a thorough non-judgmental manner.

Some victims are reluctant to present facts they fear would weaken their credibility, such as having used drugs or alcohol voluntarily, or having consented to some sexual acts. If the investigation uncovers inconsistencies, those should be addressed first with the victim for clarification. Law enforcement should let sexual assault victims know that challenges or obstacles in a case can often be overcome if complete information is presented at the outset of the investigation.

In every reported incident of sexual assault, the responding officer will obtain basic information about the incident and then inform the victim of his or her right to immediate medical attention and the value of immediate evidence collection. More specific details of the incident will be obtained by the officer at the conclusion of the medical forensic examination.

Law enforcement agencies shall provide sexual assault victims with information about the local designated rape care programs. Additionally, law enforcement must afford the victim the opportunity to contact the rape care program and will assist if needed. See N.J.S.A. 52:4B-22b. The victim has the right to have a rape care advocate present prior to and during any medical treatment, evidence collection procedure, or law enforcement interview.

The victim will be afforded the opportunity to speak privately with a rape care advocate prior to investigative and sexual assault medical forensic interviews or procedures. The rape care advocate will explain the advocate's role and the services of the rape care program. Law enforcement will respect confidential communications between the victim and the rape care advocate.

When the victim requests the presence of a rape care advocate during a law enforcement interview, the rape care advocate may be asked to provide her full name and the address of the program with which she is affiliated. When needed, further identifying information may be obtained from the rape care program.

In order to activate a SART response, the victim must be 13 years of age or older, the incident must have occurred within five days of the disclosure, and the victim consents to activation of the SART.

No victim, regardless of age, will be forced to undergo a sexual assault forensic examination or provide evidence without his or her consent.

In any case where the victim seeks services in a county other than the one in which the incident occurred, law enforcement in the county where the incident occurred should respond whenever possible. For example, when timeliness or staffing issues prevent response by that jurisdiction, a law enforcement officer in the county where the victim seeks services will take an initial report, participate in SART activation, and preserve the chain of custody of evidence collected during the examination. In these situations, local law enforcement will facilitate communication with the law enforcement agency in whose jurisdiction the incident occurred.

I. SART ACTIVATED CASES

In all cases where SART is activated through law enforcement, a law enforcement officer will respond with the victim to the examination site and remain with the victim until the members of the SART arrive. The responding officer should provide members of the SART any relevant information necessary to provide services to the victim.

During SART activation, the investigating officer will explain the role of law enforcement and answer questions about police involvement and the investigative process.

If the victim chooses to have law enforcement involved during the SART activation, the investigating officer may participate in the initial sexual assault medical forensic interview or the preliminary interview. In order to respect the privacy of the victim, the officer will not be present during the medical forensic examination.

At the conclusion of the examination, a law enforcement officer will take custody of the sealed Sexual Assault Forensic Evidence Collection Kit and any other evidence collected by the SANE or SAE. The officer will assist the victim in arranging transportation from the exam site.

The investigating officer will arrange with the victim for a mutually agreed upon time to conduct the formal interview. The victim has the right to determine when, or if, she or he is prepared to file a criminal complaint.

If the victim chooses not to report the incident to police, information and evidence gathering will be conducted by the SANE or SAE. Each county will have a policy and procedure allowing the evidence to be preserved for at least 90 days, affording the victim the opportunity to determine if evidence will be turned over to police. The victim will be informed of the county policy for evidence storage.

II. NON-SART CASES

There are a number of situations in which a victim may report a sexual assault to law enforcement but full SART activation may not be appropriate. Examples of these situations may include:

- a. Victim reports incident more than five days after it occurs; or
- b. Victim is less than 13 years old; or
- c. Victim chooses not to undergo a sexual assault medical forensic examination; or
- d. Victim is being treated at a non-participating SART facility; or
- e. No physical contact with the victim's body.

In cases where the victim reports the incident more than five days after it has occurred, a sexual assault medical forensic examination will not routinely be performed. Nonetheless, the victim is entitled to and should be offered the services of a rape care advocate and a complete law enforcement investigation.

In cases where the victim is less than 13 years old, specialized services for children are available and should be utilized. See STANDARD 6: Specialized Services for Child and Adolescent Victims.

Some victims may report incidents that meet the criteria for SART activation, but choose not to undergo a sexual assault medical forensic examination. In these situations, the law enforcement officer should offer the victim information about rape care advocacy services and should assist the victim who chooses to contact a rape care advocate prior to any formal interview.

