

**RHODE ISLAND STATEWIDE TASK FORCE TO
ADDRESS ADULT SEXUAL ASSAULT**

**A MODEL PROTOCOL FOR RESPONSE TO
SEXUAL ASSAULT CASES**

First Edition, January 2020

STATE OF RHODE ISLAND A MODEL PROTOCOL FOR RESPONSE TO ADULT SEXUAL ASSAULT CASES

2020 Edition

It is Rhode Island's expectation that all disciplines involved in the response to adult sexual assaults will work collaboratively using a victim-centered approach.

A special thank you to the State of New Hampshire for graciously allowing the State of Rhode Island to use its model protocol as the foundation for its own.

History of the Rhode Island Statewide Task Force to Address Adult Sexual Assault

In April 2015, Day One organized a specialized task force to address the lack of a uniform response when responding to adult sexual assault cases. The Rhode Island Statewide Task Force to Address Adult Sexual Assault (the "Task Force") is a collaboration with representation from state and local law enforcement agencies, the RI Attorney General's Office, Day One advocates, medical professionals, and higher education representatives.

The initial goals of the Task Force were to:

- Establish a comprehensive and collaborative multi-disciplinary team approach to working with adult sexual assault cases statewide
- Develop and implement policies and protocols using a best practices approach to investigation and prosecution
- Improve the response rate to sexual assault victims in need of services
- Ensure that an efficient system of response is accessible to all victims

Who developed the protocol?

The Protocol was developed by the education sub-committee of the Task Force over a series of meetings hosted by Day One, beginning in 2017. Participants in the creation of the protocol have included: The RI Office of the Attorney General, Burrillville Police Department, Johnson & Wales University, RI Supreme Court, Lifespan Health System, Care New England, Sojourner House and Day One, with contributions from: Providence Police Department; Providence College; Elizabeth Buffum Chace Center; RI Cross-Campus Learning Collaborative for Sexual Violence Prevention, the Office of Healthy Aging; Department of Behavioral Health, Developmental Disabilities and Hospitals; RI Coalition Against Domestic Violence; RI National Guard; any omission of other contributors is unintentional.

TABLE OF CONTENTS

Introduction.....	1
I. INCLUSIVE PRACTICES & CULTURAL COMPETENCY.....	2
II. THE ROLE OF VICTIM ADVOCATES.....	2-3
III. THE ROLE OF LAW ENFORCEMENT.....	3
A. OFFENDER FOCUSED AND TRAUMA INFORMED.....	3-4
B. BEST PRACTICES FOR LAW ENFORCEMENT.....	4
i. CONDUCTING A COMPREHENSIVE INTERVIEW.....	4-5
ii. MEDICAL EVIDENCE.....	6
iii. DRUG AND/OR ALCOHOL FACILITATED SEXUAL ASSAULT (DFSFA)....	6
iv. RECANTATION.....	7
v. POLYGRAPH POLICY.....	7
C. THE LAW ENFORCEMENT ADVOCATE MODEL (LEA).....	7-8
D. THE SEXUAL ASSAULT RESPONSE TEAM (SART).....	8
IV. THE ROLE OF MEDICAL PROVIDERS.....	8
A. SEXUAL ASSAULT EVIDENCE COLLECTION PROTOCOL AND KIT.....	9
B. THE SEXUAL ASSAULT EXAMINER OR SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM.....	9-10
C. BEST PRACTICES FOR MEDICAL PROVIDERS.....	10
i. TIMELINESS OF EVIDENCE COLLECTION.....	11
ii. PATIENT CONSENT.....	11-12
iii. CONFIDENTIALITY OF MEDICAL INFORMATION.....	12
iv. THE STATE FORENSIC LABORATORY.....	12-13
D. THE HELPLINE ADVOCATE: 24/7 CRISIS RESPONSE TO SEXUAL ASSAULT.	13
V. THE ROLE OF PROSECUTORS.....	13
A. BEST PRACTICES FOR PROSECUTION.....	13
i. VERTICAL PROSECUTION.....	13-14
ii. COLLABORATION WITH LAW ENFORCEMENT.....	14
iii. MEETING WITH THE VICTIM.....	14
B. ADJUDICATION.....	15
i. CHARGING DECISIONS.....	15
ii. PREPARING THE VICTIM AND FAMILY.....	15
iii. COURT PROCEEDINGS.....	16
C. THE ROLE OF THE ATTORNEY GENERAL'S VICTIM ADVOCATE.....	16
VI. THE ROLE OF SPECIFIC POPULATIONS THAT REQUIRE ADDITIONAL CONSIDERATIONS.....	17
A. INSTITUTIONS OF HIGHER EDUCATION.....	17
B. ELDERLY.....	18
C. INTELLECTUAL AND DEVELOPMENTAL DISABILITIES.....	19
D. TRIBAL.....	19
E. MILITARY.....	19
VII. CONCLUSION.....	20
ADDENDUM	21
RESOURCE GUIDE.....	23

Introduction

Sexual assault in our society has no boundaries. It impacts people of all socioeconomic statuses, ages, gender identities, sexual orientations, races, and ethnicities. Sexual assault has a tremendous impact on a victim's life, affecting them physically and emotionally. Coping with the assault and requesting assistance can be extremely traumatic and challenging for a victim. The system's response is critical to minimize further trauma to victims, to assist in their healing, and to facilitate successful prosecution of sexual offenders.

The Rhode Island Statewide Task Force to Address Adult Sexual Assault (the "Task Force") was convened to address the lack of consistent collaboration among the various disciplines responding to adult sexual assault cases in Rhode Island. The Task Force believes that variability in training and expertise in handling sexual assault cases contribute to how well systems respond to victims. In an effort to address these findings, Rhode Island encourages the use of multi-disciplinary teams, such as a Sexual Assault Response Team (SART). Teams are comprised of professionals from different disciplines working collaboratively to improve system responses to victims, to hold offenders accountable for their behavior, and to increase successful prosecution rates for adult cases of sexual assault.

Adult sexual assault is one of the most under-reported crimes in our country; approximately 63% of adult sexual assaults are not reported to law enforcement.^{1,2} Many victims choose not to report due to embarrassment, fear of the offender, distrust of the criminal justice system, and concern that they will not be believed or will be blamed for the assault.

This protocol represents a best practice victim-centered model for Rhode Island's handling of adult sexual assault cases. It defines a standard to which all agencies involved in the handling of these cases should strive, recognizing that resources may vary among different agencies. It is not intended to create substantive rights for individuals. Consistent compliance with the procedures set forth in this protocol will greatly increase the effectiveness of Rhode Island's response to adult sexual assault cases.

The primary objectives of this document are:

- To establish best practice guidelines for the multi-disciplinary response to adult sexual assault cases
- To encourage first responders to facilitate access to immediate and comprehensive medical care to the sexual assault patient
- To support inclusive processes that minimize the trauma to the victim of sexual assault by responding in a compassionate, sensitive, and non-judgmental manner
- To hold offenders accountable by focusing on their behavior and actions

¹ Rennison, C. A. (2002). Rape and sexual assault: reporting to police and medical attention, 1992-2000. US Department of Justice. Office of Justice Programs, Bureau of Justice Statistics.

² Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., and Stevens, M. R. (2011). The National Intimate Partner and Sexual Violence Survey: 2010 summary report. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

I. INCLUSIVE PRACTICES AND CULTURAL COMPETENCY

Each individual's experience and response to sexual assault is uniquely influenced and/or complicated by intersecting identities, which may include: sex, gender identity, sexual orientation, race, ethnicity, age, language, ability, religion, and socioeconomic status. It is critical that professionals respond in an inclusive way that considers the diverse and various needs of each unique victim. This may mean that professionals will need to expand existing service continuums or receive support and education from culturally-specific organizations to understand how to address the various needs of victims and holistically support victims. This practice, often referred to as 'cultural competency', is an integral part of establishing and promoting best practices for the response to victims of sexual assault.

Culturally competent programs maintain a set of attitudes, perspectives, behaviors, and policies – both individually and organizationally – that promote positive and effective interactions with diverse cultures. Practicing cultural competence to honor diversity means understanding the core needs of your target audience and designing services and materials to meet those needs strategically. It is important to regularly and honestly evaluate your organizational and operational practices to ensure all voices are heard and reflected.³

All practices must be considered through the lens of inclusion, or cultural competency, to truly be considered “best” practices. Professionals are encouraged to consider how they can provide inclusive and accessible services to victims who represent diverse backgrounds, for example: victims who identify as transgender or non-binary; are elderly; have developmental or physical disabilities; are non-English speaking; represent traditionally underserved communities, such as communities of color; or any combination of these or other identities. Professionals are also encouraged to think about what accommodations or adjustments may be necessary to their departmental or organizational practices and policies to ensure that all victims of sexual assault are treated equitably and justly. Providing responses and services to victims of sexual assault that are culturally and linguistically appropriate are part of a victim-centered response.

