

STATE OF ARIZONA

Recommended Guidelines for a Coordinated Community Response to Adult Sexual Assault

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The Governor's Office
of Youth, Faith
and Family



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Introduction

Sexual assault cases with adult victims are often complex and require coordination among an array of responders and service providers. The State of Arizona Recommended Guidelines for a Coordinated Community Response to Adult Sexual Assault are intended to provide a framework for communities to investigate, prosecute, and appropriately respond to sexual assault in a coordinated systems approach that is both collaborative and sensitive to the diverse needs of sexual assault survivors.

The Guidelines are a resource to those who investigate and prosecute sexual assault crimes, as well as those who provide advocacy, healthcare, and mental health care to victims of sexual assault. The Guidelines are not mandated practices, and communities are encouraged to tailor these Guidelines to fit their particular needs and available resources. The ultimate goals of the Guidelines are to ensure victim safety, dignity, and informed decision-making; enhance community safety by holding perpetrators accountable; provide evidence-based best practice guidance on coordinated community response to sexual violence; and promote responsibility and accountability among all systems designed to respond to the crime of sexual assault.

In 2016, Governor Douglas A. Ducey established the Arizona Sexual Assault Evidence Collection Kit Task Force by Executive Order 2016-02. The Task Force released statewide guidelines identifying best practices to assist jurisdictions and organizations in the development of policies and protocols for working with sexual assault evidence. These recommendations can be found at the Office of the Governor's website (ItCanStop.AZ.gov).

These Guidelines are intended to guide communities as they respond to sexual assault among adults. The need for sensitive, appropriate community response to child victims of sexual assault and abuse is also of critical importance. In this regard, communities are urged to adopt practices and procedures in keeping with the Multidisciplinary Protocol for the Investigation of Child Abuse and the Arizona Guidelines for a Regional Response to Youth Sex Trafficking (EndSexTrafficking.AZ.gov).

Methodology

The State of Arizona Recommended Guidelines for a Coordinated Community Response to Adult Sexual

Assault were originally created through the leadership of former Arizona Attorney General Janet Napolitano in 2001. The Attorney General's Office contracted with the Southern Arizona Center Against Sexual Assault (SACASA) to develop the Guidelines. SACASA named a five-member Project Team to facilitate eleven Regional workgroups throughout the state. The workgroups represented all 15 counties, as well as several Tribal Nations. Each workgroup developed its own regional protocols and had extensive input into the Guidelines.

Since 2015, the Governor's Office of Youth, Faith, and Family (GOYFF) and the Arizona Coalition to End Sexual and Domestic Violence (ACESDV) have worked in partnership to update the 2001 Guidelines for a Coordinated Community Response to Adult Sexual Assault. To achieve this goal, the GOYFF, ACESDV, and the Governor's Commission to Prevent Violence Against Women convened a statewide multidisciplinary stakeholder workgroup that met quarterly to provide expert consultation on updating the Guidelines based on their diverse experience and leadership regarding sexual assault response in the state. In addition, ACESDV's Sexual Violence Response Department facilitated 12 subdisciplinary regional meetings throughout the state, providing responders from all 15 counties with the opportunity to contribute to revisions and updates.

Stakeholders from both the statewide quarterly workgroup and the regional subdisciplinary meetings contributed significantly to the Guidelines, providing insight on material to be retained and updated, as well as adding information based on recent advances in practice.

Implementation

These Guidelines are available electronically on the Office of the Governor's website (ItCanStop.AZ.gov) and the website of the Arizona Coalition to End Sexual and Domestic Violence (acesdv.org). The Guidelines were printed and distributed statewide for community-based implementation.

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Anti-Oppression Framework

Sexual violence is a form of oppression rooted in power and entitlement and supported by social structures and institutions that reinforce imbalances of power. It is fueled by the intersection of multiple forms of oppression, including but not limited to sexism, racism, classism, heterosexism, and ableism.

Therefore, an anti-oppression framework should be used when responding to sexual violence. Responders should consider the important ways in which systems of power and identities, such as race, class, gender, sexuality, and ability, interact and influence sexual violence victimization and perpetration. People in marginalized identity groups, such as people of color, LGBTQ+ people, people with disabilities, and women, experience high rates of sexual violence and, as a result of intersecting oppressions, face considerable barriers in disclosing sexual assault and accessing services (see “Culturally-Responsive Considerations” on page 39). The following are recommendations for sexual violence responders within an anti-oppression framework:

- Have a basic understanding of oppression and societal causes of sexual assault.
- Be aware of your own intersecting identities, how these identities influence your daily experience, and how they may impact your response to survivors.
- Recognize and consciously counteract implicit and explicit biases and victim blaming within yourself and in the community.
- Have a basic knowledge of strategies for culturally-sensitive response.
- Be aware of various barriers to disclosing sexual assault among survivors due to their cultures and intersecting identities, and consider ways to remove or minimize these barriers.
- Collaborate with culturally-specific community agencies to gain education and build partnerships and referral options.

Victim-Centered Approach

A victim-centered approach to sexual assault victims/survivors is essential to short-term and long-term physical, psychological, and social wellbeing, and is an important catalyst for healing. Following sexual violence, survivors often feel dehumanized, disempowered, and disconnected. A victim-centered response accounts for these effects and works to counteract them by treating victims with dignity and respect, providing options, and ensuring victims’ needs are central to each responder and the response as a whole. As a result of the significant stigma and misconceptions about sexual assault, survivors of sexual violence are often reluctant to disclose victimization to law enforcement and service agencies out of shame or concern they will be blamed for their victimization, or that their experience will be minimized

or not believed. Victim-centered response reinforces that sexual violence survivors are never at fault for the victimization, and provides a supportive and compassionate response with the goal of mitigating trauma and facilitating healing for victims. The following are central components of victim-centered response:

- Services are provided to victims/survivors in a sensitive, respectful, and nonjudgmental manner, where victims are listened to and believed.
- First responders and other practitioners are competent, compassionate, and knowledgeable about sexual violence, and recognize their response can either decrease or increase the trauma experienced by victims.
- The safety and wellbeing of the victim is responders’ priority, and victims have input in determining and voicing their needs and concerns at each step of the process.

Trauma-Informed Approach

The foundation of trauma-informed response is an understanding of the ways by which emotional, psychological, and physical effects of trauma can impact victims’ cognitive processes, decision-making, memory, and behavior. A trauma-informed response is sensitive to these effects, and helps survivors to regain feelings of control and empowerment during each step of their involvement with social and legal systems. Services that are trauma-informed focus on trust and safety in order to mitigate additional trauma and facilitate healing. This response prioritizes the needs of survivors by giving them autonomy in determining their immediate concerns. It is important responders recognize there is no “appropriate” demeanor of a person who has experienced trauma, and sexual assault victims may present with a diverse array of emotions. Moreover, talking about victimization can be re-traumatizing for survivors, and it is important responders build rapport, be sensitive, and patient as they gather information.

Responders to sexual assault survivors should have a basic understanding of the following to ensure a trauma-informed approach:

- The neurobiology of trauma, including but not limited to emotional presentation and affect following trauma, memory deficits, dissociation, and fight/flight/freeze response.
- The symptoms of posttraumatic stress disorder (PTSD), including but not limited to fear, hypervigilance, avoidance, flashbacks, nightmares, and difficulty concentrating.
- The signs of trauma bonds, which are emotional and psychological attachments to abusive persons that are formed over time in exploitative relationships, including but not limited to survivors recanting or denying the abuse, defending the perpetrators, displacing trust and loyalty in the perpetrators, and continuing to desire contact with the perpetrators.

- The impact of trauma on survivors' social and interpersonal skills and relationships.
- The effects of historical trauma, prejudice and discrimination, and minority stress on members of marginalized groups (e.g., people of color, LGBTQ+ communities, Native communities), and how this intersects with sexual violence related trauma.

Language

Language can be an important component of victim-centered and trauma-informed response. While some individuals who have experienced sexual violence may identify as “victims,” others may prefer the term “survivor.” The language responders use to identify victims/survivors is often contingent upon the practitioner’s role (e.g., medical professionals may use the term “patient,” justice professionals may use the term “victim,” and victim service providers may use “survivor” or “client.”) Unless there is a legal necessity to use particular terminology, it is recommended that responders respect and use the term with which the victim/survivor identifies. In these Guidelines, these terms will be used in a manner that accurately reflects the relationship between the responder and victim/survivor (e.g., “patient” within the medical component) or interchangeably as appropriate.

Ongoing Training

Advanced training is necessary for all personnel who work with sexual assault victims, including but not limited to victim service providers, law enforcement, forensic examiners, and prosecutors. Sexual assault cases are complex and technologies and practices are in constant evolution. Therefore, ongoing training in current best practices is recommended for all responders to sexual violence. Additionally, it is

recommended that sexual assault responders receive training on the development and sustainability of coordinated community efforts to address sexual violence, such as Sexual Assault Response Teams.

Coordinated Community Response to Sexual Assault

It is highly recommended that each community develops and sustains a Sexual Assault Response Team (SART). A SART is a collaborative, multidisciplinary effort, comprised of local response agencies, whose purpose is to improve sexual assault response in their community, balance the needs of the victim and criminal justice system, and serve as a tool for relationship building, collaboration, and education among responders. SART membership should include law enforcement, prosecutors, victim service providers, forensic examiners, and probation/corrections personnel.¹ Experience has shown that additional SART members, including but not limited to the crime lab, court personnel, mental health care providers, college/university staff, and culturally-specific organizations, contribute to a more productive collaborative response in terms of addressing system gaps, enhancing wraparound services, and facilitating justice and healing.

Sexual Assault Response Teams have been shown to be effective in enhancing community safety and victim-centered response. Specifically, communities with SARTs have seen an improvement in relationships among responders, increased reporting to law enforcement, more victims coming forward for services, better quality of evidence collection, and more consistent use of evidence. SARTs are also a valuable opportunity for responders to work collaboratively in developing or updating community sexual assault response protocols guided by the recommendations in this document.

¹ Sexual Violence Justice Institute—MNCASA. (2008). *Considerations for team formation*. Retrieved March 9, 2018, from <http://www.mncasa.org/assets/PDFs/Considerations%20for%20Team%20Formation.pdf>

Victim Services

The role of the victim service provider is to provide support, resources, referrals, and education, and to assist the survivor in the healing process. The term victim service provider refers to individuals in a wide range of programs, agencies, and disciplines who offer emergency assistance and long-term support to victims and their families.

Victim service providers include advocates, victim specialists, and crisis responders, among others. The terms “victim service provider” and “advocate” will be used interchangeably throughout this section.

Advocates are able to provide validation to the survivor’s experiences and emotions, let them know they are not at fault for the assault, and to provide trauma-informed care to survivors by recognizing the traumatic impact of sexual assault, and identifying methods for healing. It is the responsibility of the advocate to address victim blaming and rape myths within themselves and among survivors. When addressing victim blame and rape myth acceptance, it is helpful to identify how these attitudes are harmful and inaccurate, and to challenge such statements with facts. Keep in mind, this is an opportunity to educate and create positive social change, and to facilitate a victim-centered, trauma-informed environment.

Privileged Communication

In Arizona, a crime victim advocate is defined as “a person who is employed or authorized by a public or private entity to provide counseling, treatment or other supportive assistance to crime victims” (A.R.S. § 13-4401). Crime victim advocates have specific confidentiality and privileged communication rights.