If the victim seeks care at a non-participating health care facility and declines the option to seek services at a SART participating facility, the emergency department staff may complete a sexual assault medical forensic examination. The investigating officer should ensure that the emergency department staff has access to a New Jersey Sexual Assault Forensic Evidence Collection Kit. The officer should also explain to the victim the role of law enforcement and inform him or her of the right to have a rape care advocate present throughout any interview or medical examination.

At the conclusion of the medical forensic examination, a law enforcement officer will take custody of the sealed Sexual Assault Forensic Evidence Collection Kit and any other evidence collected during the forensic examination. The officer will assist the victim in arranging transportation from the exam site.

The investigating officer will arrange with the victim a mutually agreed upon time to conduct the formal interview. The victim has the right to determine when, or if, she or he is prepared to file a criminal complaint.

Standard 3

STANDARDIZED MEDICAL TREATMENT

Health care professionals will provide every victim of sexual assault thorough, compassionate and objective services.

The opportunity to undergo a sexual assault medical forensic examination will be offered to all victims who are at least 13 years of age and disclose a sexual assault within 5 days of when the incident occurred. Victims who present more than 5 days after the assault will not routinely undergo a sexual assault medical forensic examination.

Victims who present at a medical facility more than 5 days after the assault occurred and/or victims who present within 5 days but decline a sexual assault medical forensic examination must be evaluated and treated for any emergent medical needs. These victims must be advised that they are still entitled to rape care advocacy services and law enforcement intervention.

All hospitals and law enforcement agencies shall provide sexual assault victims with information about the local designated rape care program, regardless of when or where the incident occurred, or whether or not the victim has reported the incident to police. Additionally, these agencies must afford the victim the opportunity to contact the rape care program and to have a rape care advocate present during any medical treatment or law enforcement interview. See N.J.S.A. 52:4B-22.

The victim will be afforded the opportunity to speak privately with a rape care advocate prior to investigative and sexual assault medical forensic interviews or procedures. The rape care advocate will explain the advocate's role and the services of the rape care program.

For child victims of sexual assault who are below the age of 13 years old the policies and procedures of the Regional Diagnostic and Treatment Center for Child Physical and Sexual Abuse should be followed. See Standard 6: Specialized Services for Child and Adolescent Victims.

Every adolescent or adult victim of sexual assault has the right to consent or decline a sexual assault medical forensic examination. No sexual assault medical forensic examination will be performed without the express consent of the victim, regardless of the wishes of any SART member, hospital staff member or the victim's parents, guardian, spouse, family or friends.

In the situation where the victim is unable to consent due to temporary mental incapacity, no medical forensic examination will be done until the victim is able to personally consent to the exam. In cases where the victim is unable to consent due to permanent mental incapacity, the consent of the victim's medical proxy will be obtained prior to the initiation of the examination. For purposes of this document, "medical proxy" refers to the individual designated by the patient or recognized by the health care facility as able to consent to care for that patient.

SANEs and SAEs who are part of the SART will be registered nurses or physicians who have completed an educational program meeting the guidelines established by the Division of Criminal Justice and the New Jersey Board of Nursing. SANEs will also be certified as a FN-CSA.

It is recommended that all health care personnel who are not providing services as part of an established SART complete an educational program in the care and treatment of sexual assault victims. These educational programs should meet or exceed the training standards established by the International Association of Forensic Nurses (IAFN) and the American College of Emergency Physicians (ACEP).

All sexual assault medical forensic examinations performed in New Jersey, including those performed at agencies that are not SART participants, should utilize a New Jersey Sexual Assault Forensic Evidence Collection Kit. The Prosecutor's Office will make evidence collection kits available to the emergency department of every acute care hospital in its county.

All victims of sexual assault will have the opportunity to discuss their medical condition, treatment options and medical referral plan privately with the SANE, SAE or other health care provider before or during the course of treatment.

The SANE, SAE or other health care provider who is examining and providing care for a victim of sexual assault is responsible for obtaining appropriate written consents and continually validating verbal consent with the victim throughout the examination and evidence collection process.

The SANE, SAE or other health care provider is responsible for documenting information pertaining to the victim's complaint of sexual assault, obtaining a pertinent medical history, performing the sexual assault medical forensic examination, ensuring that necessary medical treatment is provided, providing patient education, and making all necessary referrals for follow-up care.