The Resource Guide section of this document includes organizations that can assist in professional training; review of practices/policies; or provide services/supports in parallel to ensure an inclusive and culturally competent response. Please consult the [Resource Guide](#) for more information on creating inclusive, culturally competent services and processes.

II. THE ROLE OF VICTIM ADVOCATES

Sexual assault victims have a right under the Rhode Island Crime Victims Bill of Rights to be treated with dignity and respect throughout the criminal justice process. Victim advocates ensure that these Bill of Rights are followed and that victims receive the services, support, and information they need. There are many types of advocacy programs that provide support to victims, but there are significant differences in confidentiality and services. Each type of advocate plays a different role and can be used in conjunction with each other as part of a continuum of care. The most

³ U.S. Department of Health & Human Services. (2017, March 1). <https://www.hhs.gov/ash/oah/resources-and-training/tpp-and-paf-resources/cultural-competence/index.html>

commonly utilized advocates in cases of sexual assault include: the Helpline Advocate, the Law Enforcement Advocate (LEA), Sexual Assault Response Team (SART), and the Attorney General's Victim Advocate. More detailed information on each advocate and their roles can be found in the following sections:

- Helpline Advocate: The Role of [Medical Providers](#)
- LEA, SART: The Role of [Law Enforcement](#)
- Attorney General's Victim Advocate: The Role of [Prosecution](#)

III. THE ROLE OF LAW ENFORCEMENT

The role of the first responding officer in cases of sexual assault is to ensure the immediate safety and security of the victim, to arrange for medical treatment, to determine if a [mandated report](#) is required, to obtain a *minimal facts statement*, and to preserve evidence.

A thorough investigation of an adult sexual assault case is essential to holding offenders accountable. Victims of crimes of sexual violence should be treated in a respectful and non-judgmental way. The full cooperation of the victim is essential to the successful investigation and prosecution of the crime.

Sexual assault investigations require sensitive, objective, trained, and experienced investigators, so that the complete details of the crime may be obtained and all possible evidence properly collected. Investigation should be conducted in accordance with departmental protocol. Officers are encouraged to do so in a manner that is consistent with best practices outlined in this document.

A careful and thorough investigation of sexual assault cases includes the collection of evidence. This includes, but is not limited to:

- Medical evidence: Sexual Assault Evidence Collection Kit (SAECK)
- Physical evidence: statements from the victims, offender, or any witnesses; clothing and bedding, if applicable; photographs
- Technological evidence: Emails, apps, cell phones, computers, other electronic devices

The Rhode Island State Police Forensic Laboratory (401-271-3573) should be contacted for assistance if there are specific questions about cyber-evidence collection.

A. OFFENDER FOCUSED AND TRAUMA INFORMED RESPONSE

Investigations should be focused on offenders' actions and behaviors, as well as supporting victims and their experiences. It is equally important for every discipline to be informed about the effects of trauma on an individual and treating each victim with consideration, professionalism, and compassion.

Commonly reported reactions following a sexual assault may include, but are not limited to:

- Anxiety
- Fear for the safety of the victim or their loved one

- Preoccupation with the stressful event
- Flashbacks in which the individual mentally re-experiences the event
- Short and long term physical symptoms including muscle aches, headaches, and fatigue
- Disbelief at what has happened, feeling numb
- Problems with concentration or memory (especially aspects of the traumatic event)
- A misperception of time
- Increased startle response
- Feelings of guilt and/or self-doubt related to the traumatic event

Law enforcement must understand that offenders often choose victims based on the victim's accessibility, vulnerability, and perceived lack of credibility. Law enforcement should avoid a victim-blaming tone or line of questioning that could lead the victim to perceive that the officer does not believe them. This perception of doubt from the officer can lead to a lack of trust between the victim and law enforcement and may impact victim cooperation with prosecution going forward.

B. BEST PRACTICES FOR LAW ENFORCEMENT

A minimal facts statement is typically taken upon first contact with the victim. This initial **verbal** statement provided by the victim is an opportunity for law enforcement to obtain basic information about what happened and establish the location and elements of the crime. This initial information provided by the victim is **not** to be viewed as a comprehensive interview – the initial statement is used to assess safety and health needs, identify suspect and victim, ascertain jurisdiction, preserve sources of evidence, and determine next steps. These are the elements that are included in a minimal facts statements:

- What happened?
- How did the victim deny consent, or was the victim unable to consent?
- Who was the alleged perpetrator?
- When did the crime occur?
- Where did the crime occur?
- Were there any witnesses?

i. CONDUCTING A COMPREHENSIVE INTERVIEW

The comprehensive interview should be performed by law enforcement with specialized training in sexual assault interviews and investigations whenever possible. The interview should take place **after** the medical-forensic exam whenever possible if one has or can be conducted. In Rhode Island, best practice would allow for an advocate to be present during the interview, if the victim so desires, subject to department protocol. The role of the advocate is to provide support to the victim before, after, and during the interview, not to conduct the interview itself.

Law enforcement should allow ample time to conduct a thorough victim interview. Law enforcement should use best efforts to minimize the number of times an interview is conducted. This reduces re-traumatization, and decreases the possibility of inconsistencies.

The comfort and needs of the victim should be taken into consideration throughout the course of the interview process. Law enforcement should consider that trauma, cultural differences, cognitive ability, and other factors can influence the victim's ability to provide clear and concise details about the assault. Officers should take the time to explain to a victim that they may have to ask some difficult questions. The intent of these questions is not to blame the victim but to anticipate possible defenses, i.e.: consent, denial, or mistaken identity.

Encourage the victim to provide a comprehensive account of the event from beginning to end – with only minimal interruption – with the understanding that follow-up questions will be necessary for clarification of various points throughout the statement.

This interview presents an opportunity for the victim to provide additional information they may not have remembered, may have been afraid or embarrassed to share, or may have suppressed immediately following the assault. It presents an opportunity for law enforcement to:

- Verify, clarify, and expand on the minimal facts statement
- Confirm and establish the elements of the crime
- Develop supporting details related to the assault and the circumstances surrounding the assault

A victim-centered approach to interviewing acknowledges these factors and attempts to make the victim comfortable by:

- Acknowledging the impact of trauma on the victim during the interview
- Establishing a rapport before beginning the interview
- Explaining how the investigative process works and why certain questions are necessary
- Avoiding victim-blaming questions – such as “why did you” or “why didn’t you”- unless the context and purpose of such a question is explained to the victim before it is asked

Additional questions or tactics that could be used to confront a potential defense include:

- What is the victim **able** to tell about their experience?
- Describe the suspect's behavior.
- Describe any force used and how it made the victim feel.
- Describe any threats, tone of voice used, and any gestures and/or looks given to the victim. Include: how did the victim react to this?
- What were the victim's thoughts and feelings during the assault?
- What were the *sensory details* (e.g.: sight, sound, touch/feel, taste, smell) during the assault?
- Describe the suspect's physical size and strength in comparison to the victim.
- Describe the location of the assault.
- Identify any potential witnesses.
- Describe the suspect's actions, statements, and demeanor following the assault, to include any post assault communication.
- If this is a delayed report, describe what lead to the delay.
- Obtain corroborating details of the victim's account.
- Establish a detailed timeline.
- Use resources, such as: Combined DNA Index System (CODIS), Fusion Centers, sex offender registries, etc., to compare the elements of the assault to other assaults on record.

- If the suspect is unknown, obtain a complete physical description.

*Remember, a victim's disclosure is a **process**, not an **event**.*

ii. MEDICAL EVIDENCE

In all cases of sexual assault, officers should recommend that the victim seek medical treatment from a local emergency department, which may include the sexual assault evidence collection kit (SAECK). It is recommended that all victims receive medical treatment regardless of when the assault was committed. The SAECK can be completed up to 96 hours after the assault occurred. The hospital will collect all evidence related to the SAECK and will transport the SAECK directly to the Rhode Island Department of Health for forensic evaluation.

iii. DRUG AND/OR ALCOHOL FACILITATED SEXUAL ASSAULT (DFSA)

A drug and/or alcohol-facilitated sexual assault (DFSA) occurs when a person is unable to consent to sexual activity because they were incapacitated due to drugs or alcohol. Ingestion can be voluntary or without their knowledge. Alcohol is the most commonly used substance in these cases. The collection of urine and blood samples for toxicology may be indicated to treat the patient's medical condition. If a DFSA is suspected, officers should also request that the blood and urine collected at the hospital be retained for the purposes of the investigation.