Privileged communication refers to the confidentiality of correspondence between an advocate and client. This privilege prevents an advocate from having to disclose communication between an advocate and victim in a court proceeding. In Arizona, crime victim advocates, including sexual assault advocates, have privileged communication with their adult clients in criminal cases under A.R.S. § 13-4430. In order to have privileged communication in civil cases, sexual assault advocates must have at least 30 hours of training incorporating privileged communication and mandatory reporting as prescribed in A.R.S. § 13-3620 (A.R.S. § 12-2240).

Communication between a crime victim advocate and a victim is not privileged if the advocate knows that the victim will give or has given perjured testimony, or if the communication contains exculpatory material (i.e., evidence tending to establish a criminal defendant’s innocence). Additionally, a victim can give written or oral permission for an advocate to share correspondence of their communication in court proceedings with a prosecutor or law enforcement agency (A.R.S. § 13-4430[F]).

Mandatory Reporting

Sexual assault advocates have a duty to report abuse when there is a reasonable belief “that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means or that is not explained by the available medical history as being accidental in nature or who

reasonably believes there has been a denial or deprivation of necessary medical treatment or surgical care or nourishment with the intent to cause or allow the death of an infant who is protected under section 36-2281 shall immediately report or cause reports to be made of this information..." (A.R.S. § 13-3620[A]).

Reporting of abuse must be made to either a peace officer, or the Department of Child Safety. It is recommended that both agencies be notified. Additionally, an advocate can report to a "tribal law enforcement or social services agency for any Indian minor who resides on an Indian reservation" (A.R.S. § 13-3620[A]). If a "report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only" (A.R.S. § 13-3620[A]). Reports are to be made immediately by telephone or electronically (A.R.S. § 13-3620[D]).

In addition, anyone who is a social worker or has "responsibility for the care of a vulnerable adult and who has

It is critical to recognize and uplift survivors' strengths and resilience.

a reasonable basis to believe that abuse or neglect of the adult has occurred or that exploitation of the adult's property has occurred" must make a report to law enforcement or a protective services worker (A.R.S. § 46-454[A]). The report can be made in person or by telephone and must be followed by a written report within 48 hours or the next working day if the 48 hours expires on a weekend or holiday (A.R.S. § 46-454[A]).

Types of Victim Service Agencies

In Arizona, victim service agencies assist sexual assault survivors in accessing services and navigating systems. Below are types of victim service agencies:

Community-Based

Community-based victim services programs are typically non-profits, but may include government agencies, whose purpose is to provide advocacy and support to victims of sexual violence, regardless of their involvement in the criminal justice system.

Systems-Based

Systems-based victim services programs are generally housed within prosecutors' offices and law enforcement agencies, including law enforcement managed family advocacy centers. The key functions of systems-based victim service providers are to ensure victims' rights are enforced, and to provide advocacy and support to victims who have reported the crime and are involved in the criminal justice process.

Family Advocacy Centers

Some counties and communities of Arizona have family advocacy centers. The family advocacy center model is designed to provide comprehensive services and response to victims of sexual assault in a single setting. In communities with family advocacy centers, sexual assault responders such as forensic examiners, law enforcement personnel, victim advocates, and behavioral health professionals may be located within the center. Family advocacy centers often partner with other agencies and responders in the area. Referrals to centers typically come from community service providers, law enforcement personnel, or through self-referral by victims.

Mobile Advocacy

Mobile advocacy is provided in a location that is best suited to the victim seeking the service. This could include the victim's home, a park, restaurant, library, a government facility, or a workplace, to name a few. Efforts must be made to ensure that confidentiality is maintained when meeting in public spaces, and victims should know the risks associated with different meeting locations. Mobile advocates will have materials and records with them in their vehicles and on their persons.

Crisis Responders

Crisis responders are often embedded within police or fire departments and provide on-scene emotional support to individuals experiencing trauma, including sexual assault. Crisis responders can also provide advocacy, crisis intervention, and referrals.

Native American Victim Services

Many Arizona tribal communities maintain domestic and sexual violence programs. Within each Tribal victim service program services may include: victim assistance/advocacy, crisis intervention, support, and referrals. As each Tribe is distinct in their service area and capacity, for any victim service needs regarding Native survivors please contact the local tribal domestic and sexual violence program the survivor is from and/or the Southwest Indigenous Women's Coalition.

Victim Services

Empowerment Philosophy

Advocates are responsible for providing options and resources, and then allowing the time and space for survivors to make their own decisions. This approach, along with building a positive and trusting rapport, provides an environment which promotes empowerment from within. It is critical to recognize and uplift survivors' strengths and resilience.

Crisis Intervention

A person may be in crisis at any point during and following victimization. Crisis intervention involves responding to the immediate and short-term needs of the survivor, such as safety, transportation, housing, clothing, childcare, and food, in order to restore physical and emotional wellbeing. Crisis intervention is an opportunity to validate the victim's emotional reactions to the assault. By offering immediate support, empowerment, and information, crisis intervention facilitates the victim's ability to make informed decisions about medical care, the criminal justice system, and emotional needs. It also may reduce the emotional trauma the victim is experiencing and the risk of negative long-term psychological, physical, and social impacts, such as substance abuse, depression, or suicide.

Safety Planning

Survivors of sexual assault often have immediate safety concerns. In these cases, the advocate and victim work together, with the survivor taking the lead, to develop a safety plan which typically includes assessing their home, work, school, and social environment. If it is determined that a survivor's current housing situation is unsafe, refer to a program that provides shelter or alternate housing.

As part of a safety plan, advocates can suggest applying for an Emergency Order of Protection (A.R.S. § 13-3624) or Order of Protection (A.R.S. § 12-3602), if the relationship between the victim and offender coincides with A.R.S. § 13-3601(A). The purpose of these Protective Orders is to prevent the offender from engaging in domestic and sexual violence. If appropriate, an advocate can also suggest applying for an Injunction Against Harassment (12-1809), which does not have a relationship requirement. The purpose of these Injunctions is to prevent the offender from harassing the victim. Lastly, an advocate can suggest applying for an Injunction Against Workplace Harassment (A.R.S. § 12-1810), if there is a workplace relationship between the offender and victim.

If appropriate, advocates can discuss the option of enrolling in the Secretary of State's Address Confidentiality Program. This program provides a substitute address and mail forwarding service to victims of sexual assault, domestic violence, and/or stalking. Advocates should be aware of eligibility and the process for applying.

It is recommended that advocates have a discussion with survivors regarding emotional safety. This may include examining counterproductive coping strategies, thoughts of self-harm, feelings of isolation, and willingness to access support services.

Advocacy During the Medical Forensic Exam

Sexual assault victims should always be provided the option of advocacy before, during, and after the medical forensic exam, if resources are available. When meeting a survivor, introduce yourself, the organization you represent, your role as an advocate, and a brief description on privileged communication and mandatory reporting. Specifically, the role of the advocate in the medical context is to offer emotional support, ensure

the survivor is aware of the exam components, and that the survivor may discontinue the exam at any time. Following the exam, encourage the survivor to receive follow-up care and provide them with sexual assault resources and any additional services or referrals needed.

Support Groups

Sexual violence support groups can be an important tool for facilitating healing, hope, and empowerment for survivors. The purpose of support groups is to provide safe, supportive, validating environment where survivors can learn about the dynamics of sexual violence and victimization, share coping strategies, connect with other survivors, and restore agency and feelings of self-worth. Support groups should be conducted by trained facilitators using a curriculum rooted in strengths-based, healing-informed practices.

Complementary/Alternative Healing Practices

Sexual violence service providers should consider culturally-complementary and alternative healing practices such as yoga, meditation, art therapy, music therapy, guided imagery, writing groups, outdoor-based healing activities, and other forms of culturally-responsive healing (e.g., sweat lodges, sage, acupuncture). It is recommended that providers present survivors with options in terms of various healing methods, and discuss culturally-specific healing practices with the survivor.

Arizona Crime Victim Compensation Program

Sexual assault victims may be eligible for financial assistance for certain expenses they incur as a direct result of the crime. The Victim Compensation Program is administered through County Attorneys' Offices. Victim service providers should be familiar with the program in order to inform survivors about eligibility requirements and how to apply for compensation. Notably, legal residency in the United States is not an eligibility requirement under the Victim Compensation Program.

Documentation

Advocates are encouraged to broadly document services and referrals provided to the survivor, both for organizational purposes and to ensure the victim's needs are adequately met. It is not appropriate to document the survivor's personal history, details of the assault, or demeanor and behavior. Importantly, the key role and focus of the sexual assault advocate is to engage in active listening and emotional validation, which should not be interrupted for the purposes of documentation.

Long-Term Care

The needs of the survivor will likely change over time. Some advocates are in a position to provide long-term care. This can include case management or service plans, coordination of care, ongoing safety planning, and continued resource provision and referrals. Long-term goals related to the healing process may also be established, but only when the victim indicates they ready to address them.

Secondary Victim Services

Sexual violence agencies should offer services to family and/or friends of sexual assault victims, when possible.

Sexual violence is traumatizing to both the survivor and those close to the survivor, often identified as secondary victims (e.g., non-offending family members, partners, friends, and/or children). Secondary victims typically have feelings of anger, guilt, fear, shock, shame, and helplessness. By offering services to family and friends, your program recognizes the importance of the effects of sexual violence on the lives of secondary victims. Services can include active listening, suggestions on how to best support the survivor, and information and/or referrals. It is best practice to ask the survivor who close to them may be interested in services. When possible, assign separate advocates for the survivor and secondary victims. It is vital to discuss the importance of confidentiality with both parties. This includes clarifying that the survivor decides who is involved and who receives information.

Victims' Rights and Justice System Advocacy

Justice System Advocacy

Victim service providers who are working with victims who have chosen to interact with the criminal justice system have additional advocacy responsibilities. It is important to fully support victims who choose to exercise their right to participate in the criminal justice process. Advocates are responsible for explaining and ensuring the provision of victims' rights, providing notification of proceedings, explaining any written information supplied by various justice entities, and identifying and assisting in resolving any problems that may impede victims' receipt of timely and accurate notification of court proceedings.

Advocates should offer to accompany and help prepare victims for interviews, prosecutor conferences, and court proceedings, and offer assistance in developing victim impact statements. At court proceedings, urge the court to impose appropriate safeguards to minimize contact between the victim and the defendant, and between the victim's family/friends and the defendant, as is the victim's right (A.R.S. § 13-4431). Advocates may promote the issuance and enforcement of court orders that incorporate the protections and outcomes desired by victims, and help victims in gathering any materials for a possible restitution order. Lastly, advocates should help ensure the presence of a courthouse dog, if available and desired by the survivor (A.R.S. § 8-422[B]).

Overall, advocates are responsible for ensuring victims' voices are heard at various case decision points, such as releases, charging, pleas, and sentencing. It is critical that systems-based advocates:

- Learn or promote the establishment of prosecutorial policies and procedures regarding the victim's right to confer with the prosecutor, and support or assist victims in exercising this right.
- Develop a comprehensive referral system and seek to establish rapport and good working relationships with personnel from law enforcement, prosecution, and corrections agencies and courts.

- Explain the post-conviction process to the victim.

Being identified as a victim in the legal system imparts certain constitutional and statutory rights to information and access to the justice system (A.R.S. § 13-4401[19]). Victims' rights begin when a crime is reported and/or detected, and they remain in effect until the final disposition of the case (A.R.S. § 13-4402 and A.R.S. § 8-383). It is important for all service providers to know the rights to which victims of sexual crimes are entitled. For information on Arizona crime victims' rights laws, refer to the Attorney General's website (<https://www.azag.gov/victim-services>).