In accordance with the American College of Emergency Physicians's (ACEP) policy on the Evaluation and Management of Sexually Assaulted or Sexually Abused Patients, it is recommended that health care providers ensure that every victim is offered information about sexually transmitted infections and available treatment options. Health care providers should also provide every female victim with information about emergency contraception.

At the conclusion of the sexual assault medical forensic examination, any evidence collected will be packaged and protected in a manner to ensure the integrity of specimens and the appropriate chain of custody of the evidence. It is recommended that health care facilities work cooperatively with the County Prosecutor's Office to develop a written protocol to ensure proper handling of any identified and collected evidence.

Standard 4

SEXUAL ASSAULT FORENSIC EVIDENCE KITS

Every victim of sexual assault who reports the incident within five days of when it occurred is entitled to request a sexual assault medical forensic examination for the purpose of identifying injuries and collecting forensic evidence. Whenever possible, the examination will be completed by individuals who have specialized training in the examination of adolescent and adult victims of sexual assault.

The County Prosecutor's Office will provide the New Jersey Sexual Assault Forensic Evidence (SAFE) Collection Kits and Examination Forms to every emergency healthcare facility in the county. Kits will be kept on-site and may only be used for sexual assault medical forensic examinations.

Every sexual assault medical forensic examination should be completed using the New Jersey SAFE Collection Kit and Examination Forms, regardless of the jurisdiction in which the crime is reported to have occurred.

All individuals age 13 or older reporting sexual assault victimization should be advised of the value of immediate evidence collection. All victims have the right to consent or to decline any or all parts of a sexual assault medical forensic examination. The consent of the victim will be obtained prior to the performance of any examination. No examination will be conducted without the consent of the victim. In the case where a victim is a minor, his or her consent must be obtained before an examination is conducted. In a situation where the victim is unable to consent due to permanent mental incapacity, the consent of the victim's medical proxy will be obtained prior to the performance of the examination.

The healthcare provider conducting the examination will make the determination as to which items of evidence should be collected in each case, based upon the history and circumstances of the incident as reported by the victim.

At the conclusion of the medical forensic examination, the evidence collected will be packaged and protected in a manner to ensure the integrity of each specimen and appropriate chain of custody.

Every victim will be afforded a minimum of 90 days in which evidence will be held pending the victim's decision to release evidence to law enforcement. The victim will be apprised of county policy regarding time frames for the storage and possible destruction of evidence.

Upon notification of the imminent destruction of a SAFE kit, the SANE Coordinator will contact, or attempt to contact, the victim to determine if the victim wants returned any clothing items collected during the examination.

Standard 5

EXAMINATION FACILITIES

All victims of sexual assault will be provided with a sexual assault medical forensic examination and treatment in a timely, compassionate and respectful manner.

I. SART Participating Examination Facilities

Every County Prosecutor's Office must affiliate with at least one health care facility in its county to participate in the SART Program. Sexual assault victims will be afforded access to the participating facility(s) for a full range of services including sexual assault medical forensic examinations, rape care advocacy and law enforcement assistance.

Each participating facility will provide interview and treatment areas that afford the victim privacy and security, a private bathroom and access to a shower facility.

Each participating facility that has its designated SANE area located in an area other than the emergency department, will establish procedures to ensure that every victim has access to emergency services as needed.

Each participating facility is responsible to keep at least one sealed New Jersey Sexual Assault Forensic Evidence Collection Kit available at all times. Evidence collection kits will be supplied by the County Prosecutor's Office at no charge to the facility.

Each participating facility will establish procedures to ensure the secure storage and/or transfer of evidence with special consideration to issues of specimen integrity and chain of custody.

Each participating facility will employ measures to ensure the safety and security of all forensic equipment, including the colposcope, used as part of the sexual assault medical forensic examination. This forensic equipment may only be used by a SANE or SAE who is conducting a medical forensic examination as part of the SART.

Each participating facility will establish a procedure to ensure the confidentiality and security of forensic examination records. These records will be stored separately from the victim's medical record. To protect the victim's privacy, it is recommended that each facility establish a policy requiring the use of standardized terminology such as "Forensic Evaluation" or "SANE Evaluation" to be used by all personnel creating or maintaining medical records of these cases.

A victim who is seen at a participating facility will not be charged any fee for services that are directly associated with the sexual assault medical forensic examination. These services include: routine medical screening, medications for prophylaxis of some sexually transmitted infections, pregnancy tests and emergency contraception, supplies, equipment, and use of space.