Victims of DFSA may experience confusion, drowsiness, reduced inhibitions, impaired judgment, and/or impairment of their motor skills, among other symptoms. Following the assault, victims may:

- Think or feel that they have been assaulted, but are not sure
- Feel their level of intoxication does not match the amount of substance they consumed
- Have unexplained injuries
- Experience loss of or rearrangement of clothing
- Experience poor recall of events

A significant challenge is the short time it takes for the ingested substance to be eliminated from the body. Therefore, time is of the essence. Law enforcement are encouraged to bring a victim to a hospital for medical attention and evidence collection ASAP. The victim's condition and behaviors (as observed by or reported to law enforcement) should be communicated to medical providers in order to inform a comprehensive medical evaluation. If law enforcement responds to the hospital to speak to a victim, they should ask medical providers to describe the victim's condition and behaviors upon arrival in detail.

Law enforcement should encourage victims to be truthful about their drug and/or alcohol use when making a report. A victim's voluntary use of any illegal substance should not be grounds for an arrest of the victim, nor should it be a factor when determining the validity of the sexual assault. The victim's truthfulness about drug use may add to their credibility. When investigating a DFSA, law enforcement should keep the following in mind:

- What prescription or over-the-counter medications is the victim taking?

- What recreational substances did the victim voluntarily consume?
- What are the victim's normal reactions to alcohol and drugs consumed recreationally?
- How much alcohol or drugs were consumed by the victim?
- How much alcohol or drugs were consumed by the suspect?
- How did the victim leave the scene?

Victims of DFSA may suffer from blackouts and/or memory gaps making it extremely difficult to conduct a detailed interview. The investigator should be patient and avoid being judgmental. It is also important to focus on the suspect's behavior and the evidence.

iv. RECANTATION

It is not uncommon for sexual assault victims to be reluctant about reporting to law enforcement and participating in the criminal justice process. A victim-centered approach by law enforcement recognizes the tremendous cost to a victim who participates in the criminal justice process and understands that ***recantation of one or more aspects of a prior statement does not necessarily mean false reporting***. Various influences affect a victim's willingness to participate and/or recant. Among those influences are:

- A victim's feeling of embarrassment, fear, and shame
- A victim's desire to put the assault behind them, avoid answering questions, avoid repeating the story, or facing the suspect in court
- Pressure from or relationship between the offender, friends, family, and/or community
- Pressure from or relationship with cultural and/or religious communities
- Concern or confusion about the likely outcome of a prosecution
- Concern that the victim will not be believed

v. POLYGRAPH POLICY

The Violence Against Women Act (VAWA) has a mandate that **strictly prohibits any adult, youth, or child victim of an alleged sexual offense from being asked to take a polygraph test**. Failure to abide by this policy may result in Rhode Island losing VAWA funding. In Rhode Island, polygraph test results are not admissible in court. However, polygraph testing is considered to be a valuable investigative tool when dealing with suspects and should be considered whenever appropriate. Investigators who consider using polygraph for suspects should ensure that a thorough investigation has been done in the case to that point. They should also meet with the polygraph examiner to review the information and discuss the questions to be asked prior to the test being given.

C. THE LAW ENFORCEMENT ADVOCATE MODEL (LEA)

Every police department has a Law Enforcement Advocate (LEA). The role of the LEA is to provide services including telephone support, in-person meetings/support, court accompaniment, police statement accompaniment, case information and updates, service referrals, and criminal justice

advocacy to all victims of domestic violence, sexual assault, and stalking in Rhode Island. The LEA also will interface with probation and correctional facility staff, domestic violence organizations, law enforcement, prosecution, the courts, medical and mental health organizations, legal services, Sexual Assault Response Team (SART), Children's Advocacy Center (CAC), other social service agencies, and colleges. Additionally, they will also provide education and information on domestic violence and sexual assault (DV/SA) to their corresponding police departments. LEAs are obligated to disclose pertinent investigatory information to law enforcement. See the [Resource Guide](#) for more details on the LEA's role and best practices.

D. THE SEXUAL ASSAULT RESPONSE TEAM MODEL (SART)

SART is a multi-disciplinary team approach to investigating and prosecuting sexual assault cases. The team includes law enforcement, an advocate, and a representative from the Rhode Island Office of the Attorney General. Additional representatives will be included as appropriate. One of the primary goals of SART is to help victims of sexual assault navigate the criminal justice system. Many sexual assault victims choose not to report the crime because they fear the criminal justice process and are concerned that they will be re-victimized. SART reduces victim re-traumatization and enhances communication between the involved parties. The SART model succeeds when there is an exchange of information. To facilitate this, releases are signed by the victim.

When circumstances permit, a SART interview is conducted when a victim age 14 or older reports a [1st, 2nd or 3rd degree sexual assault](#) to law enforcement. The victim should be informed about the SART process and given the opportunity to move forward with SART if wanted. If a victim does not choose to have a SART, then law enforcement conducts the interview themselves. If the victim chooses to go forward with the SART, then law enforcement will contact the SART Coordinator at Day One (401-421-4100) to schedule an interview. Law enforcement will take a minimal facts statement from the victim prior to the SART interview. The SART coordinator will reach out to the appropriate professionals attached to the case to coordinate the interview. Once the interview is scheduled, law enforcement will take the lead in conducting the interview with assistance from the other team members. This allows for a more comprehensive trauma-informed interview which benefits the case because it will minimize the number of times the victim must disclose. It also allows for the victim to see and communicate with all those who will be involved in the case, and allows them to ask any questions that they may have during the criminal justice process. This, in turn, will allow the victim to feel empowered and encouraged to go forward with the case. A SART will also help reduce inconsistencies in statements, streamlines the case, and identifies any issues earlier on in the investigation.

IV. THE ROLE OF MEDICAL PROVIDERS

The role of the medical provider is to identify and treat acute medical conditions, collect forensic evidence, and offer options for follow-up medical care and testing as indicated.

A. SEXUAL ASSAULT EVIDENCE COLLECTION PROTOCOL AND KIT

The State of Rhode Island's goal is to provide consistent statewide care that respects the emotional and physical needs of the sexual assault victim, while collecting the best possible forensic evidence to promote the effective prosecution of the offender. In the State of Rhode Island, a protocol for best practices for Acute Care for Sexual Assault Victims has been developed based on [national guidelines](#). This document can be used by medical providers for guidance regarding the acute care of sexual assault victims. The sexual assault evidence collection kit is provided by the [RI Department of Health State Lab](#) to hospitals and is to be used for victims' evidence collection. Victims should not be charged for any portion of the sexual assault evidence collection kit. Hospitals can request reimbursement from the [Rhode Island Crime Victims Compensation Program](#).

B. THE SEXUAL ASSAULT EXAMINER OR SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM

In Rhode Island, the sexual assault forensic evidence collection exam can be performed at any local hospital. There are providers who have specific training in forensic evidence collection. One example is a SANE. A SANE is a Registered Nurse (RN), or an advanced practitioner, who has been specially trained to provide comprehensive medical care to sexual assault victims. They demonstrate competency in conducting a medical/forensic examination and have the ability to be an expert witness in cases that go to trial. Another example is a sexual assault examiner. A sexual assault examiner is a licensed provider who also has specialized training in performing the forensic evidence collection. Many, but not all, hospitals in Rhode Island have specially trained sexual assault examiners.

The goal is to ensure that compassionate and sensitive medical services and care are provided in a non-judgmental, victim-centered manner. While it is best practice to have all sexual assault medical/forensic examinations in Rhode Island be performed by a SANE Nurse or trained sexual assault examiners who have gone through the SANE training, it is within the scope of any licensed provider to perform an exam and collect evidence.

SANEs do not determine whether or not a sexual assault has occurred. Care will be provided and evidence can be collected regardless of whether the victim chooses to pursue the legal process. All victims should be offered medical care after sexual assault. It is encouraged that victims who are undecided about reporting to police complete an evidence collection, if appropriate. Evidence can be held and a decision can be made at a later date. Investigators and attorneys will determine the legal significance of the evidence gathered from the patient. The collection of evidence from the patient by the SANE is the beginning – not the end – of the development of evidence for use at trial.