Victim Rights and Service Provision

State laws mandate that justice entities and the courts ensure victims have full access to the rights defined by the Arizona Constitution and victims' rights statutes. Systems-based victim assistance programs are responsible for promoting that victims' rights are exercised during the legal process.

It is important for all victim service providers to have general knowledge of how cases proceed through the criminal justice system. Providers should also be aware that various entities have a duty to ensure that victim rights are properly bestowed.

Interagency Relationships: Community-based agencies accompanying victims to court and assisting them until case conclusion should coordinate their services with the victim assistance program of the appropriate prosecutor's office. Cooperating agencies should develop a memorandum of understanding that reflects prosecutorial practices designed to safeguard victims' rights.

Lawful Representative: Victims of sexual offenses who are unable to exercise their rights, or who choose not to do so, may designate a person (i.e., a lawful representative) to make decisions on their behalf. Victims may change the designation of a lawful representative at any time. If a victim is incapable of designating a representative, the court may appoint one (A.R.S. § 13-4403[A][B] and A.R.S. § 8-384[A][B]).

Requesting and Asserting Rights

Victims of sexual offenses can assert their rights through representation by personal counsel, at the victim's expense. Alternately, at a victim's request the prosecutor may assert any right to which the victim is entitled (A.R.S. § 13-4437[A][C]) and A.R.S. § 8-416[A][C]). Victims must keep their address and phone number current with each agency responsible for providing information/notices and other services (A.R.S. § 13-4417[A] and A.R.S. § 8-398[A]).

Victim Rights Highlights

Title 13, Chapter 40 and Title 8, Chapter 3 Article 7

Victims are entitled to many well-defined rights. The following provisions are particularly relevant to crimes involving sexual offenses.

- **A.R.S. § 13-4405.01(c)/13-4406/13-4407:** If a suspect is arrested, victims of sexual offenses have the right to be informed of the arrest, the subsequent Initial appearance (IA), right to be present and heard at the IA and be provided terms and conditions of release.
- **A.R.S. § 13-4408(b):** If an assigned prosecutor declines to proceed with a case, victims of sexual offenses have the right to be informed of the reason(s) why, and the right to be given an opportunity to confer before the decision is final.
- **A.R.S. § 13-4419:** Victims of sexual offenses also have the right to confer with the prosecuting attorney (by request) about the disposition of the offense. This right includes conferring about dismissal of charges, pre-trial diversion programs, plea or sentencing negotiations, and prior to the beginning of a trial.
- **A.R.S. § 13-1415(G)(2):** On a victim's request, the prosecutor must petition the Court for an order requiring that the defendant be tested for the human immunodeficiency virus if the defendant has been charged with a sexual offense, or an offense involving significant exposure (physical contact). The Department of Health Services shall notify the victim of the results.
- **A.R.S. § 13-4420:** Victims of sexual offenses have the right to attend all court proceedings in which the defendant has the right to be present.
- **A.R.S. § 13-4439:** Victims who work for employers who have 50 or more employees have the right to take unpaid leave from work to attend court proceedings. An employee may use vacation time for this leave and an employer may limit an employee's leave if it creates an undue hardship on the employer.
- **A.R.S. § 23-372:** All employers must provide paid sick time to employees. This time can be used for issues related to domestic violence, sexual violence, abuse, or stalking if the leave is to allow the employee to obtain for themselves or a family member one of the following:
 - a) Medical attention related to physical or psychological injury;
 - b) Services from a sexual or domestic violence program, or victim services organization;
 - c) Counseling;
 - d) Relocation or securing an existing home;
 - e) Legal services, including civil and criminal proceedings.
- **A.R.S. § 13-4433:** Victims of sexual offenses have the right to refuse a defense interview. If victims agree to such an interview, they have the right to select its time and place. Victims can also impose other conditions on the interview and they can refuse to answer any question.
- **A.R.S. § 13-4434:** At any court proceeding, victims of sexual offenses have the right to refuse to testify regarding their address, telephone number, place of employment, or other locating information and to have their personal identifying and locating information kept private.
- **A.R.S. § 13-4424:** Victims of sexual offenses have the right to make a Victim Impact Statement in writing or orally to the probation officer for use in the Presentence Report.
- **A.R.S. § 13-4323(A)/A.R.S. § 13-4410:** Victims of sexual offenses have the right to speak at the change of plea and/or sentencing hearing
- **A.R.S. § 13-4422:** Victims of sexual offenses have the right to be present and heard at hearing involving any post-arrest release decision as well as proceedings where post-conviction release is being considered.
- **A.R.S. § 13-4411:** Victims of sexual offenses have the right to be notified of the sentence imposed and be given a form to opt in for post-conviction notice. By opting in at this point, the victim will receive notice of appeals, probation and corrections/jail activity and if sentence to prison, the Board of Executive Clemency.
- **A.R.S. § 13-4412:** Victims of sexual offenses have the right to be notified if the defendant is released or escapes for the department of corrections.

Suggested Trainings

The following trainings are recommended for victim service providers working with sexual assault victims/survivors. The topics provided reflect critical fundamental concepts for service provision; content will vary in line with current best practice. Contact the Arizona Coalition to End Sexual and Domestic Violence (602-279-2900, info@acesdv.org) for access to training information statewide.

- Dynamics of Sexual Violence
- Neurobiology of Trauma
- Mandatory Reporting and Privileged Communication
- Victims' Rights

Medical Response

The role of medical professionals in response to a sexual assault victim is to address the health, wellbeing, and safety of the patient, to collect samples if indicated, and to document injury, providing the patient consents to the examination.



SANE/FNE/SAFE Professionals

It is best practice to have medical professionals who have sexual assault forensic training perform the medical forensic examinations. Medical personnel who receive this specialized training are typically referred to as Sexual Assault Nurse Examiners (SANEs) or Forensic Nurse Examiners (FNEs). The International Association of Forensic Nurses is the organization that provides training and certification to medical personnel, typically registered nurses. SANE/FNE professionals are specifically trained to perform medical forensic examinations and have the ability to provide expert testimony in court. To maintain and enhance their skills, SANE/FNE professionals should participate in on-going specialized continuing education.

Specialized training is highly recommended for medical professionals performing sexual assault examinations. Medical professionals who can receive training and certification to provide medical forensic examinations include physicians, physician's assistants, registered nurses, and nurse practitioners. For the purpose of this document, those who perform medical forensic exams will be referred to as forensic examiners.

SANE/SART within Tribal Communities

It is the best practice to seek medical attention and/or emergencies at the nearest medical facility, however SANE Professionals are not available in all Tribal communities. If a referral is made to a Tribal medical facility that does not include SANE services, the facility will respond to the survivor to the best of their ability with the help of a local victim advocate if one is available. For additional information, please contact the Southwest Indigenous Women's Coalition and/or the Hopi-Tewa Women's Coalition to End Abuse.

Sex Crimes Evidence Kit

Arizona has a standardized Sex Crimes Evidence Kit that should be used in cases where a patient reports sexual assault and consents to a medical forensic exam. The Arizona Sex Crimes Evidence Kit contains a medical forensic report form that should be used in documenting the patient's medical history, chief complaint, and injury documentation. All injury documentation and nursing diagnoses should be fact-based and clearly derived from the patient's chief complaint, physical examination, and any laboratory tests.

Operational Concerns

The medical response to sexual assault may take place in family advocacy centers, hospitals, private physician offices, or community health centers. Privacy of sexual assault patients should be considered when developing and updating policies and protocols. For example, forensic exam sites are encouraged to have a private waiting room for sexual assault patients, as well as a private shower area, toiletries, clothing, and food and water available following the exam. All sexual assault patients should be treated with sensitivity and requested accommodations should be considered, to the extent possible.

Medical and mental health emergencies take priority over medical forensic exams. Triage of the emergency needs of a patient may be done by law enforcement, emergency medical services, victim service providers, hospital personnel, or other first responders as medical forensic examiners may not be the first responder to a sexual assault patient. If the exam is being performed somewhere other than

a hospital, and the patient's medical and/or mental health status changes during the exam, procedures need to be in place to facilitate the transport of the patient to an appropriate health care facility.

Violence Against Women Act (VAWA)

The Violence Against Women Act (VAWA) is a federal law that addresses the response to sexual assault, domestic violence, dating violence, and stalking. Under VAWA, adult victims of sexual assault have a right to a medical forensic exam at no cost to them regardless of whether they report to law enforcement. Importantly, all patients should receive the same standard of care regardless of their involvement in the criminal justice system. Victim service providers and healthcare providers should notify sexual assault victims of the availability of no-cost exams. Additionally, medical forensic exams should be equally accessible for victims that choose not to report the assault to law enforcement.

Payment for Sex Crimes Evidence Kit

A.R.S. § 13-1414 mandates that any medical expenses arising out of the need to secure evidence that a person has been the victim of sexual assault shall be paid by the county in which the offense occurred. Under certain circumstances, other agencies may pay for evidence collection in cases of sexual assault (e.g., the Federal Bureau of Investigation, the United States Attorney's Office, the State of Arizona Department of Economic Security, or Arizona Department of Corrections).

Patients should be notified that additional healthcare costs (e.g., X-Rays, broken bones, laboratory work) and other costs incurred as a result of the sexual assault may not be covered. Alternative options for payment of these costs include Crime Victim Compensation. Although the patient's insurance is another option for payment of additional costs incurred, it is important to consider potential risks involved with this method, including loss of confidentiality. In situations where the reported perpetrator is a family member or intimate partner, the patient may share an insurance plan with this individual, increasing risk for retaliation.

HIPAA/Confidentiality

The Health Insurance Portability and Accountability Act (HIPAA) is federal legislation which establishes standards for ensuring the privacy and security of patients' medical information and data. HIPAA regulations require patients to give written authorization for a release of health information to non-healthcare providers. Written consent to release medical information can be obtained at the time of the examination, authorizing law enforcement or a prosecutor access to a copy of the medical record. The medical provider will retain all original medical records indefinitely. The forensic examiner may share a patient's confidential health information to consult with another healthcare professional about the patient's treatment. The patient is entitled to a copy of their written and signed agreement to maintain HIPAA standards.

Informed Consent

There are two essential but separate consent processes—one for overall medical evaluation and treatment, and a second for evidence collection and release. Patients should understand the full nature of their consent to each procedure, whether it is medical or evidentiary. In order for patients to make

informed decisions about whether to consent to a procedure, the forensic examiner should present them with all relevant information using language that aligns with the patient's cognitive abilities and linguistic preference. Verbal and written information given to patients to facilitate the consent process should be complete, clear, and concise. Patients can decline any part or all of the examination. However, the informed consent process includes making patients aware of the impact of declining a procedure, as it may negatively impact the quality of care and the usefulness of evidence collection.

Forensic examiners and other responders must refrain from any judgment or coercive practice in seeking patients' consent. Seek both verbal and written consent as required by policy. In addition to verbally providing information and seeking consent throughout the exam process, written consent of patients may be needed in order to carry out specific procedures. It is important that jurisdictions, agencies, and exam facilities make it very clear to responders when written consent is necessary, how it should be sought, and to provide appropriate checklists and forms to facilitate obtaining written consent in a consistent manner. It is always important for examiners to assess patients' ability and legal capacity to provide informed consent. Providers should be aware of jurisdictional laws governing the ability of specific populations to provide consent (e.g., minors, individuals with cognitive disabilities). Exam facilities should also have policies in place to address consent for treatment in cases in which patients are unconscious, intoxicated, or under the influence of alcohol or drugs, and are therefore temporarily incompetent to give consent.