Incidents of adult sexual assault which do not involve the use of a weapon or result in certain injuries, see N.J.S.A. 2C:58-8, are not required to be reported to any law enforcement agency by hospital personnel. An adult victim of sexual assault who is eligible for SART services has the option of obtaining those services without reporting the incident to law enforcement.

Victims requiring emergency health care services beyond the scope of the forensic examination may be charged according to hospital policy for any services provided. Victims will be informed of the services of the Victims of Crime Compensation Board and given an application form.

All participating facilities are required to work cooperatively with the SART to ensure that emergency department personnel and first responders are educated regarding SART policies and procedures.

According to the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) Standard PC. 3.10, "The assessment of the patient must be conducted within the context of the requirements of the law to preserve evidentiary materials and support future legal actions." Therefore, in the event a SANE or SAE is unavailable to perform the sexual assault medical forensic examination, all acute care facilities must have a professional healthcare provider collect and preserve evidence from victims of sexual assault.

II. Non-Participating Examination Facilities

Sexual assault victims may seek medical attention at any health care facility, including non-participating facilities. However, only participating sites will be required to provide the full range of SART services listed above.

It is recommended that victims of sexual assault be offered information about the county SART and the specialized services available and should be afforded the opportunity to seek those services. Emergency Medical Treatment and Labor Act (EMTALA) requirements must be met before a patient is discharged or transferred to a participating facility.

When a victim of sexual assault seeks services at a non-participating SART facility, that facility will have a professional healthcare provider collect and preserve evidence from victims of sexual assault. See JCAHO Standard PC. 3.10.

The County Prosecutor's Office will provide every non-participating facility with evidence collection kits.

It is recommended that each non-participating facility establish procedures to ensure the secure storage and/or transfer of evidence with special consideration to issues of chain of custody. It is further recommended that the facility consult with the County Prosecutor's Office in developing these procedures.

Every health care facility will provide a sexual assault victim with information about rape care advocacy services. As soon as possible, the victim will be provided the opportunity to contact a rape care advocate. This will allow the victim the choice of having the assistance of a rape care advocate prior to and during any medical procedures. See N.J.S.A. 52:4B-22b.

It is recommended that non-participating facilities provide interview and treatment areas that afford the victim privacy and security; access to a shower facility; and access to a clean change of clothing following the medical forensic examination.

It is recommended that non-participating facilities establish a procedure to ensure confidentiality and security of medical forensic examination records. It is further recommended that these records be stored separately from the victim's medical record.

To protect the victim's privacy, it is recommended that each facility establish a policy requiring the use of standardized terminology such as "Forensic Evaluation" to be used by all personnel creating or maintaining medical records of these cases.

It is recommended that all facilities work cooperatively with the county SART Coordinator to ensure that emergency department personnel and first responders are informed about SART policies and procedures.

Standard 6

SPECIALIZED SERVICES FOR CHILD AND ADOLESCENT VICTIMS

Health care personnel, law enforcement officers, and rape care advocates will ensure that all child and adolescent victims of sexual assault or sexual abuse and their families are treated with compassion and respect. All services will be provided in a manner that is specific to the physical, emotional and developmental needs of the child or adolescent.

The Division of Youth and Family Services (DYFS) is contacted whenever there is a reasonable cause to believe that a person under the age of 18 has been sexually assaulted by a co-habitant, a caretaker or someone in a supervisory role. DYFS staff will be responsible to make appropriate medical and counseling referrals. See N.J.S.A. 9:6-8.10.

In cases where DYFS is not involved, child and adolescent victims and their family should be referred for medical follow-up and counseling services to the Regional Diagnostic and Treatment Center, Child Advocacy Center, or any other appropriate service provider.

No child, adolescent or adult victim of sexual assault is to be restrained or otherwise forced to undergo a sexual assault medical forensic examination.

Services for child victims of sexual assault below the age of 13 years old should be provided by professionals who are specially trained in the treatment of child sexual abuse.

Victims age 12 or older and their family will be offered the services of a rape care program. Advocates are also available to offer support services to non-offending family members of all child and adolescent victims, regardless of the child's age or when and where the assault occurred.

Standard 7

SPECIAL NEEDS AND VULNERABLE POPULATIONS

The special needs of victims will be recognized and addressed by law enforcement officers, health care providers and rape care advocates.

SART Coordinators will gather information about local community based resources that are available to meet the unique needs of the people living in their communities. These resources may include: victim service agencies, faith-based organizations, organizations serving persons with disabilities, county human relations commissions, adult protective services agencies, and any other organizations providing services to members of vulnerable populations.