The role of the sexual assault examiner is to:

- Provide the highest standard of care in the examination and collection of forensic evidence of victims of sexual assault while maintaining victim's physical and psychological well-being
- Provide timely, compassionate, patient-centered care that is both supportive and reduces further trauma to the victim

- Provide standardized care to the victim who reports a sexual assault, including thorough assessment, evidence collection, and coordinated care with a victim advocate, and other specialties as needed
- Work together with the legal system to ensure the evidence collected can be used effectively if the case is prosecuted
- Ensure victims always receive appropriate medications for the prevention of sexually transmitted diseases, including HIV, and/or pregnancy as well as follow-up medical care and psychological support

C. BEST PRACTICES FOR MEDICAL PROVIDERS

The treatment of acute sexual assault is considered to be a medical emergency. In RI, victims are generally treated in a hospital emergency department or other specialized medical settings. Best practices for evaluating and treating the sexual assault victim include:

- Immediately offering the option of an advocate to come to the hospital to provide support to the victim
- Prioritizing victim well-being
- Providing an effective, victim-centered medical response
- Ensuring the victim understands the medical-legal process before obtaining written consent (see consent for medical evidence collection kit section-STEP 1)
- Explaining reporting options ([see privacy considerations section](#))
- Providing appropriate professional interpreter services
- Conducting the medical forensic examination uninterrupted and in a private room
- Assessing the victim's understanding and needs throughout the medical forensic examination
- Identifying, collecting, and preserving evidence in a timely manner
- Providing continuity of care from the beginning of the exam to the end
- Referring the victim for further medical care and follow-up
- Providing prophylaxis treatment for sexually transmitted diseases including HIV as indicated according to CDC guidelines. This includes providing the option of emergency contraception
- Maintaining confidentiality of records, photographs, and communications

Medical documentation may be used as evidence. Due to this, consider including the following when obtaining medical/forensic history:

- Date and time of the sexual assault(s)
- Pertinent patient medical history
- Recent consensual sexual activity
- Post-assault activities of patients
- Assault-related patient history
- Assailant information (if known)
- Use of alcohol and drugs
- Description of the sexual assault(s) and nature of any physical assault
- Use of contraception, lubricants, or other barrier methods

i. TIMELINESS OF EVIDENCE COLLECTION

The Rhode Island Sexual Assault Evidence Collection Kit (SAECK) is offered to victims of sexual assault, in general, if the incident occurred within the last 96 hours. However, if the time frame of the assault is greater than 96 hours, the evidence collection kit may be obtained as determined by the Sexual Assault Examiner.

The documentation of injuries and collection of evidence is enhanced by performing the examination as quickly as possible following the assault. It is recommended that evidence collection be conducted up to 96 hours post-assault for adults. However, cases can be evaluated based upon the individual scenario and may merit collection beyond the recommended time frames. As with any medical procedure, it is important that examiners tailor the exam to suit the circumstances reported by the patient.

Sexual Assault Evidence Collection includes, but is not limited to:

- Patient Medical History and assault information form (located in SAECK)
- Sexual Assault Evidence Collection Kit (SAECK)
- DFSA evidence collection (if indicated)
- Forensic Photography

All medical and forensic specimens collected during the sexual assault examination must be kept separate both in terms of collection and processing. Once a kit is started, the medical practitioner should complete the process and avoid interruptions. Evidence should never be left unattended. Specimens required only for medical purposes should be kept and processed at the examining hospital, and those required strictly for forensic analysis should be transferred by hospital courier to the RI Department of Health to maintain chain of evidence.

ii. PATIENT CONSENT

It is standard hospital practice to obtain a patient's written consent before conducting a medical examination or administering any treatment except in a medical emergency. However, informed consent is a continuing process that involves more than obtaining a signature on a form. Therefore, all procedures should be explained in detail so the patient can understand what the examiner is doing and why. Explanation of the examination and treatment process are solely the responsibility of the examiner. If at any time a patient expresses resistance or non-cooperation, the examiner should immediately discontinue that portion of the process, discuss any concerns or questions the patient may have regarding that procedure, and make a determination about whether or not they can continue. The patient has the right to refuse one or more tests or to refuse to answer any question without that decision negatively impacting the remainder of the exam. Sexual assault forensic medical examinations can be performed only with the consent of the adolescent and cannot be "mandated" by parents or law enforcement. In Rhode Island adolescents may consent for a forensic medical exam at age 13 years.

It is important to remember that it is part of the forensic evidence collection that the patient consent to this evidence collection. The SAECK will not be processed by the RI State Lab or

accessed by law enforcement unless the victim chooses to file a formal complaint with law enforcement where the assault occurred.

Medical providers must discuss the importance of giving informed consent for toxicology samples with victims as soon as possible when DFSA is suspected. Samples should be collected even if a victim is undecided at the time about reporting to law enforcement. If the potential evidence is not collected during the short window of time, it will not be available later when the victim decides to make the report. Urine samples allow for longer detection times than blood samples.⁴ Of note, toxicology testing may be performed for the medical care of the patient without the patient's specific consent for that testing.

Detection times vary depending on:

- The type and amount of drug ingested
- The victim's body size and metabolism rate
- If the victim has food in their stomach
- If the victim has urinated since the assault

iii. CONFIDENTIALITY OF MEDICAL INFORMATION

Findings from the medical/forensic examination should be documented as completely as possible on the forms provided, which will become part of the patient's medical record. In addition, photographs taken in the context of the medical/forensic examination become part of the medical record. All the injuries should be photographed in duplicate, or triplicate if law enforcement is involved. One set is placed in a sealed envelope and placed in the kit. The second set resides with medical records. If applicable, the third set is given to law enforcement, if the patient consents. The existence of photographs should be noted on the Medical/Forensic Examination Form. Evidence collection items should not be released from a hospital without the written authorization and consent of the informed adult patient, or an authorized third party acting on the patient's behalf, if the patient is unable to understand or execute the release. An "Authorization for Release of Information and Evidence" form should be completed, making certain that all items being transferred are checked off. In addition to obtaining the signature of the patient or authorized third party on this form, signatures must be obtained from the examiner turning over the evidence to the courier for transport to the Rhode Island State Forensic Laboratory.

Confidential patient record information should not be shared with the victim advocate unless it is done by the patient, thus avoiding any medical record confidentiality issues. Additionally, law enforcement will need to obtain patient consent in order to access a patient's medical records.

iv. THE STATE FORENSIC LABORATORY

The Rhode Island Forensic Laboratory is a modern multi-disciplinary crime laboratory that provides scientific services to all Rhode Island law enforcement agencies without cost or obligation. The Laboratory is comprised of several scientific units each staffed by forensic scientists having specialized education, training, and experience in a particular type of evidence examination

⁴ Kilpatrick, Dean, Dean, PhD, et al. Drug-facilitated, Incapacitated and Forcible Rape: A National Study (2007) and the National SART Toolkit, 2011, Office for Victims of Crime & Office for Justice Program

and analysis conducted. SAECKs are the most frequently submitted type of evidence in a sexual assault investigation. All SAECKs are processed and held here. Hospital courier will transport the SAECK to the Laboratory. Law enforcement must contact the Laboratory in order to have the SAECK processed.

E. THE HELPLINE ADVOCATE: 24/7 CRISIS RESPONSE TO SEXUAL ASSAULT

The Helpline provides 24-hour support and advocacy over the phone to those impacted by crimes of violence in Rhode Island, as well as non-offending friends and family members. To accommodate non-English speaking persons and persons who are deaf or hard of hearing, the Helpline uses the Language Line and TDD calls are also accepted. All services provided by the Helpline advocate over the phone are confidential. Helpline advocates collect demographic information for statistical purposes only.

In addition to providing 24/7 support, information, and advocacy over the phone, advocates are also available to provide in-person support at the initial presentation at the hospital and/or police station. Advocates are trained on the process of sexual assault medical examinations and the criminal justice system. This allows advocates to educate victims of sexual assault so that victims are aware of their options and can make informed decisions. The role of the Helpline advocate is strictly to support the victim through the initial medical and/or law enforcement response and to ensure that the response is victim-centered. All communication between the victim and the Helpline advocate in-person are confidential, except when [mandated reporting](#) is necessary or the victim is homicidal or suicidal.

Involvement of Helpline advocates with victims as early as possible provides the victim with an immediate link to continuous support long after the medical exam and criminal justice system processes have concluded. Helpline advocacy should be offered in all sexual assault cases, but is always the choice of the victim. See the [Resource Guide](#) for a detailed description of best practices for Helpline Advocates.

V. THE ROLE OF PROSECUTORS

In the state of Rhode Island, the prosecution of felony criminal cases are handled by the Office of the Attorney General. The role of the prosecutor is to assist the state in the administration of the criminal justice process, focusing on offender actions while also supporting victim's rights.

The myths and misinformation surrounding the crime of sexual assault, along with the tendency of the defense and jurors to focus on victims' actions, present specific challenges in the successful prosecution of this crime. Prosecutors are uniquely positioned to educate the community, jury by jury, about sexual assault dynamics and the tactics offenders use.