Policies for Sexual Assault Patient Care

"The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires emergency and ambulatory care facilities to have established policies for identifying and assessing possible victims of sexual assault."^{2,3} Medical facilities should have protocols in place for the appropriate response to sexual assault patients. This may include transferring patients to a facility with trained forensic examiners for the purpose of getting an exam, if desired. It is recommended that medical facilities have a policy specifying that victim advocates should be contacted and present to meet with sexual assault patients.

Timeframe for Examination

The Arizona Department of Public Safety provides Sex Crime Evidence Kits to law enforcement agencies and forensic nursing programs. Medical forensic exams may be performed prior to or after the patient

2 Department of Justice (2013). *A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents*. 2nd edition.

3 http://www.jointcommission.org/standards_information/standards.aspx.

has contact with law enforcement. Current national standards suggest viable physical evidence:

- a) An examination should be completed as soon as possible following disclosure if the sexual assault occurred during the previous 120-hours.
- b) Within the 120-hour time range, decisions about how soon to do an examination are made on a case-by- case basis.
- c) An examination may be performed, if needed, for assaults that occurred more than 120-hours prior to the report. However, the likelihood of collecting viable physical evidence decreases significantly after 120-hours.

Examiners should remain objective and not speculate about the nature of injuries.

Medical Forensic Examination and Evidence Collection

A medical forensic examination provides a comprehensive evaluation of the sexual assault patient. Examiners should remain objective and not speculate about the nature of injuries. The exam may include the elements described below.

Medical History

If possible, the history should include a patient's general medical and surgical history, current medications, medication allergies, immunization status, and vital signs, including height and weights.

Chief Complaint

A patient's chief complaint is obtained for purposes of assessment, diagnosis, and treatment. This should occur in a private setting, without others present, unless a translator is required. The chief complaint should be obtained using an open-ended question

(e.g., "Tell/explain to me why you are here today"). To the greatest extent possible, the patient's own words should be used to document the chief complaint, using quotation marks to signify that they are the patient's own words. If the patient is unable to verbalize the chief complaint, it may be obtained from other sources, such as a caregiver or medical power of attorney (see "Culturally-Responsive Considerations" for working with victims/survivors with caregivers).

Physical Examination

A head-to-toe examination is completed to identify all physical injuries, regardless of whether they were reported to have occurred during the assault or not. Photographic documentation of all findings is recommended. A detailed injury description with corresponding body maps should be completed for all physical exams. Forensic examiners should ask questions regarding the physical nature of the assault. Tactics may include, but are not limited to, use of weapons, physical blows, grabbing, holding, pinching, biting, using physical restraints, burns, threat of harm, involuntary ingestion of alcohol/drugs, and strangulation.⁴ Screening for strangulation is important, as it is a potentially lethal form of violence; unconsciousness may occur within seconds and death within minutes.⁵ For signs and symptoms of strangulation, please see Appendix D.

Detailed Genital and/or Anal Examination

Based on the patient's chief complaint and/or medical history, a genital and/or anal examination may be performed to identify areas of injury. This must be done with good illumination and may involve the use of a speculum. Photographic documentation of the genital/anal areas is recommended. A detailed description with corresponding body maps should be completed for all physical exams.

Photography

Photographs may accompany the examiner's documentation, but should never replace written documentation. With the patient's permission, photographs should be taken by the examiner to supplement the written report and capture images of physical findings related to the incident. Photographs should include a color bar to ensure accurate color reproduction. The photographs of the patient's body and genitals should be considered for the medical purpose and should not replace investigative photography. All medical photo documentation should be considered a part of the permanent medical record and all original RAW and JPEG images should be stored and retained by the medical provider indefinitely. With patient consent, photographic images may accompany investigative copies of medical records in sexual assaults reported to law enforcement. However, genital photographs will not be released to non-medical personnel at any time without a court order.

Sample Collection

Systematic gathering of samples may be part of

⁴ Department of Justice (2013). *A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents*. 2nd edition.

⁵ Training Institute on Strangulation Prevention (2018)

any examination that is done within 120 hours after sexual assault or abuse. The collection of samples may include, but is not limited to:

- Collecting the patient's clothing and packaging each item in separate paper bags.
- Scanning the patient's body with an alternate light source and collecting samples from any fluorescent areas.
- Collecting biological standards in the form of blood or buccal swabs to be used as reference samples of the patient's DNA.
- Collecting samples by swabbing oral, body, genital, and/or anal surface areas, as indicated by the patient's chief complaint and the physical exam.
- Collecting blood and/or urine toxicology samples.
- Collecting other debris (trace evidence) that may be present (e.g., grass, leaves, fiber, hair).
- Proper specimen drying, handling, and preservation.
- Proper packaging and labeling of samples.
- Maintaining the chain of custody.

Evaluation for Pregnancy and Sexually Transmitted Infections (STI)

The forensic examiner should test for pregnancy, and emergency contraception should be offered, as indicated.

The forensic examiner should educate the patient on risk, treatment, and medication options for sexually transmitted infections (STIs). Prophylactic treatment for STIs should be offered, when appropriate. Additionally, the examiner should consider referring patients to appropriate healthcare providers for HIV testing, prophylaxis, and counseling.

Follow-Up/Discharge Instructions

Follow-up/discharge instructions should be patient-centered and will vary depending on the nature of the assault and depending on the availability of local resources. Agencies should provide follow-up/discharge instructions that are linguistically, culturally, and gender appropriate. All sexual assault patients should be provided with information for advocacy, resources, and referral options for support following a traumatic event. A sexual assault can cause long-term complications to a patient's physical, emotional, and social health. Patients should be provided with education regarding potential health complications following an assault.

Depending on the nature of the assault, the forensic examiner should consider:

- Pregnant patients may be at risk for complications due to trauma or exposure to STIs. These patients should be referred to an Ob/Gyn.
- Patients who are at risk for STIs should be provided

information on current Centers for Disease Control (CDC) recommendations for follow-up testing and vaccinations. These patients should be provided information about local resources for follow-up care.

- Patients who are at risk for exposure to HIV should be counseled and provided information on local resources where they can obtain post-exposure prophylaxis, follow-up care, and testing.
- Patients who are at risk for an unwanted pregnancy should be counseled and provided information on follow-up testing and local resources.
- Patients should be provided aftercare instructions for any wounds and/or anogenital injuries with recommendations for follow-up with a healthcare provider.
- Patients who have other concerning trauma, such as head trauma or strangulation, should be provided information on warning signs of life threatening complications, with instructions to call 911 or go to the nearest emergency room if complications develop.
- Patients who are sexually assaulted by an intimate partner should be provided safety planning, advocacy resources, and health education regarding their safety and potential healthcare complications from intimate partner violence.
- Mental and behavioral health options should be provided as a resource.
- Sex trafficking victims should be provided with the appropriate resources and referrals.

Post Mortem Sexual Assault Examinations

If a decedent's death investigation falls under the jurisdiction of the county medical examiner's office, in accordance with A.R.S. § 11-596, postmortem sexual assault examinations will be performed if indicated by history and/or circumstance or upon request of an investigating agency by a forensic pathologist medical examiner (ME) or under their direct supervision in compliance with the most current National Association of Medical Examiners (NAME) Forensic Autopsy Performance Standards, and in accordance with departmental policies and procedures. In order to perform a sexual assault medical forensic exam on a deceased victim, law enforcement or the forensic examiner must obtain authorization from the county medical examiner, alternate medical examiner, or the investigating law enforcement agent (A.R.S. § 11-596).

Suspect Evidence Collection

In some cases, law enforcement may request that a forensic examiner collect potential evidence from a sexual assault suspect. Forensic examiners who collect this type of evidence do so under the direction of law enforcement. They are acting as an agent of law enforcement and should communicate with law enforcement to ensure that all legal standards are met.⁶ Under most circumstances, evidence from a suspect can be legally obtained through consent,

6 Office for Victims of Crime. (2018). SANE program development and operational guide: Suspect examinations. Retrieved April 2, 2018, from <https://www.ovctac.gov/saneguide/expanding-forensic-nursing-practice/suspect-examinations/>

probable cause, a court order, or a search warrant. If a search warrant or court order is obtained, the forensic examiner should thoroughly read the warrant/order and have a clear understanding of the potential evidentiary samples to be collected, as outlined in the warrant/order.

The time frame for collection of potential evidence on suspects is 120 hours following the alleged contact. As with any type of forensic evidence, however, examination times will vary depending on the individual circumstances of the crime.

If consent for the forensic exam/evidence collection is obtained, prior to collection the suspect should sign a law enforcement form allowing the forensic examiner to complete the exam. A suspect may withdraw their consent at any time, upon which law enforcement would be required to obtain a court order or a search warrant to have the exam completed.

Collection of evidence from a suspect should be completed in a location separate from the victim and, if possible, in a different facility than the victim exam. Medical examination rooms in a detention facility may be utilized if the suspect is detained or the assault occurred in a correctional setting. Regardless of where the examination is performed, there are no circumstances under which a forensic examiner would be alone with a suspect. If there are concerns that the forensic nurse may be at

risk of injury from a suspect during an examination, the evidence collection exam should not be completed.⁷

Documentation of the exam, including swabs obtained, injuries or identifying marks documented, persons present during the exam, location and time of the exam, and chain of custody information, is critical.⁸ Forensic examiners conducting a forensic exam on a suspect should utilize the AZ Biological Standards medical-forensic kit. If this kit is unavailable, the SCEK kit can be used. In addition, a standard form should be used to ensure all suspect exams are completed in a consistent manner.

Suggested Training

The following trainings are recommended for medical professionals working with sexual assault victims/survivors. The topics provided reflect critical fundamental concepts for medical care; content will vary in line with current best practice. Contact the Arizona Coalition to End Sexual and Domestic Violence (602-279-2900, info@acesdv.org) for access to training information statewide.

- 40-hour SANE Course (Approved by International Association of Forensic Nurses)
- Neurobiology of Trauma
- Compassion Fatigue

⁷ Ibid

⁸ Ibid

Law Enforcement

The role of law enforcement officers is to protect and serve the public. This may include responding to and investigating sexual assault allegations in a consistent and timely manner, demonstrating sensitivity to victim needs, collecting and preserving physical evidence, and coordinating efforts with other agencies. Law enforcement departments must comply with Arizona’s victims’ rights laws (Title 13, Chapter 40 and Title 8, Chapter 3, Article 7) and Adult Protective Services statutes (A.R.S. § 46-454).

Sexual assault cases present unique challenges. Therefore, law enforcement officers conducting sexual assault investigations should have specialized and ongoing training specific to these types of offenses. Law enforcement agencies might consider practices that encourage some officers to specialize in sex crimes investigations, such as increased training opportunities or sex crime specific caseloads, although this will be contingent on community dynamics and available resources. Law enforcement agencies are strongly encouraged to engage in multi-disciplinary approaches to sexual assault investigations, such as Sexual Assault Response Teams (SARTs).