Residents from nursing homes, skilled care facilities, community based group homes, and others with physical, mental and/or emotional disabilities may be at greater risk of sexual assault victimization. SART training programs will include information regarding methods of identifying special needs populations, effective communication methods and mandatory reporting requirements for special needs populations including:

- a. DYFS regulations for reporting a suspicion of child abuse;
- b. Adult Protective Services regulations for reporting abuse of vulnerable adults in the community; and
- c. Office of the Ombudsman regulations for reporting abuse of patients residing in nursing homes and institutions.

SART procedures will be established to address the communication needs of all victims including:

- a. the availability of interpreters who communicate in the victim's primary language;
- b. sign interpreters for persons who are deaf or hard of hearing; and
- c. methods of communicating in an age appropriate manner with persons who have developmental disabilities.

Standard 8

DISCHARGE AND SAFETY PLAN

Every victim of sexual assault will have the benefit of a discharge plan that addresses personal safety, medical follow-up and emotional needs.

All individuals who provide services to a victim immediately after a sexual assault will assess if the victim feels safe returning to his or her residence. If the victim does not feel safe, then assistance in developing a safety plan will be provided. Alternatives to returning to their residence may include seeking temporary housing in the home of a relative or friend or, in the case of a domestic violence incident, at a local domestic violence shelter.

In the case of child and adolescent victims sexually assaulted by family members or caretakers, DYFS must be notified for that agency to determine appropriate placement.

If the sexual assault occurred in the context of a domestic violence incident, the victim will be provided with information regarding domestic violence victim's rights including information on temporary restraining orders and other means of increasing safety.

The victim will be given assistance to safely reach home or an alternative location. If the victim does not have transportation, it will be arranged by law enforcement. It is recommended that the examination facility staff have a plan for arranging transportation for the victim who has not utilized the services of the SART or is not reporting to law enforcement at time of exam.

Victims will be assisted in identifying personal support systems such as relatives, friends, clergy, or others who may provide emotional, financial or physical assistance in the days following the assault. Victims will also be given information regarding professional resources for counseling which will include the contact number of the local rape care program and how to access those services.

Following medical treatment for a sexual assault, victims will receive information regarding recommended follow-up to address medical concerns that may arise. This information will be provided by the SANE, SAE or other medical personnel who provided care.

If requested, victims will be advised of the investigative process and provided with the name of a contact person from the local law enforcement agency and/or the prosecutor's office.

Every victim will be provided with the Crime Victims Bill of Rights and contact information for the County Prosecutor's Office Victim-Witness Advocacy Unit and the Victims of Crime Compensation Board.

Standard 9

EVALUATION OF SART SERVICES BY VICTIMS AND SERVICE PROVIDERS

Victims of sexual assault who choose to utilize SART services will be afforded an opportunity to evaluate the services provided. Participating members of the SART will also be afforded an opportunity to evaluate the services provided and to recommend improvements.

At the conclusion of the SART activation, victims will be provided with a short, pre-printed standardized victim survey form. The victim will be asked to complete and return the self-addressed, stamped survey to the New Jersey Coalition Against Sexual Assault (NJCASA). These standardized survey forms are anonymous.

Results of the victim surveys will be forwarded to each county SART Coordinator on a regular basis. The SART Coordinator will take appropriate action to address any reported issues. Aggregate data for all counties will be provided to the SART/SANE Coordinating Council and the county SART Advisory Boards.

The SANE, SAE and/or the rape care program should offer victims the opportunity to consent to follow-up telephone contact. The purpose of this contact is to evaluate the victim's well being and to offer further opportunities for referral for follow-up care and services. If the victim agrees, this contact should be made, or attempted, within 14 days after the SART activation.

At the conclusion of a SART activation, each participating team member will be provided with a SART survey form and asked to complete and return the form to the county SART Coordinator within 7 days.

The SART Coordinator will address any issues reported by the team members. The SART Coordinator will discuss any issues with the reporting team member and will apprise that person of what steps, if any, were taken. Results of the SART survey, and any actions taken to address identified issues, will be reported to the county SART Advisory Board at the next regularly scheduled meeting.

Standard 10

PROSECUTION

Recognizing the profound impact that crimes of sexual assault have on both child and adult victims and their families, prosecutors will utilize a victim-centered approach when working with victims of sexual assault and in handling their cases.