A. BEST PRACTICES FOR PROSECUTION

i. VERTICAL PROSECUTION

Vertical prosecution is recommended in all sexual assault cases. Vertical prosecution means the same prosecutor who has specialized training and/or experience in sexual assault cases is assigned

to the case from beginning to end. With vertical prosecution, victims are able to work with the same prosecutor and investigator from the time potential charges are first reviewed through the sentencing of the offender.

ii. COLLABORATION WITH LAW ENFORCEMENT

Working in partnership with law enforcement is critical to a successful prosecution of sexual assault cases. Prosecutors should review the investigative file early in the process to identify incomplete information. A timely review of the case will ensure better collaboration with law enforcement.

Benefits of timely charging include:

- Victim cooperation and engagement
- Victim safety
- Community safety
- Offender accountability
- Preservation of evidence
- Keeping law enforcement involved and engaged

iii. MEETING WITH THE VICTIM

It is recommended that prosecutors meet with the victim prior to making a determination about whether or not to charge the defendant. Meeting with the victim gives prosecutors increased insight not available through written reports. Meeting with the victim is also part of being victim-centered, demonstrates to the victim that the prosecution is taking the case seriously, and provides an opportunity to build trust between the victim and the prosecutor.

When it is likely that the facts of the case will be discussed at a meeting, it is recommended that the investigating officer or other law enforcement personnel be present. Failure to have a witness present could result in the prosecutor becoming a witness. The victim advocate should be present whenever possible. An advocate can provide support to the victim and their family. Meeting with the victim also provides an opportunity to review the case from the victim's perspective, explain the process, discuss additional details or evidence, and determine what outcome the victim is seeking.

Creating a safe environment for the victim to discuss all relevant facts and offer their perspective regarding the sexual assault is essential. In order to do this, a prosecutor, along with the victim/witness advocate, should attempt to establish rapport. Examples include:

- Conducting the meeting in a place where the victim feels safe and is able to speak freely
- Allowing adequate time for the meeting
- Answering the victim's questions as fully and accurately as possible
- Remaining non-judgmental and seeking to understand the victim's perspective
- Explaining the legal process, including discovery obligations and confidential information, e.g. medical records
- Reviewing the victim's rights and explaining the victim's role throughout the prosecution process

- Inquiring about post-assault contact by the defendant or third parties

Prosecutors should recognize that victims may not want to proceed forward. They should attempt to understand the reasoning behind a victim's desire to not pursue a prosecution. In some instances, addressing the victim's concerns may allow a prosecution to proceed forward.

B. ADJUDICATION

i. CHARGING DECISIONS

A victim-centered response to sexual assault takes into account the potentially lifelong impact that charging decisions have on victims. Victims of sexual assaults that are not charged may feel re-traumatized because the pathway to achieve closure through the justice system has been closed for them.

It is the responsibility of the prosecutor's office to notify a victim of sexual assault that a decision has been made not to charge the case. The notification should occur promptly and if possible, before the defendant is notified. This will prevent the victim from hearing the disposition from the defendant or other people first. Best practice is to make notification in person or by phone whenever possible. In addition, as a courtesy to the investigating agency, the agency should be consulted and informed of the prosecutor's decision prior to disclosure to the victim. Notification of the victim should include an honest explanation of the reasons for the decision not to charge.

In cases where charging includes a grand jury, it is important that the prosecutor prepare the victim well in-advance for questioning by the grand jury that may be triggering for the victim.

ii. PREPARING THE VICTIM AND FAMILY

When a decision is made to charge the offender, prosecutors must prepare victims and family members for the next steps in the criminal justice process. Prosecutors can do this by:

- Educating victims about the steps in the process of the investigation and prosecution
- Educating victims about attendance at court proceedings
- Educating victims on the estimated timeline of the case
- Preparing victims for testimony and cross-examination
- Preparing victims and family members for disclosure of traumatic information in the trial (e.g. 911 tapes, photos, etc.)
- Informing victims about media coverage, including the presence of media in the courtroom
- Cautioning victims about potential consequences of discussing the case with others outside the criminal justice system or at court when court is not in session
- Preparing victims, family members, or other loved ones on how to respond to inquiries from defense attorneys, investigators, and the media

Prosecutors should spend time talking to the victim about anticipated victim participation throughout the process. They should also gather the most updated contact information and the victim's preferred method of notification. It is important for prosecutors to safety plan with the

victim. Advocates are available to help with court proceedings and ensure the victim's physical and emotional safety during the prosecution process.

iii. COURT PROCEEDINGS

It is important for prosecutors to prepare victims for each stage of the proceedings including: initial court appearances and pre-trial hearings, plea negotiations, trial preparation, jury selection, trial, dispositions, sentencing, and possible appeals.

A victim's participation in court proceedings may be a difficult experience. In some cases, it may be the first time the victim and defendant meet face-to-face after the assault. Recognizing that this may be an emotional time for victims, prosecutors, and/or advocates should:

- Discuss the advantages and disadvantages of victim attendance at court proceedings
- Plan where the victim will be waiting prior to and during all court proceedings to limit the victim's exposure to the defendant, the defendant's family, or the defendant's supporters
- Include the victim in any discussions regarding potential plea agreements
- Provide a courtroom tour
- Advise the victim who may be present in the courtroom
- Prepare the victim for the various possible outcomes of the trial
- Remember misconceptions and biases that jurors may hold during jury selection and direct examination of victims and witnesses and cross examinations
- Inform victims about their rights to prepare a victim impact statement, either verbal or written, with assistance from prosecutors and/or advocates

Regardless of the outcome of a sexual assault case, prosecutors may find it helpful to seek feedback from witnesses, and/or jurors to glean insight on how they can improve the prosecution's presentation in future sexual assault cases.

C. THE ROLE OF THE ATTORNEY GENERAL'S VICTIM ADVOCATE

The role of victim/witness advocates is to provide information, education, service-referrals, and support to victims of crime. The goal of these programs is to reduce the impact of crime on the lives of victims and witnesses. These advocates are vital to prosecution and law enforcement agencies as they bridge the gap between the criminal justice process and the victim.

Victim/witness advocates are part of every RI Office of the Attorney General. Victim/witness advocates must have a detailed understanding of each stage of the criminal justice process from a victim's initial report to law enforcement through sentencing and post-conviction action.

They must also have a working knowledge of court rules, victim rights, and the rights of the accused, in order to explain to a victim or family the status of a criminal case at any stage of the investigation or prosecution.

Unlike Helpline/SART advocates, communications between victim/witness advocates and victims are not confidential under the law.

Victim/Witness advocates work to uphold the *Rhode Island Crime Victims Bill of Rights* for victims by providing:

- Orientation to the criminal justice system, to include: notification and explanation of criminal complaints or indictments, bail conditions, court rulings, motions, case disposition, appeals, and parole hearings
- Case status information and notification of all court dates
- Courtroom tours
- Emotional support and accompaniment to court hearings, including trial testimony
- Information about the right to have input at sentencing and parole hearings
- Community referrals for crisis intervention, mental health services, or other needs
- Assistance with the return of personal property taken during the investigation
- Employer, school, landlord, and creditor intercession services when participation in the criminal justice process has created a hardship in these areas
- Assistance with seeking financial assistance through the [Rhode Island Crime Victims Compensation Program](#) and obtaining restitution as part of a defendant's sentence
- Arrangement of a separate waiting area from the defendant during court proceedings
- Accommodations for victims with disabilities (i.e.: interpreters, wheelchair/handicapped accessible witness stand, equipment for hearing impaired)

VI. SPECIFIC POPULATIONS THAT REQUIRE ADDITIONAL CONSIDERATIONS

Specific populations require additional considerations due to the unique circumstances they present. These circumstances include: students who are enrolled in higher education; elderly individuals; people who have intellectual and developmental disabilities; members of tribal communities; and active military personnel. Victims who meet these criteria could present nuanced challenges that confound their experiences throughout the legal, medical, and clinical processes; these victims are often targeted because these criteria create vulnerabilities that increase the risk of sexual assault because they appeal to potential offenders. All adult victims have the right to be informed of the progress of their case, and the right to privacy and confidentiality, the right to be informed about court proceedings, and to actively participate in the prosecution. It is imperative that a multidisciplinary team approach is followed in order for the response to meet the nuanced needs of each victim's individual circumstances.

A. THE ROLE OF INSTITUTIONS OF HIGHER EDUCATION

Sexual assaults that involve college or university communities and geographies, also known as Institutions of Higher Education (IHE), are subject to additional laws and policies. IHE also have additional resources to offer those impacted by sexual assault. These obligations apply to cases of sexual assault that involve IHE's students, employees (faculty and staff), vendors, and in some cases, visitors. IHEs have obligations under federal law to:

- Equitably respond, investigate, and remedy reports of sexual assault
- Prevent retaliation to reports of sexual assault
- Provide supports and resources to ensure access to education and a non-hostile environment
- Notify and protect the greater IHE community

- Keep annual statistics of reportable sexual assault crimes
- Assist victims with making a report to local law enforcement or obtain a protective order, if they choose
- Maintain confidentiality of student-information

These obligations are included in, but not limited to, the following laws: Title IX of the Education Amendments of 1972; The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (Clery); The Violence Against Women Act (VAWA); and the Family Educational Rights and Privacy Act (FERPA).