Best Practice—Dispatch

Responsibilities

As with other calls, the 911 operator determines whether the victim is safe and/or in need of emergency medical attention. The operator ascertains pertinent case information and accurately relays this information to the responding officer in a timely manner. Dispatchers are encouraged to receive ongoing training about how to appropriately respond to calls regarding sexual assault. Operators should also be aware that 911 recordings may be subpoenaed.

Priority Call

It is important to recognize sexual assault victims may display a range of diverse emotions following victimization, including but not limited to crying, anger, laughter, lack of emotion, or a combination of these responses. Regardless of victim demeanor, all victims should be treated with equal sensitivity, dignity, and respect. Accordingly, a sexual assault call should be given the appropriate priority, even if it is a delayed disclosure.⁹ It is common for a sexual assault victim to not report the

⁹ International Association of Chiefs of Police. (2015). IACP sexual assault response policy and training content guidelines. Retrieved March 9, 2018, from <http://www.theiacp.org/Portals/0/documents/pdfs/Communications/IACP%20Sexual%20Assault%20Response%20Policy%20and%20Training%20Content%20Guidelines.2017.3.23.pdf>

crime immediately, and delay disclosure for hours, days, weeks, or in some cases, even years following the assault. This is due to a variety of trauma-related factors such as fear, shame, and concerns about not being believed by responders.

Initial Information

When a caller reports a sexual assault, the following information should be gathered:

- Safety of the victim
- Location
- Medical needs
- Suspect information
- Presence of weapons

- Provide forensic examiner related advisories (see “Evidence Preservation” below)
- Inform caller that an officer is being dispatched to the scene
- If practical, remain on the line with the victim until officers arrive, especially if the victim is alone and/or the scene is not safe

Evidence Preservation

If the assault occurred in the last 120 hours, explain to the victim the necessity of not performing the following activities in order to preserve potential evidence:

- Washing the body or clothes
- Brushing teeth
- Eating, drinking, chewing gum, or smoking
- Combing hair or putting on makeup
- Going to the toilet
- Touching or moving anything at the crime scene

Instruct female victims not to douche or change sanitary supplies. If the victim discloses they have already done one of these activities, reassure the victim they have done nothing wrong by taking care of themselves, potential evidence may still be available and recoverable, and the crime can still be reported.¹¹

Suggested Training for Dispatch

The following trainings are recommended for dispatchers. The topics provided reflect critical fundamental concepts for response; content will vary in line with current best practice. Contact the Arizona Coalition to End Sexual and Domestic Violence (602-279-2900, info@acesdv.org) for access to training information statewide.

- Dynamics of Sexual Violence
- Neurobiology of Sexual Assault
- Impact of Sexual Assault

Best Practices—Initial Police Response

Responsibilities

The responding officer’s first duty is to attend to the victim’s safety and medical needs. Officers should also secure the crime scene and determine whether the suspect is still present at the scene. Address any medical needs by asking about potential injury, signs and symptoms of strangulation (see Appendix D for a list of symptoms), and call for emergency medical assistance, if appropriate.

Officers should take special caution not to contaminate the scene or other evidence and to assess the scene for witnesses, vehicles, or other items that pertain to the

The responding officer’s first duty is to attend to the victim’s safety and medical needs.

The purpose of these questions should be explained and the caller should be informed that the asking of these questions will not delay the response of law enforcement. See “Dispatcher Checklist” for additional recommendations.

Dispatcher Checklist¹⁰

- Confirm victim safety and medical needs; activate emergency medical services as needed
- Check safety concerns (weapons shown, threatened, or used; injuries to victim or suspect)
- Check special language/access needs
- Seek suspect information; description, direction of travel, vehicle, etc.

10 State of New Hampshire Governor’s Commission on Domestic and Sexual Violence and Office of the Attorney General. (2012). *A model protocol for response to adult sexual assault cases*.

11 International Association of Chiefs of Police. (2015). IACP sexual assault response policy and training content guidelines. Retrieved March 9, 2018, from <http://www.theiacp.org/Portals/0/documents/pdfs/Communications/IACP%20Sexual%20Assault%20Response%20Policy%20and%20Training%20Content%20Guidelines.2017.3.23.pdf>

case. Officers should also request for relevant personnel, such as crime scene technicians, a sex crimes investigator, a victim advocate or crisis responder, and other necessary personnel to secure the crime scene, collect evidence, and assist in the response, when applicable.¹²

When interacting with the victim, remain calm, listen carefully, and respond in a non-judgmental manner. Keep in mind, the first response to a sexual assault disclosure has an important influence on the victim's engagement in the criminal justice process, future help-seeking behavior, and overall wellbeing.¹³ A response that conveys compassion, dignity, and respect can assist in building rapport, and contribute to more detailed and complete disclosures and greater participation in investigation and potential prosecution.

Initiating the Collaborative Response

Law enforcement is often the first entity in contact with a victim, and therefore should initiate the collaborative response by contacting appropriate personnel. This may include advocates, forensic examiners, translators/interpreters, or mental health professionals. If victim advocacy services are available, it is important to develop agreements between these providers and agencies, in order to establish policies and practices specific to collaborative response. Consider policies specifying that victim advocates accompany law enforcement to all sexual assault crime scenes, providing victims with the opportunity to choose whether to engage with an advocate. Victim service providers have an important role during the initial contact and throughout the investigative process, and can be an important source of emotional support for the victim and information about the criminal justice process. If an advocate is not available, collaborate with local victim service providers or the state sexual and domestic violence coalition to develop resources or an information packet to share with the victim. Please see Appendix A for a list of victim service providers.

Provision of Victim Rights Information

Upon initial contact with a victim of sexual assault, the responding law enforcement agency must provide a form (A.R.S. § 13-4405[A]) that allows victims to request or waive their rights. This form allows the victim to designate a lawful representative. The form includes, but is not limited to, the following information:

- The Constitutional right to be treated with fairness, respect, and dignity and to be free from intimidation, harassment, or abuse throughout the justice process.
- Victim services available, including the names and phone numbers of service providers, and information about the Crime Victim Compensation Program.

- A name and phone number the victim can use to obtain information about the case, including a report number.
- Whether a suspect has been arrested or cited and released.
- The date, time, and place of the suspect's initial appearance, and the victim's right to be heard at the initial appearance.

"The victim, or immediate family member of the victim if the victim is killed or incapacitated, has the right to receive one copy of the police report, including any supplements to the report, from the investigating law enforcement agency, at no charge pursuant to section 39-127."

At the time of contact with a law enforcement agency, victims of sexual assault may be physically or emotionally unable to request or waive their rights. In such instances, the responding officer must indicate this fact on the rights request/waiver form. By law, such designations give notice to other agencies that they should assume victim rights have been invoked, unless the victim later waives his or her rights (A.R.S. § 13-4405[B]).

Initial Victim Interview^{14, 15, 16}

Sexual assault investigations typically include both an initial victim interview in the response phase and a subsequent in-depth interview in the investigative phase. It is best practice to conduct both a minimal fact interview and an in-depth investigative interview, even when the first responder and the investigator are the same person. The neurobiological effects of trauma have residual impacts and may impair memory recall, although these impairments may resolve over time. Therefore, it is recommended that victims be allowed time to recover following the initial interview and before an in-depth interview is conducted.

The initial responder is responsible for documenting the victim's contact information and establishing that a crime has occurred by conducting a brief, minimal fact interview. It is best practice to explain the purpose of a minimal fact interview and to gather information from the victim's narrative. The officer should ask open-ended questions in a non-judgmental manner, without interrupting the victim. This interview should be recorded and take place in a private, safe setting. Follow-up questions are appropriate to identify elements of the crime, potential witnesses, suspect(s), evidence, and crime scene(s). Importantly, do not ask the victim if they want to press charges, are willing to prosecute, or want to "be a victim." Remember, a trauma-informed response (see "Trauma-Informed Response") recognizes and accounts for the neurobiological effects

¹² Ibid.

¹³ Ullman, S.E., & Peter-Hagene, L. P. (2016). Longitudinal relationships of social reactions, PTSD, and revictimization in sexual assault survivors. *Journal of Interpersonal Violence, 31*, 1074-1094.

¹⁴ International Association of Chiefs of Police. (2015). *IACP sexual assault response policy and training content guidelines*. Retrieved March 9, 2018, from <http://www.theiacp.org/Portals/0/documents/pdfs/Communications/IACP%20Sexual%20Assault%20Response%20Policy%20and%20Training%20Content%20Guidelines.2017.3.23.pdf>

¹⁵ International Association of Chiefs of Police. (2015). *IACP sexual assault response policy and training content guidelines*. Retrieved March 9, 2018, from <http://www.theiacp.org/Portals/0/documents/pdfs/Communications/IACP%20Sexual%20Assault%20Response%20Policy%20and%20Training%20Content%20Guidelines.2017.3.23.pdf>

¹⁶ Michigan Domestic and Sexual Violence Prevention and Treatment Board. (2015). *Michigan model policy: The law enforcement response to sexual assault*.

of trauma, such as memory loss, inconsistencies, and emotional fluctuations. These traumatic effects should not be used to assess or determine credibility.

If wearing a body camera, inform the victim of the presence of the camera and explain the purpose for the recording.¹⁷ Officers equipped with body worn cameras should audio and video record all contact and investigation efforts and document that these recordings exist in the police report. Document your observations about the victim's appearance and demeanor during the interview in the departmental report (e.g., crying, unemotional, dirty/torn clothes, visible injuries). Do not include personal opinions or beliefs about what you think.

If the victim knows the suspect, obtain as much information as possible as to the suspect's description and any locating information. If the victim does not know the suspect, obtain a description by asking open-ended questions about suspect appearance.

Medical Forensic Examination

If the sexual assault occurred within the last 120-hours, or it appears there is potential to collect physical evidence or document injury, provide the victim with the option of a medical forensic exam. The responding officer or victim advocate should explain the purpose of the exam, as well as the health and potential legal benefits of the exam. Additionally, inform the victim they have a right to a medical forensic exam at no cost to them, regardless of whether they choose to be involved in the criminal justice process.¹⁸ If the victim decides to receive a medical forensic exam, provide advisories detailed in "Evidence Preservation" section above.

It is best practice for victims to be transported to the medical forensic exam facility by a victim service provider or crisis responder. If a victim service provider is not present, the victim can choose to be transported in a private car by a friend or family member. If the victim decides to be transported in a private vehicle, allow the victim to follow you to the medical forensic exam facility. With the victim's consent, the officer may transport the victim to a family advocacy center or an appropriate medical facility for a medical forensic examination. During the exam, the officer should remain at the exam facility, but not in the exam room. Safety concerns should be addressed in collaboration with a victim service provider. The officer may provide transportation back to the victim's home after the exam if other options are not available and with the victim's consent.

Photographs of the Victim

If a crime scene technician or forensic examiner is unavailable or does not have access to a camera, law enforcement officers may ask permission to take photos of injury on the victim, or the victim may take the pictures if they prefer.

Initial Contact with Suspect

If the suspect is not on the scene, first responders may begin a search for the suspect. Consult with a detective, investigator, or supervisor prior to contact, bearing in mind the suspect may possess evidence that needs to be immediately collected. If the suspect is on scene, temporarily detain or arrest them as appropriate based on reasonable suspicion and/or probable cause.¹⁹ First responders should only interview the suspect if the suspect is present and aware of the investigation. If your agency has an on-call investigator, that investigator should be consulted with prior to conducting an interview. If evidence needs to be collected from the suspect, the following are recommended:

- Court Order for Identifying Physical Characteristics (A.R.S. § 13-3905)—This requires reasonable suspicion and cannot be used to draw blood.
- Search Warrant—This requires probable cause.