Each Prosecutor's Office should have at least one Assistant Prosecutor with specialized training in the investigation and prosecution of sexual assault cases.

Prosecutors will establish procedures to maintain custody of any forensic evidence collected during a sexual assault medical forensic examination conducted within the county. If the victim is undecided about reporting an incident to law enforcement at the time of the sexual assault medical forensic examination, the prosecutor will establish a procedure for all evidence to be secured for a minimum of 90 days from the date of the examination. This procedure will allow every victim an opportunity to make an informed decision regarding when, or if, to release evidence to law enforcement.

Prosecutors will adhere to the *Attorney General Standards to Ensure the Rights of Crime Victims* as codified in N.J.S.A. 52:4B-44 when working with victims of sexual assault.

The victim of a sexual assault shall be provided the opportunity to consult with the prosecuting attorney prior to the conclusion of any plea negotiations. See N.J.S.A. 2C:14-2.1.

A victim of sexual assault has the right to have a rape care advocate present at any point in the criminal justice system.

When the victim requests the presence of a rape care advocate during a law enforcement interview, the rape care advocate may be asked to provide her full name and the address of the program with which he or she is affiliated. When needed, further identifying information may be obtained from the rape care program.

In the event the offender is formally charged, indicted, convicted, or adjudicated a delinquent, the Prosecutor or the Victim-Witness Coordinator will ensure that the victim is advised of the right to obtain a court order requiring defendant to submit to an approved serological test for HIV, or any other virus identified as a probable causative agent of Acquired Immune Deficiency Syndrome (AIDS). Additionally, the victim will be offered assistance and referral to obtain an approved serological test for infection with HIV, and appropriate counseling and medical care. See N.J.S.A. 52:4B-44c(1) and (2).

Standard 11

SEXUAL ASSAULT RESPONSE TEAM TRAINING

Every county will provide standardized SART training to all personnel assigned to respond as members of the county SART.

Each county will present a basic SART training course for all individuals, including SANEs and SAEs, rape care advocates, police officers, detectives and investigators, who will be participating as members of the county SART.

The County Prosecutor's Office will conduct basic SART training annually, or more frequently as necessary to meet the needs of the participants.

The County Prosecutor's Office should invite members of the SART Advisory Board to participate in the development and presentation of the basic SART training.

Curriculum for the SART training should include:

- Statewide SART/SANE History
- County SART History and Statistics
- Dynamics of Sexual Assault
- Effects of Trauma
- Victim-Centered Approach
- Cultural Awareness and Special Needs Population
- Role of the Rape Care Advocate
- Role of Law Enforcement
- Role of the SANE/SAE
- Medical Forensic Examination Process
- County SART Activation Mechanism
- County SART Policies and Procedures
- County Evidence Handling Procedures
- Legal Issues Associated with Prosecution

At the conclusion of the training course, the participants should be afforded an opportunity to evaluate the course content and methods of presentation.

SART training updates will be presented periodically to apprise team members of changes to SART policies and procedures.

Standard 12

COUNTY SART ADVISORY BOARDS

The County Prosecutor shall establish a SART Advisory Board to assist in the development and operation of the county SART program.

The SART Advisory Board shall consist of the following positions:

- The Prosecutor and or his/her designee
- The SART Coordinator
- The SANE Coordinator
- The county Rape Care Program Coordinator
- A representative of law enforcement
- A representative from each participating exam site
- A representative of the Office of Victim-Witness Advocacy
- A representative of the county agency responsible for activating SART
- The DAG from the Division of Criminal Justice who oversees the Statewide SART/SANE program or his/her designee
- The Coordinator of the Division on Women Rape Care Program or her designee

The County Prosecutor may invite a representative from other county or state agencies, institutions or groups such as the county Association of Chiefs of Police, New Jersey Coalition Against Sexual Assault, and local child advocacy organizations to participate in county advisory board meetings.

The role of the SART Advisory Board is to advise the Prosecutor regarding the development and operation of the county SART program; to review SART activation procedures; to evaluate existing SART policies and procedures, and to provide input and recommendations on current and proposed policies and procedures.

The SART Coordinator is the liaison between the Prosecutor and the members of the Advisory Board and shall facilitate communication among all members of the Board.

County SART Advisory Boards shall meet on a regular basis with a minimum of bi-monthly meetings. Counties in the early phases of development and implementation will meet monthly. County SART Advisory Boards should discuss when to change the frequency of meetings.