Reporting to either law enforcement or the IHE is the victim’s choice; however, some IHE employees are required by federal law to report to their respective IHE certain allegations of sexual assault that they know or should have known about, with or without the permission of the victim. If an IHE receives a report from an external source such as law enforcement, they may have an obligation to investigate and respond. Law enforcement are not required to report to the IHE, nor are IHEs required to report to law enforcement.

IHEs use different language and evidentiary standards from law enforcement as outlined in federal law. This may be confusing for victims, their supports, or other involved agencies. Unique language includes:

- Complainant, instead of victim or survivor
- Respondent, instead of suspect or accused
- Responsible and not responsible, instead of guilty and not guilty
- Preponderance of the evidence *or* clear and convincing evidence standard, instead of reasonable doubt

Victims of sexual assault who are part of an IHE community have a variety of choices in supportive resources, reporting, and adjudication. This includes: exclusively an IHE report or investigation(s); exclusively an investigation with law enforcement; or both. Although IHEs can take a report and provide resources when any member of their community is involved in a case of sexual assault, IHEs can only take steps to hold offenders accountable when the alleged respondent is a member of the IHE community.

If any single or combination of these reports are made, it is critical to understand each reporting and investigation process and coordinate any concurrent processes to support the best outcomes of each. Each IHE has specific policies and processes to support victims of sexual assault, hold offenders accountable, and maintain the safety of their communities. Please refer to individual IHE policies for details. Additional information and links are available in the [Resource Guide](#).

Please note that the policies and protocols surrounding the implementation of Title IX are currently under review. Changes to this section will be made at a later date as appropriate. Please refer to the most current federal guidance.

B. ELDERLY

Certain factors associated with the aging process put the elder population at increased vulnerability and therefore heightened risk of abuse and sexual assault. In some cases, people of advanced age need others to provide basic necessities and assistance with daily functions. Elders

are often victimized by those assisting them or those closest to them. Reduced cognitive or emotional functioning may also render older people more susceptible to sexual assault. The social stigma of old age increases the likelihood of victimization, even for elders of sound mind. This social stigma also impacts reporting by elderly victims who may have obstacles that keep them silent. Due to these factors, abuse, including sexual assault of a person aged 60 years or more is subject to additional laws and protections. Anytime an elder is forced, tricked, coerced, or manipulated into unwanted sexual contact, including elders who are unable to grant consent, is sexual assault. This includes inappropriate sexual contact between service providers and elderly clients. For more information on mandated reporting see the [Resource Guide](#).

C. INTELLECTUAL & DEVELOPMENTAL DISABILITIES

Individuals with intellectual and/or developmental disabilities have a higher incidence of most types of trauma, including sexual assault, even when considering aspects of under reporting. Disability creates additional vulnerability for many reasons, such as the person's reliance on caregivers and the expectation of compliance. Among other things, cognitive disability can also interfere with a person's ability to predict, understand, or communicate high-risk and abusive situations. Due to these factors, additional steps, including Mandated Reporting and right to access a forensic interview and services at the [Children's Advocacy Center](#) exist.

Individuals with disabilities who are sexually assaulted have the right to protection by law enforcement, the right to receive or refuse a Sexual Assault Evidence Collection Kit (SAECK) and other related procedures. A victim of sexual assault who has a developmental disability at any age, should be referred to the [Children's Advocacy Center](#) for a forensic interview and services when appropriate.

When working with people of differing abilities, it is important to trust their report in whatever form they are able to communicate their abuse. Some victims may only be able to report through interpretation, drawings, or speech. It is crucial to avoid bias and assumptions about disabilities and needs based on appearances or communication methods. A good practice is to let people communicate what they need from you. Please see the [Resource Guide](#) for additional mandated reporting and additional resources.

D. TRIBAL

Any sexual assault that occurs on tribal land in Rhode Island or to a tribal member is referred to the local police department for investigation and to the Rhode Island Office of the Attorney General for prosecution. Some services are available within the tribal community, including health services, counseling, and support. Tribal members can also be referred to local community resources throughout the state to assist and support them throughout the process. For more information see the Resource Guide.

E. MILITARY

The US military is not immune to occurrences of sexual assault. Each branch of the military has their own policies and protocols that should be followed and jurisdiction may be complicated. Victims, law enforcement, medical providers, etc. should contact the specific military branch's sexual assault program coordinator for more information about various reporting and

investigatory options when the victim is a military member, an assault was committed by a military member, or an assault occurred on a military base.

[Safe Helpline](tel:1-877-955-5247): 1-877-955-5247 is the Department of Defense's (DoD) sole hotline for members of the DoD community affected by sexual assault. Safe Helpline provides 24/7, confidential, anonymous, and global access to support and resources.

VII. CONCLUSION

A multi-disciplinary, victim-centered approach to the investigation and prosecution of adult sexual assault crimes is a nationally recommended best practice.⁵ It ensures that victims are supported throughout the process and that offenders will be held accountable for their behavior. It is the hope of the Task Force that this document creates consistency in the response to adult sexual assault cases and enhances expertise and collaboration among the professionals involved.

The purpose of this document is to provide guidance to professionals around the compassionate, sensitive, and non-judgmental response to adult sexual assault cases. Responders are encouraged to continue educating themselves on the issue through the resources included in this document and through their own research. They are also encouraged to learn from one another as team members as we work towards our ultimate goal of minimizing trauma to victims and creating safer communities.

If you are interested in receiving additional training on best practices for the response to sexual assault, please contact info@dayoneri.org.

The Taskforce offers free training on a range of topics related to sexual assault investigations and response in Rhode Island. Statewide training, as well as training that is tailored to the individual needs of specific agencies/organizations, is also available.

⁵ National District Attorneys Association. (2018, January, 3). <http://www.ciclt.net/ul/ndaajustice/WhitepaperFinalDraft-SA.pdf>.

ADDENDUM

A. BEST PRACTICES FOR REQUESTING HELPLINE ADVOCATES

All victims of sexual assault are eligible for an advocate directly on scene at any hospital or police station in RI (in-person advocacy is not available at clinics or walk-ins). Helpline advocacy is available 24/7, and 365 days a year.

- Immediately upon disclosure of sexual assault from a victim, hospital/police staff should inform them about the role of the advocate and ask if the victim would like one present. Staff must have consent from victim in order to receive in-person services from Helpline advocate. Staff should then contact the Helpline as soon as possible.
- Once the victim agrees to advocacy services through the Helpline, the medical staff/police must be the one to make the phone call to the Helpline at 1-800-494-8100.
 - Please note that in order to receive in-person services from a Helpline advocate a medical or police staff member must call on behalf of the victim; the victim cannot make the phone call themselves.
- Hospital/police staff should be prepared to provide the following information:
 - Victim's first and last name
 - Victimization type
 - Victim's age
 - Victim's gender
 - Victim needs to be awake, alert and sober at the time they are agreeing to an advocate, and when advocate is on scene
 - How long victim has been at the hospital/police station prior to the advocate responding
 - If the victim is alone or has family/friends with them
 - A contact person name and information
- Blackstone Valley Advocacy Center will then dispatch an advocate from Day One and give the information that the hospital/police staff provided to BVAC.
- Advocate will call contact person to gather any additional information and to give ETA.
- Once advocate responds to hospital they will check in and ask for contact person.
- Contact person should then give any necessary additional information and introduce advocate to victim.
- Advocate will introduce themselves and explain their role to victim.
- Advocate will provide services per the victim's needs such as, but not limited to:
 - Listening
 - Offering support
 - Providing comforts
 - Addressing immediate needs victim may have
 - Providing resources
 - Making sure the victim is being treated appropriately by all professionals involved
 - Providing information and paperwork for [Crime Victims Compensation Program](#)
 - Accompanying victim before and during the sexual assault evidence collection kit is being administered in order to provide support and information:

- If at any time victim does not want advocate present, advocate will leave the room.
 - Crime Victims Compensation Program will pay for the entirety of the SAECK even if victim is not working with law enforcement.
- Safety planning
- All interactions between the advocate and victim are confidential other than [mandated reporting](#) and/or suicidal or homicidal ideations.
- Once advocacy services are completed, advocate will ask victim if they would like follow-up services through Day One.
- If victim agrees, victim's name and number is taken and follow-up will be conducted within 3 days.
- Advocate should check out with contact person letting them know go-out is completed.
- To request a Helpline advocate please call 1-800-494-8100.