Suggested Training for Initial Responder

The following trainings are recommended for law enforcement working with sexual assault victims/survivors. The topics provided reflect critical fundamental concepts for response; content will vary in line with current best practice. Contact the Arizona Coalition to End Sexual and Domestic Violence (602-279-2900, info@acesdv.org) for access to training information statewide.

- Neurobiology of Trauma
- Interviewing Sexual Assault Victims
- Scene Preservation
- Medical Forensic Response for Sexual Assault
- Cases Report Writing
- Crime Victims' Rights

Best Practices—Ongoing Investigation

Responsibilities

Investigators are responsible for conducting a thorough, non-biased, trauma-informed investigation. If resources allow, it is recommended that each agency have a specialized unit to investigate sexual assaults. Assignment to such a unit should be voluntary. Size of agency, resources, and other special circumstances may make alternatives necessary. Due to the sensitive and personal nature of sexual assault cases, law enforcement should maintain timely communication with the victim throughout the investigation. It is important to maintain the victim's privacy by not contacting friends and family members who may not be aware of the situation.

17 International Association of Chiefs of Police. (2017). *Deliberations from the IACP national forum on body-worn cameras and violence against women.*

18 42 U.S.C. 3796gg-4(d). Please note that the Violence Against Women Act of 2013 amended the requirements for forensic exam payment to remove the option of reimbursing victims, instead they must provide the exams free to the victim or arrange for the victim to obtain the exams free of charge.

19 International Association of Chiefs of Police. (2015). *IACP sexual assault response policy and training content guidelines.* Retrieved March 9, 2018, from <http://www.theiacp.org/Portals/0/documents/pdfs/Communications/IACP%20Sexual%20Assault%20Response%20Policy%20and%20Training%20Content%20Guidelines.2017.3.23.pdf>

Investigator Responsibility Checklist

1. Where applicable, ensure the crime scene(s) remain secure.
2. Identify, document, and collect crime scene evidence when available.
3. Impound and submit evidence to the crime laboratory for testing.
4. Conduct a detailed interview of the victim.
5. Identify and interview other witnesses in the case.
6. Identify and interview the suspect.
7. When appropriate, work with the agency's public information officer on which, if any, details should be disclosed to the public.
8. Obtain a DNA sample from victim's consensual sex partner(s), if relevant sexual activity occurred in the past seven days or if any items seized (e.g., bed linens) may contain DNA from the partner(s). The investigator role does not end once the case is submitted for prosecution. Investigators need to be aware of legal requirements and timelines with which prosecutors must comply. Therefore, at the earliest juncture, the investigator should work with the prosecutor assigned to the case. This will help ensure that discovery is completed in a timely fashion. Open communication also will provide the means to advise the prosecutor of any potentially exculpatory information.

Follow-Up Victim Interview²⁰

The purpose of the follow-up victim interview is to confirm, clarify, and expand on the initial victim interview.²¹ The investigator should prepare for the interview by determining a time and place that is convenient and comfortable for the victim.²² Explain the scope of the interview, overview of the investigation process, their rights as a victim, and the purpose of being audio or video recorded, if applicable. Keep in mind, the victim may still be in crisis and exhibit signs of trauma, such as laughter or inconsistencies in recall. Traumatic impacts should not be interpreted as false information. Similarly, avoid questions or comments that could be construed as victim blaming (e.g. "Why didn't you...?" "Why would you...?").²³

The investigator may begin the interview by asking an open-ended question such as "Tell me what happened."

This allows for an uninterrupted, free-flowing narrative from the victim. Follow-up questions are appropriate after the victim has finished the narrative. The investigator can gather additional information through open-ended questions related to sensory details (e.g., smells, sounds) and the victim's emotions and feelings during the assault.

After the follow-up victim interview, inform the victim of next steps in the investigative process. Provide them with contact information and address any of the victim's safety concerns. If available, refer the victim to a local sexual assault program or victim service provider to address further safety concerns and provide additional advocacy services.

Polygraphing Sexual Assault Victims

Victims of sexual assault should never be polygraphed. According to the VAWA Reauthorization Act of 2005,²⁴ jurisdictions will no longer be eligible for STOP funding if their policy or practice is to polygraph victims of sexual assault. This practice is traumatizing to victims and causes distrust in law enforcement.

Technology Considerations

Law enforcement should consider the utility of examining telephone and cell phone records and digital images, as well as social media accounts (e.g., Facebook, Twitter, Instagram) of a suspect and/or victim. A search warrant may be required. Where appropriate, law enforcement should seize computers, CDs, DVDs, external hard drives, web or video cameras, digital cameras, and other related material during the execution of search warrants.²⁵

Suspect Interview and Investigation

Prior to contacting the suspect, run criminal history analyses to obtain past reports and court records on sex-related offenses, and to review other offenses for sexual motivation, such as burglary, kidnapping, and other violent crimes. In consultation with your County Attorney's Office, pretext phone calls or messaging with a suspect can be a valuable tool in an investigation.²⁶

Suspect interviews are a standard component of a sexual assault investigation, and should be conducted in person and with audio and video recording if possible. The most common defenses from suspects in sexual assault cases are denial that the assault occurred or stating the sexual encounter was consensual.²⁷ It is recommended that sex crimes investigators recognize common theories of sexual assault defenses and strategize their investigation around the defense that is most likely to be

20 International Association of Chiefs of Police. (2015). *IACP sexual assault response policy and training content guidelines*. Retrieved March 9, 2018, from <http://www.theiacp.org/Portals/0/documents/pdfs/Communications/IACP%20Sexual%20Assault%20Response%20Policy%20and%20Training%20Content%20Guidelines.2017.3.23.pdf>

21 Oregon's Attorney General Sexual Assault Task Force. (2009). *Oregon's sexual assault response team handbook*.

22 Michigan Domestic and Sexual Violence Prevention and Treatment Board. (2015). *Michigan model policy: The law enforcement response to sexual assault*.

23 International Association of Chiefs of Police. (2015). *IACP sexual assault response policy and training content guidelines*. Retrieved March 9, 2018, from <http://www.theiacp.org/Portals/0/documents/pdfs/Communications/IACP%20Sexual%20Assault%20Response%20Policy%20and%20Training%20Content%20Guidelines.2017.3.23.pdf>

24 H.R. 3171-109th Congress: VAWA 2005 Reauthorization Act

25 Oregon's Attorney General Sexual Assault Task Force. (2009). *Oregon's sexual assault response team handbook*.

26 International Association of Chiefs of Police. (2015). *IACP sexual assault response policy and training content guidelines*. Retrieved March 9, 2018, from <http://www.theiacp.org/Portals/0/documents/pdfs/Communications/IACP%20Sexual%20Assault%20Response%20Policy%20and%20Training%20Content%20Guidelines.2017.3.23.pdf>

27 Oregon's Attorney General Sexual Assault Task Force. (2009). *Oregon's sexual assault response team handbook*.

raised.²⁸ The purpose of a suspect interview is to elicit provable lies, implausible accounts, partial truths, lack of denial, and partial or complete admissions.²⁹

Evidence Retention

Evidence may be used in future cases regarding the outcome of the investigation. Therefore, all evidence in a sexual assault case will be retained by the investigating agency pursuant to A.R.S. § 13- 4221 (A. Evidence Rules 404[B] and [C]).

Sex Crime Evidence Kit (SCEK)

Arizona law dictates the time frame of notification, transportation, and testing of SCEKs (A.R.S. § 13- 1426). The health care facility that performs the forensic exam has 48 hours to notify law enforcement of its completion. After notification, the law enforcement agency has 5 business days to pick up the kit and an additional 15 business days to submit the SCEK to a public accredited crime lab. All kits submitted to the crime lab should be tested as soon as practicable, given available resources. It is recommended by the Sexual Assault Forensic Evidence Reporting (SAFER) workgroup that VAWA kits should be retained for at least the statute of limitations or a maximum of 20 years.³⁰ In Arizona, since there is no statute of limitations for sexual assault, the recommendation is to store VAWA kits for at least 20 years.

Written Reports

If they have not already done so, law enforcement agencies should establish procedures for documenting sexual assaults and complaints, in compliance with the Uniform Crime Reports. Every officer who responds to a sexual assault call must complete a written report. This document should be clearly identified as a sexual assault case report.

Report Retention Periods

Reports concerning sexual assault and domestic violence should be retained long enough to allow for enhanced sentencing, where it is warranted. Many domestic violence incidents also include sexual assault. In domestic violence cases, offenders who have multiple offenses within 60 months qualify for enhanced sentencing (A.R.S. § 13-3601).

Suggested Trainings

The following trainings are recommended for law enforcement working with sexual assault victims/survivors. The topics provided reflect critical fundamental concepts for response; content will vary in line with current best practice. Contact the Arizona Coalition to End Sexual and Domestic Violence (602-279-2900, info@acesdv.org) for access to training information statewide.

- Neurobiology of Trauma
- Advanced Sex Crimes Investigation
- Forensic Interviewing of Adult and Child Victims
- One-Part Consent Calls
- Cold Case Investigations in Sexual Assault Cases
- Interviewing Sexual Assault Victims
- Interviewing Sexual Assault Suspects
- Sexual Assault Offender Behavior
- Courtroom Testimony and Presenting Sexual Assault Cases at Trial Crime Victims' Rights

Agency Sexual Assault Policy

Each law enforcement agency that manages sexual assault cases should have a policy for investigating and responding appropriately with their own employees when they are involved in a sexual assault, either as victims or as perpetrators.

Tribal Law Enforcement including Jurisdiction

The majority of Arizona Tribal communities maintain a tribal police department, which may include victim services. Tribally operated law enforcement agencies provide a broad range of public safety services such as responding to calls, investigating crimes, enforcing traffic laws, making arrests, serving process, and conducting search and rescue operations. Determining jurisdiction for offenses in Indian Country can be complicated, and investigative authority may be with federal, state, or tribal agencies depending on the particular offense, offender, victim, and offense location. In 2013, the Violence Against Women Reauthorization Act, recognized and reaffirmed the inherent sovereign authority of Indian Tribes to exercise criminal jurisdiction over certain non-Indians who violate protection orders or commit dating violence or domestic violence against Indian victims on tribal lands. This is an option for Tribes to implement. For any questions regarding jurisdiction issues, victim services, VAWA 2013, and/or tribal law enforcement assistance please contact the nearest tribal police department. For a listing of tribal police department visit www.swiwc.org

28 International Association of Chiefs of Police. (2015). *IACP sexual assault response policy and training content guidelines*. Retrieved March 9, 2018, from <http://www.theiacp.org/Portals/0/documents/pdfs/Communications/IACP%20Sexual%20Assault%20Response%20Policy%20and%20Training%20Content%20Guidelines.2017.3.23.pdf>

29 Oregon's Attorney General Sexual Assault Task Force. (2009). *Oregon's sexual assault response team handbook*.

30 National Institute of Justice. (2017). *National best practices for sexual assault kits: A multidisciplinary approach*.

Crime Laboratory

This section encompasses four aspects of the laboratory testing of SCEKs: 1) case acceptance, 2) screening, 3) DNA testing, and 4) CODIS entry. This protocol is not all inclusive of every scenario that may be encountered in casework or by any individual laboratory. Each CODIS participating laboratory responsible for testing SCEKs in Arizona will be an accredited laboratory and adhere to the FBI's DNA Quality Assurance Standards for DNA Testing Laboratories. Each laboratory will have detailed technical and administrative protocols that will be specific to the testing of evidence for the agencies they serve.

1. Case Acceptance

Forensic laboratories must remain independent and neutral when evaluating evidence items to test and methodologies to use. Forensic laboratories, like other agencies, have limited resources. Therefore, exceptions to case acceptance policies should be a collaborative effort between the laboratory and its stakeholders (law enforcement, prosecution, defense, etc.). Communication between forensic laboratories and their customers/stakeholders is key to achieving success.³¹

Each laboratory shall have a case acceptance policy that documents the prioritization of analysis of crime types



and a mechanism for deviations to prioritization. The analysis of sex crimes evidence kits in general should be of a high priority. Additional parameters may be used to further prioritize the caseload at each laboratory including case specifics and discovery deadlines due to Arizona Criminal Rules of Procedure.

Each laboratory may establish a limit to the number of items that will be analyzed for DNA but this should be based upon the results of Serology/Y-screening, combined with the medical examination information and synopsis information provided by the forensic nurse examiner and law enforcement official.

- An objective of laboratory testing is the development of a DNA profile that can be used to identify an individual(s). If initial testing yields the development of a CODIS eligible profile, additional item(s) may be processed in collaboration with criminal justice stakeholders.
- If the results of the screening process are negative or demonstrate a low likelihood of obtaining a probative DNA profile, DNA testing may not be completed on these items thereby preserving sample for future analysis using advancing technology.
- Ideally, reference samples will be collected from the victim, consensual sex partner(s), and suspect(s), if

³¹ A primary source for the content of this protocol is the Scientific Working Group on DNA Analysis Methods, *Guidelines for the Processing of Sexual Assault Evidence Kits in the Laboratory* and the National Institute of Justice's *National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach* were primary sources used in the development of this protocol. Laboratories are independent

known.³² Buccal swabs or other appropriate reference samples should be collected to assist with the interpretation of the DNA results. Often mixtures are obtained from evidentiary items. Therefore, the victim's DNA profile as well as the consensual sex partner's, if indicated in the SCEK paperwork, may be used to deduce a more informative DNA profile.

- In instances where the suspect has been identified, law enforcement personnel should obtain buccal swabs (reference samples) from the suspect for comparison purposes. These samples must be packaged separately from the SCEK and be clearly labeled.

2. Screening

Screening of a sex crimes evidence kit

The SCEK should be packaged separately from other sex assault evidence items, including clothing collected at the time of SCEK collection.

Forensic laboratories must remain independent and neutral when evaluating evidence items to test and methodologies to use.

The SCEK should be submitted to the laboratory prior to other sex assault evidence unless the case synopsis indicates other evidence is more probative – i.e. condom, clothing, bedding, etc.³³ The SCEK medical history report and/or a brief synopsis are required upon submission to the laboratory for processing. If neither of these are provided to the laboratory upon submission of the SCEK, the laboratory may return the SCEK to the requesting agency. The SCEK should be re-submitted to the laboratory for analysis once the required information is included. The submitting agency should provide information about consensual sex partner(s) upon submission of the SCEK or when available.

SCEK samples should be screened via Y-screening (Direct to DNA approach) or traditional serology processes. Y-screening may be employed for screening of SCEK samples collected from a female, when male DNA is relevant to the case. When the SCEK has been collected under alternative scenarios, e.g. male on male assaults, traditional serology screening may be employed for testing of the SCEK samples.

Screening of non-SCEK sex assault evidence

Screening of non-SCEK sex assault evidence will be performed as needed and in collaboration with criminal justice stakeholders. The laboratory may triage the non-SCEK evidence based on the results of the SCEK analysis, sexual assault history information, and/or consultation with criminal justice stakeholders. Screening will generally be performed using serological methods.

3. DNA Testing

Laboratory methodology

In general, the four steps of DNA testing in the laboratory are extraction, quantification, amplification, and typing.

1. *Extraction (Normal and Differential)*: Differential extractions can be used when sperm may be present in the sample. In the absence of a sperm search, a normal extraction may be used for samples collected from above the victim's waist. In the absence of a sperm search, a differential extraction may be used for samples collected from below the victim's waist. Additionally, a differential extraction can be used from any location in which the analyst expects the sample to contain sperm, i.e., according to the SCEK medical history report the perpetrator ejaculated on victim's breast and breast swabs are collected in the SCEK.
2. *Quantitation*: The amount of DNA present in any sample may be quantified using validated kits and methods. The Laboratory may have an established quantitation threshold that returns either no DNA at all or no male DNA. If an established threshold is determined, then samples that fall below that threshold do not need to be amplified.
3. *Amplification: Autosomal STR DNA Testing* – samples will be processed using appropriate STR amplification kits that include, at a minimum, the approved core CODIS loci. Most samples selected for DNA analysis will undergo the autosomal STR DNA testing process.

Y-STR Testing – samples will be processed using appropriate Y-STR amplification kits. In general, only select samples will be processed using the Y-STR testing methods. Typically, these are samples that have very low levels of male DNA, male DNA that may be

³² The victim standard is typically contained within the SCEK. The laboratory should request the submission of a reference sample from the consensual sex partner prior to the entry of CODIS eligible profiles. Each laboratory may have specific policies regarding when other standards should/must be submitted to the laboratory.

³³ If the agency has adopted a 'Test All' policy to testing all SCEKs, then the kit will always be submitted to the laboratory for analysis. Other probative evidence may also be submitted for analysis depending on the facts of that particular case.

masked by higher levels of female DNA, or in situations where the Y-STR profile is informative to the case.

4. *Typing*: Genetic analyzers will be used to complete the DNA testing of amplified product.

If a full autosomal DNA profile is not developed, a partial STR and/or Y-STR profile may be achievable and informative to the investigation. Automated and robotic platforms may be used for high throughput processing, but they are not a requirement for the development of a DNA profile from SCEKs.

Interpretation and Reporting

The laboratory will have written procedures for taking and maintaining case notes to support the conclusions drawn in the report. These can be either in a hard copy or electronic format. The analytical documentation shall be sufficient to support the reported conclusions so that another qualified individual could evaluate and interpret the results. The report may include but is not limited to the following:

- The detection of male DNA if the Y-Screening method is used.
- The development of an unknown probative DNA profile.
- The entry of CODIS eligible profiles and the level to which the profile was uploaded.

The laboratory will follow the QAS and accreditation standards for reporting and reviewing results. The laboratory may use DNA interpretation software, including probabilistic genotyping software, to aid in the analysis and interpretation of the DNA results. The laboratory will only release results and provide copies of reports to approved criminal justice stakeholders, i.e. requesting law enforcement agency, prosecutor's office, assigned defense attorney, etc. Analytical results will not be released directly from the laboratory to the victim, victim's advocate, or other interested private party.

Outsourcing

The laboratory may also utilize the services of a private DNA laboratory (non-CODIS participating) to complete the DNA testing of SCEKs. The laboratory will follow Standard 17 – Outsourcing from the DNA QAS to ensure CODIS eligible profiles can be entered into CODIS. The laboratory will perform a technical review of all cases containing a CODIS eligible profile and take ownership of the data prior to the profile being entered into CODIS. The laboratory may issue an outsourcing report to the requesting agency detailing the vendor's results and the laboratory's corresponding actions. The laboratory should include in the contract with the private DNA laboratory a negotiated cost for potential interviews, discovery, and courtroom testimony.

Review

All analytical documentation and scientific reports associated with the analysis of SCEKs will undergo a technical and administrative review process per the corresponding QAS and accreditation standards.

4. CODIS Entry

CODIS Eligibility

Once a profile has been developed, CODIS eligibility for a forensic category is determined.

1. The profile must be from crime scene evidence.
2. The profile must be attributable to a putative perpetrator. If a consensual sex partner is listed, the laboratory must request that an elimination sample be submitted for comparison purposes prior to entering the DNA profile developed. After a request for the elimination sample has been made, eligible profiles can be entered into CODIS even if an elimination sample cannot be obtained.³⁴

Determining CODIS Entry

If the profile developed meets the requirements to go to the national database (NDIS) it will be entered into the appropriate forensic category and uploaded to both the state and national databases. It will be searched on a regular basis.

If the profile developed does not meet the requirements to go to the national database, but does meet the requirements to go to the state database (SDIS) it will be entered into the appropriate forensic category and uploaded to the state database. It will be searched on a regular basis.

If the profile developed does not meet either the national or the state database requirements, it could possibly be stored and searched in the local database (LDIS) depending on the individual laboratory's policies.

CODIS Hits

For Offender Hits, the name of the individual will be released by the laboratory to the law enforcement agency once the confirmation process is completed. The law enforcement agency is responsible for collecting a reference sample from the named individual so that match statistics, if applicable, can be reported to criminal justice stakeholders. If the CODIS hit identifies a consensual sex partner, the law enforcement agency must notify the laboratory so that the DNA profile developed from the SCEK evidence is removed from CODIS.

For Forensic Hits, the case(s) information will be released by the laboratory to the law enforcement agency once the confirmation process is completed.

³⁴ Each laboratory will have policies and procedures which direct the entry of DNA profiles into CODIS. When the profile developed is attributable to the CSP, the profile will not be entered into CODIS.

Turnaround Times

Turnaround times for the analysis of an SCEK is defined as the time from when the laboratory request for the analysis of the SCEK is received by the laboratory to the release of a laboratory report to criminal justice stakeholders providing results from the analysis of the SCEK. Both the volume of SCEKs submitted to the laboratory and the laboratory's corresponding analytical capacity will dictate a laboratory's ability to complete the analysis of the SCEK within a specified time limit.

The existence of a backlog of items pending DNA analysis in the laboratory will impact the ability to achieve ideal turnaround times. The laboratory will utilize existing resources to process SCEKs as a priority assignment within their system and complete the analysis accordingly. If the laboratory does not have sufficient resources to meet the demand of casework being submitted to the laboratory, regardless of case type (sexual assault, homicide, etc.), delays in the analysis of evidence will occur.

Glossary of Terms

Autosomal STR Testing: all humans inherit half of their genome from their biological mother (22 autosomal chromosomes plus one sex chromosome) and the other half from their biological father (22 autosomal chromosomes plus one sex chromosome). Thus, there are two copies (or two alleles) of each gene in our genome. Short tandem repeats (STRs) are repeated segments of DNA that are typically 2-6 base pairs in length. These STRs are scattered throughout our genome. At each of the tested genetic sites, one STR allele comes from the mother and the other STR allele comes from the father. The number of repeats of each STR at each genetic site varies within the human populations, and this variability in the number of repeats makes autosomal STR testing extremely valuable as a human DNA identification tool.³⁵

Backlogged: evidence received by the laboratory but has remained untested for more than 30 days.³⁶

CODIS: stands for the Combined DNA Index System. It is the generic term used to describe the program and software supplied by the FBI to support criminal justice DNA databases used. One aspect of CODIS links DNA evidence obtained from crime scenes, thereby identifying serial criminals. The second aspect of CODIS compares crime scene evidence to database profiles (which includes convicted offenders and arrestees) thereby providing investigators with the identity of a possible putative perpetrator. In addition, CODIS can link DNA evidence obtained from unidentified humans (remains) to relatives of missing persons and/or missing persons. The goal of CODIS is to provide investigative assistance to law enforcement.