B. BEST PRACTICES FOR LAW ENFORCEMENT ADVOCATE (LEA)

- A Law Enforcement Advocate is a trained advocate within a police department who can provide:
 - Immediate crisis intervention
 - Information and referrals
 - Collaboration with law enforcement officers on sexual assault cases
- LEAs should ensure [mandated reporting](#), when applicable.
- Police staff should explain the role of the LEA and, with the victim's consent, the LEA should be present at all sexual assault statements.
- LEAs will provide victims with any necessary information and answer questions victims may have before and after the statement.
- LEA's role during a police statement is to provide support and referrals to the victim, never to ask any questions.
- Detectives should keep LEAs apprised with any case updates and changes so LEA can act as liaison between victim and police.
- LEAs can assist victims with filling out [Crime Victims Compensation Program application](#).
 - In order to qualify for Crime Victims Compensation Program, victim must:
 - Have been a victim of a violent crime in RI
 - File a police report within 10 days of the crime or report the assault to a local hospital
 - File a claim with CVCP no later than 3 years after the crime
 - For more information visit www.ricvcp.com or call the RI Crime Victims Compensation Program at 401-462-7655

RESOURCE GUIDE

Rhode Island has various community resources that are dedicated to supporting victims of sexual assault and helping them heal. The resources and agencies are listed here.

A. MANDATED REPORTING

Every adult in the State of Rhode Island is considered a mandated reporter and is required, by law, to report known or suspected physical abuse, sexual abuse, and/or neglect of certain vulnerable populations. Reports must be made to specific agencies. Refer to specific agency links for guidelines on instances warranting an investigation based on reports.

- Minors (under age 18) – cases must be reported to the Rhode Island Department of Children, Youth, and Families ([DCYF](#)) at 1-800-RICHILD.
- Elders (age 60 or older) – cases must be reported to the Office of Healthy Aging ([OHA](#)) at 401-462-0555.
- Persons with Developmental Disabilities – cases must be reported to the Behavioral Health Developmental Disabilities and Hospitals ([BHDDH](#)) at 401-462-2629.

B. RHODE ISLAND CRIME VICTIMS COMPENSATION PROGRAM

Victims of sexual assault may be eligible to apply to the [Rhode Island Crime Victims Compensation Program](#) for compensation of medical/dental expenses, mental health therapy expenses, lost wages, or other out-of-pocket expenses not covered by insurance or other resources available to the victim. The compensation must be directly related to the victim's condition as a result of the crime. Property losses and pain and suffering cannot be compensated using this method of compensation. **In order to qualify, the victim must report the crime to law enforcement.**

Victims should be informed about the program. Victim/witness programs and crisis centers can assist victims with the application process.

One important role of the advocate is to ensure that all victims are given information on the **Rhode Island Crime Victims Compensation Program**. While the costs of the sexual assault medical/forensic examination and the sexual assault evidence collection kit are paid for automatically, if a sexual assault victim requires additional medical treatment or other compensation services, the victim **must file a Crime Victims Compensation Application**.

A victim's eligibility for payment of other medical treatment by the Crime Victims Compensation Program is contingent upon the victim first applying to the hospital's free-care program. Victims requiring medical treatment should be advised of this eligibility requirement immediately, as many hospitals have a 30-day window for free-care applications to be filed.

C. RHODE ISLAND SEXUAL ASSAULT SERVICES

Day One

100 Medway Street
Providence, RI 02906
24-hour Helpline: **(800) 494-8100**
Business: (401) 421-4100
Fax: (401) 454-5565
Email: info@Dayoneri.org
Website: www.dayoneri.org

Sojourner House

386 Smith Street
Providence, RI 02908
24-hour Hotline: (401) 765-3232
Drop-in center & business number: (401) 861-6191
Fax: (401) 861-6157
Email: Info@Sojourner-House.org
Website: www.sojournerri.org

Elizabeth Buffum Chace Center

P.O. Box 9476
Warwick, RI 02889
Hotline: (401) 738-1700
Business: 738-9700
Email: ebchouse@ebchouse.org
Website: www.ebccenter.org

D. LAW ENFORCEMENT ADVOCATES

- Barrington, Bristol, Little Compton, Tiverton and Warren: (401) 236-8358
- Burrillville, Foster, Glocester and Scituate: (401) 644-4593
- Central Falls, Cumberland and Lincoln: (401) 612-4088
- Charlestown, Hopkinton, Richmond and Westerly: (401) 782-3995
- Coventry, East Greenwich and West Greenwich: (401) 826-8915
- Cranston and Johnston: (401) 477-5040
- East Providence: (401) 331-1350 X3142
- Jamestown, Narragansett, North Kingstown and South Kingstown: (401) 294-3316 X8160
- Middletown, Newport and Portsmouth: (401) 845-5732
- North Providence: (401) 231-4533 X145
- Pawtucket: (401) 727-9100 X783
- Providence: (401) 243-6338 and 401-243-6334
- Warwick and West Warwick: (401) 468-4372

- Woonsocket, Smithfield and North Smithfield: (401) 766-3628

E. OFFICE OF THE ATTORNEY GENERAL

- Providence County: (401) 274-4400
- Kent County: (401) 822-6800
- Washington County: (401) 782-4150
- Newport County: (401) 841-8310

F. HOSPITALS

- [Fatima Hospital](#): (401) 456-3000: 200 High Service Avenue North Providence, RI 02904
- [Hasbro Children's Hospital](#): (401) 444-4000: 593 Eddy Street, Providence, RI 02903
- [Kent County Memorial Hospital](#): (401) 737-7000: 455 Toll Gate Road Warwick, RI 02886
- [Landmark Medical Center](#): (401) 769-4100: 115 Cass Avenue, Woonsocket, RI 02895
- [Landmark \(Fogarty Unit\)](#): (401) 769-2200: Eddy Dowling Highway, North Smithfield, RI 02895
- [Miriam Hospital](#): (401) 793-2500: 164 Summit Avenue, Providence, RI 02906
- [Newport Hospital](#): (401) 846-6400: 11 Friendship Street, Newport, RI 02840
- [Providence VA Medical Center](#): (401) 273-7100: 830 Chalkstone Avenue, Providence, RI 02908
- [Rhode Island Hospital](#): (401) 444-4000: 593 Eddy Street, Providence, RI 02905
- [Roger Williams Medical Center](#): (401) 456-2000, 825 Chalkstone Avenue, Providence, RI 02908
- [St. Joseph's Hospital](#): (401) 456-3000, 21 Peace Street, Providence, RI 02907
- [South County Hospital](#): (401) 782-8000, 100 Kenyon Avenue, Wakefield RI 02897
- [Westerly Hospital](#): (401) 596-6000: 25 Wells Street Westerly, RI 02891
- [Women & Infants Hospital](#): (401) 274-1100: 101 Dudley Street Providence, RI 0295

G. POLICE DEPARTMENTS

- [Barrington Police Department](#): (401) 437-3935: 100 Federal Road, Barrington, RI 02806
- [Bristol Police Department](#): (401) 253-6900: 395 Metacom Avenue, Bristol, RI 02809
- [Burrillville Police Department](#): (401) 568-6255: 231 Box, Harrisville, RI 02830
- [Central Falls Police Department](#): (401) 727-7411: 160 Illinois Street, Central Falls, RI 02863
- [Charlestown Police Department](#): (401) 364-1212: 4901 Old Post Road, Charlestown, RI 02813
- [Coventry Police Department](#): (401) 826-1100: 1075 Main Street, Coventry, RI 02816
- [Cranston Police Department](#): (401) 942-2211: 5 Garfield Avenue, Cranston, RI 02920
- [Cumberland Police Department](#): (401) 333-2500: 1380 Diamond Hill Road, Cumberland, RI 02864
- [East Greenwich Police Department](#): (401) 886-8640: 176 First Avenue, East Greenwich, RI 02818
- [East Providence Police Department](#): (401) 435-7600: 750 Waterman Avenue, East Providence, RI 02914
- [Foster Police Department](#): (401) 397-3317: 82 Howard Hill Road, Foster, RI 02825
- [Glocester Police Department](#): (401) 568-2533: 162 Woodville Road, Hopkinton, RI 02833
- [Hopkinton Police Department](#): (401) 377-7750: 406 Woodville Road, Hopkinton, RI 02833
- [Jamestown Police Department](#): (401) 423-1212: 250 Conanicus Avenue, Jamestown, RI 02835
- [Johnston Police Department](#): (401) 231-4210: 1651 Atwood Avenue, Johnston, RI 02919
- [Lincoln Police Department](#): (401) 333-1111: 1000 Old River Road, Lincoln, RI 02865

- [Little Compton Police Department](#): (401) 635-2311: 60 Simmons Road, Little Compton, RI 02837
- [Middletown Police Department](#): (401) 846-1144: 123 Valley Road, Middletown, RI 02842
- [Narragansett Police Department](#): (401) 789-1091: 40 Caswell Street, Narragansett, RI 02882
- [New Shoreham Police Department](#): (401) 466-3220: Beach Avenue Box 307, Block Island, RI 02807
- [Newport Police Department](#): (401) 847-1306: 120 Broadway, Newport, RI 02840
- [North Kingstown Police Department](#): (401) 294-3311: 8166 Post Road, North Kingstown, RI 02852
- [North Providence Police Department](#): (401) 231-4533: 1967 Mineral Spring Avenue, North Providence, RI 02904
- [North Smithfield Police Department](#): (401) 762-1212: 85 Smithfield Road, North Smithfield, RI 02895
- [Pawtucket Police Department](#): (401) 727-9100: 121 Roosevelt Avenue, Pawtucket, RI 02860
- [Portsmouth Police Department](#): (401) 683-0300: 2270 East Main Road, Portsmouth, RI 02871
- [Providence Police Department](#): (401) 272-3121: 325 Washington Street, Providence, RI 02903
- [Richmond Police Department](#): (401) 539-8289: 1168 Main Street, Wyoming, RI 02898
- [Scituate Police Department](#): (401) 821-5900: 116 Main Street, Hope, RI 02831
- [Smithfield Police Department](#): (401) 231-2500: 215 Pleasant View Avenue, Smithfield, RI 02917
- [South Kingstown Police Department](#): (401) 783- 3321: 1790 Kingstown Road, Wakefield, RI 02879
- [State Police Headquarters](#): (401) 444-1000: 311 Danielson Pike, North Scituate, RI 02857
- [Tiverton Police Department](#): (401) 625-6722: 20 Industrial Way, Tiverton, RI 02878
- [Warren Police Department](#): (401) 245-1311: 1 Joyce Street, Warren, RI 02885
- [Warwick Police Department](#): (401) 468-4200: 99 Veterans Memorial Drive, Warwick, RI 02886
- [West Greenwich Police Department](#): (401) 397-7191: 280 Victory Highway, West Greenwich, RI 02817
- [West Warwick Police Department](#): (401) 821-4323: 1162 Main Street, West Warwick, RI 02893
- [Westerly Police Department](#): (401) 596-2022: 60 Airport Road, Westerly, RI 02891
- [Woonsocket Police Department](#): (401) 766-1212: 242 Clinton Street, Woonsocket, RI 02895

H. IHE POLICE OR CAMPUS SAFETY OFFICES

- [Brown University](#) Department of Public Safety, (401) 863-4111
- [Bryant University](#) Public Safety, (401) 232-6911
- [Community College of Rhode Island](#) Campus Police, (401) 825-2000
- [Johnson & Wales University](#) Campus Safety & Security, (401) 598-1103
- [New England Institute of Technology](#) Public Safety, (401) 234-5555
- [Providence College](#) Office of Public Safety, (401) 865-2222
- [Rhode Island College](#) Campus Police, (401) 456-8888
- [Rhode Island School of Design](#) Public Safety, (401) 454-6666
- [Roger Williams University](#) Public Safety, (401) 254-3333

- [Salve Regina University](#) Safety and Security, (401) 341-2325
- [University of Rhode Island](#) Department of Public Safety, (401) 874-2121

I. IHE TITLE IX RESOURCES

- Brown University [Title IX and Gender Equity](#)
- Bryant University [Title IX and Sexual Misconduct](#)
- Community College of Rhode Island [Office of Institutional Equity – Title IX](#)
- Johnson & Wales University [Equity & Compliance Services](#)
- New England Institute of Technology [Nondiscrimination \(Title IX\)](#)
- Providence College [Title IX](#)
- Rhode Island College [Title IX](#)
- Rhode Island School of Design [Title IX](#)
- Roger Williams University [Title IX](#)
- Salve Regina University [Title IX](#)
- University of Rhode Island [Title IX](#)

J. INVESTIGATIVE/PROSECUTORIAL RESOURCES

- Trauma Informed Investigations: <https://www.theiacp.org/projects/trauma-informed-sexual-assault-investigation-training>
- Blueprint for Campus Police, Responding to Sexual Assault: <https://www.nccpsafety.org/resources/library/the-blueprint-for-campus-police-responding-to-sexual-assault>
- Vertical prosecution best practice: <https://www.nsvrc.org/sites/default/files/publications/2018-09/Best%20Practices%20for%20Prosecution.pdf>
- OVC tools and trainings: <https://www.ovc.gov/library/index.html>

K. UNDERSERVED COMMUNITIES

Inclusive practices and cultural competency is critical to minimize trauma to victims of sexual assault and to successfully hold offenders accountable. The list below offers links to information and organizations to help support inclusive and culturally competent practices. This is not an exhaustive list; however, it is a start to provide information and challenge stereotypes and myths that exploit sexual assault survivors and aid offenders. This information will continue to be reviewed and updated with future revisions. As these topics are dynamic and the nature or location of information on the internet can change quickly, please excuse any broken hyperlinks or out-of-date information. We encourage this resource section to be used as a start, not an end, to building an inclusive and culturally competent practices.

- Elderly/Later in Life
 - [Preventing and Responding to Domestic & Sexual Violence in Later Life](#), VAWnet
 - [Elder Sexual Assault: Technical Assistance Manual for Pennsylvania's Sexual Violence Centers](#), NSVRC
 - [SAGE](#), Advocacy & Services for LGBT Elders; 2019
- Immigrant & Refugee Populations
 - [Children and Youth](#), Women's Refugee Commission
 - [Sexual violence in immigrant communities](#), VAWnet
 - [Sexual violence during the process of immigration](#), VAWnet
 - [Immigrant Victims of Sexual Assault](#), NSVRC
- Men and Male-Identified Survivors
 - [Trainings and Presentations on Male Sexual Trauma](#), 1in6
- Mental Illness
 - [How Often Are Individuals with Serious Mental Illness Victimized?](#), Treatment Advocacy Center; Nov., 2014
 - [Physical and sexual assault history in women with serious mental illness: prevalence, correlates, treatment, and future research directions.](#), NCBI; 1997
- Native and Indigenous People
 - [Sexual Assault Resources](#), The Tribal Court Clearinghouse
 - [MAZE OF INJUSTICE](#), Amnesty International
 - [Sexual Assault](#), VAWnet
- People of Color
 - Intersectional resources: [GenerationFIVE](#), [Communities Against Rape and Abuse \(CARA\)](#), [Incite! Women of Color Against Violence](#) (and the books *The Revolution Will Not Be Funded* and *The Color of Violence*), the [Sylvia Rivera Law Project](#), [The Anti-Violence Project](#), the book [The Revolution Starts at Home: Confronting Intimate Violence Within Activist Communities](#) (edited by Jai Dulani, Leah Lakshmi Piepzna-Samarasinha and Ching-In Chen), [Persist Health Project](#), UBUNTU, [Generative Somatics](#), Philly's Pissed, [The Audre Lorde Project](#) (and Safe Outside the System), [Red Umbrella Project](#) and so many more
 - [Cultural and Ethnic Communities](#), NSVRC
 - [Center for Southeast Asians](#)
- People with Disabilities (Developmental, Physical...)
 - [Find Resources](#), The Arc
 - [Sexual Abuse](#), Disability Justice
 - [Responding to a Sexual Assault Allegation](#), BHDDH; June, 2015
 - [Supporting Sexual Assault Survivors With Disabilities](#), CALCASA; 2010
 - [Victims Who Have Disabilities](#), NSVRC
- Queer- and Trans- Spectrum
 - [Sexual Assault and the LGBTQ Community](#), Human Rights Campaign
 - [FORGE](#)
 - [Gender and Sexual Identity](#), NSVRC
 - [SAGE](#)
- Sex Work
 - [Sexual Violence Against Sex Workers](#), Maryland Coalition Against Sexual Assault
 - [Physical and sexual assault history in women with serious mental illness: prevalence, correlates, treatment, and future research directions.](#), NCBI
- Survivors of Clergy Abuse
 - [SNAP](#)

- Teens & Young Adults
 - [Loveisrespect](#)
- Translation Services
 - [Translation & Interpretation, DIIRI](#)
 - [Tri-County Sign Language Interpreting, Inc.](#)
- Veterans
 - [Office of Veterans Affairs](#)
- Other:
 - [Sexual Violence, CDC](#)
 - [Sexual Assault Response Teams, NSVRC](#)