CODIS consists of three levels: the Local DNA Index System (LDIS) that contains the DNA profiles from individual laboratories; the State DNA Index System (SDIS) that serves as the state's DNA database including DNA profiles that are eligible from LDIS; and the National DNA Index System (NDIS) is the nation's DNA database that contains DNA profiles that are eligible from participating laboratories at the federal, state, and local level.

CODIS Eligibility: is a term used to describe what is allowed to be entered and searched within the CODIS system. In order for DNA records to be eligible for entry and searched in the forensic indexes at NDIS or SDIS, they must be from *crime scene evidence*. The DNA records offered to NDIS and/or SDIS must also be *attributable to the putative perpetrator*. DNA records voluntarily provided solely for the purposes of elimination are not acceptable. In regards to offender and arrestee samples, in order to be eligible for the Arizona CODIS database, they must be collected with respects to the ARS §13-610.

DNA Testing: testing of an evidence sample to obtain a DNA profile. Generally, the DNA testing process includes extraction, quantitation, amplification and DNA typing.

Forensic Hit: is when an unsolved forensic profile matches to another forensic profile.

Offender Hit: is when an unknown forensic profile matches to an offender, arrestee, or other known standard.

Prioritize: to designate or treat as more important than other things. Each agency may have a system to evaluate incoming requests for analysis to appropriately prioritize sex crimes evidence kits and sexual assault casework. Please contact the laboratory you are working with for information regarding their case acceptance policy.

Probative: relates to the effect of proving an issue or other information; serving to prove or substantiate.

Tested: forensic testing has been completed on one or more samples from the SCEK that resulted in a CODIS eligible profile or exhausted all probative samples within the SCEK.

Timely Manner: Once sufficient resources have been provided to the forensic DNA laboratory, time for DNA testing of the SCEK will be completed as soon as possible.

Unsubmitted: refers to a sex crimes evidence kit (or other evidence) that is in police custody but has not yet been sent or submitted to a crime laboratory for forensic testing.

Untested: refers to a sex crimes evidence kit (or other evidence) that is at a crime lab but has not yet been through DNA testing.³⁷

Y-Screening: an alternative laboratory process for testing of biological samples (e.g. sex assault kit samples) for the

35 <http://www.celllineauthentication.com/what-is-str-profiling-.html>

36 Consistent with NJ CEBR and FORESIGHT definitions of backlog.

37 Source: *NIJ – Sexual Assault Kits – Using Science to Find Solutions – September 2015*

presence of male DNA. This laboratory process is useful when dealing with mixtures containing female and male components.

Y-STR Testing: targeted short tandem repeat testing of the Y chromosome found in males due to paternal inheritance. Y-STR testing is useful for detection of male DNA from evidence when there are high concentrations of female DNA, or generally when low amounts of male DNA are present. It can be used in conjunction with, or in lieu of autosomal STR testing.³⁸

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National Institute of Justice. (2016, August). National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach. *DRAFT*. Washington, D.C. Scientific Working Group on DNA Analysis Methods. (2016, July 14). Guidelines for the Processing of Sexual Assault Evidence Kits in a Laboratory (*DRAFT*). SWGDAM.

38 <http://www.nij.gov/topics/forensics/evidence/dna/research/pages/y-chromosome.aspx>, SWGDAM: http://media.wix.com/ugd/4344b0_da25419ba2dd4363bc4e5e8fe7025882.pdf

Prosecution

The purpose of this section is to establish general guidelines for prosecutors and prosecution agencies to follow in the handling of sex crime cases. Prosecution of sex crime cases requires special attention to issues involving sensitivity to the victim, prosecutor access, prosecutor continuity, and the coordination of various services.

Victim-Centered Approach

The prosecutor's office should facilitate victim participation, encourage an environment that is compassionate and respectful of the victim, and ensure offender accountability. To accomplish this, prosecutors are encouraged to receive specialized training to understand the unique issues that arise in sex crime cases.

On-Call Prosecutors

Whenever possible, prosecutors should be available on a 24/7 basis to assist in the investigation of sex crime cases. The on-call attorney may visit the scene, answer legal inquiries, attend the initial appearance, and observe interviews.

Prosecutor Continuity

Prosecuting agencies should strive, as a matter of policy, to assign a prosecution team at the beginning of the case who will be able to see the case through disposition. The prosecution team should include a prosecutor, victim service provider, paralegal, and case administration. This will increase victim trust and confidence and foster stability in the prosecution.

Team Approach

The prosecuting agency should strive for a team approach that includes the victim service provider, legal assistants, investigators, and law enforcement. In addition, a victim service provider should serve as a liaison between the prosecutor and the victim, victim's representative, or victim's attorney. Both the prosecutor and the victim service provider should work with the victim or the victim's attorney. The prosecutor should encourage the assigned detective to maintain an active role in the case during the trial by providing feedback, completing follow-up when called on, and assisting the prosecution as needed.



Prosecutorial Review

Submittals

The prosecutor reviewing the case should have sexual assault specific training. The prosecutor should not reject a case solely on the basis that the victim or the victim's family is opposed to, or refuses to cooperate with the prosecution. Ultimately, the prosecutor has the capability to move forward with a case even if the victim does not want to prosecute.

Before a case is declined for prosecution, a prosecutor must notify the victim and/or the victim's lawful representative and provide the victim with an opportunity to confer with the prosecutor. Prosecutors should be available to discuss with victims the reason(s) why the decision was made not to prosecute (A.R.S. § 13-4408 [B]).

Statute of Limitations

All cases that are turned down may be re-evaluated if new evidence is presented. As of August 9, 2001, the statute of limitations for sexual assault has been eliminated (A.R.S. § 13-107). Cases that occurred prior to August 9, 2001, may still be prosecutable.

Special Considerations In Charging Decisions

Prosecutors should consider filing separate counts for each separate act of sexual assault. Additional counts may be filed for any non-sexual crimes committed in association with a sexual assault. Each act committed should be set forth in a separate count.

Multiple Victims

If charges that involve more than one victim are submitted on one suspect, the prosecutor should be mindful of Rules of Evidence 404(B) and (C) and Rules of Criminal Procedure 13.3 and 13.4 and relevant case law, to evaluate whether filing the charges in one complaint is appropriate.

Additional Counts

It is important to consider the full array of crimes in order to cover the extent of victimization by sexual and assaultive behavior. For example, if a defendant threatens and rapes a victim in his/her home, it may be charged as burglary, threatening, and sexual assault.

If the defendant is charged with non-sex offenses (e.g., burglary, kidnapping, trespass, or surreptitious viewing), but the offenses are sexually motivated, the prosecutor should consider filing an allegation of sexual motivation, if appropriate (A.R.S. § 13-118).

Case Dispositions And Plea Agreements

General Considerations

Once a case is assigned to a prosecutor, the victim service provider or the prosecutor should contact the victim as soon as practicable to discuss the prosecution process and obtain the victim's views about input on possible disposition(s).

Although the right of the victim to confer with the prosecuting attorney does not include authority to determine disposition of the case (A.R.S. § 13-4419), the prosecutor should explain plea dispositions and give the victim time to consider these options and provide input to the prosecutor. In some cases, a plea disposition may be advantageous; in part, because it ensures a conviction, eliminates the need for victims to testify, and eliminates the right to an appeal.

The victim should be advised by the victim advocate or prosecutor that they have the right to attend court hearings. Moreover, victims have the right to tell the Court their views regarding the plea (including any objections they may have) and the right to state what impact the crime(s) has had on their lives.

Plea Guidelines

The prosecution agency may want to develop plea guidelines to achieve consistency among similar cases. This section details what should be considered when creating the plea guidelines.

In any plea offer, prosecutors are strongly urged to consider stipulating to lifetime probation on at least one count to ensure that the offender is adequately supervised. Lifetime probation stipulations are

encouraged even where a defendant is to serve a period of incarceration. Such stipulations ensure supervision of the offender after the incarceration period. Additionally, the prosecutor is strongly

urged to consider stipulating to sex offender probation terms in any plea involving probation.

If the defendant pleads to a non-sex offense, the prosecutor should consider requiring the offense to be pled to as a sexually-motivated offense in order for the Court to consider requiring the defendant to register as a sex offender pursuant to A.R.S. § 13-3821.

Prosecutors should consider pleading an offender to at least one count for each victim named in the indictment to ensure retention of valuable post-conviction rights for all victims.

To the extent possible, prosecutors should ensure that restitution is part of the plea agreement for total losses to all victims (whether dismissed in the plea or not).

Prosecutors should strive to obtain guilty pleas and limit acceptance of no-contest pleas, and avoid Alford pleas, unless circumstances warrant otherwise.

STD/STI Testing

If a defendant (including a defendant who is a minor) is charged with a sexual offense or an offense involving significant exposure, as defined by A.R.S. § 13-1415(G)(2), upon victim request the prosecutor must petition the Court for an order requiring the defendant to be tested for the human immunodeficiency virus pursuant to A.R.S. § 13-1415.

Victims' Rights In Prosecution

Arizona Law and the Victims' Bill of Rights

Under Arizona law, victims have the right to be notified about the following information and rights: all court proceeding dates, times, and outcomes, that the victims may be present for all proceedings where the defendant has the right to be present, that the victim may be heard by the court at all release, plea, and sentencing proceedings, to receive a copy of the pre-sentence report, to make a victim impact statement, request for post-conviction rights, the right to refuse a defense interview, and the right to restitution. Notably, the law does require the victim to request notification to exercise these rights.

Victims' Leave Law

Under victims' rights laws, A.R.S. § 13-4439 allows persons who work for employers who have 50 or more employees to take unpaid leave from work to attend court proceedings or to obtain an order of protection. An employee may use vacation time for this leave and an employer may limit an employee's leave if it creates an undue hardship on the employer.

Efforts to Contact the Victim

If notices mailed to the victim are returned, other reasonable attempts (such as telephone calls) should be made to contact the victim. If the prosecutor's office is unable to contact the victim, the prosecutor may consider filing a motion to continue any court proceeding in order for further attempts to be made to contact the victim (A.R.S. § 13-4417).

Prosecutorial Responsibilities

It is the responsibility of the prosecutor's office to notify the victim of their rights as required by statute and to provide information to the victim about the criminal justice system and the advocate's role in the criminal justice process. Importantly, in the absence of a victim advocate, the enforcement of victims'

rights is the duty of the prosecutor. Additional responsibilities include providing information to the victim on any change in the case status and of final disposition and providing advance notice to the victim of the date, time, and place of the defendant's court appearances before a judicial officer (as appropriate), submission to the court of any plea agreement, the trial and sentencing and all other court proceedings.

The prosecutor should consider taking the victim to a courtroom so that the victim is familiar with the setting before they actually have to testify at a jury trial, and advising the victim on appropriate courtroom conduct.

The prosecutor should strive to develop a rapport with the victim.

The victim should be informed of sentencing procedure options, which are detailed below.

- The defendant may seek a continuance in order to present mitigating evidence or to request a restitution hearing.
- The State may seek a continuance in order to present aggravating evidence or to request a restitution hearing. The prosecutor should consult with the victim or victim's representative as to aggravation witnesses to be called or subpoenaed.
- Either side may request a mental health hearing of the defendant under Rule 26.5, Arizona Rules of Criminal Procedure.
- The right to be present at the sentencing hearing, and to address the court.

The prosecutor may assist the victim in preparing a written statement to present to the Court.

If requested to do so, the victim/witness advocate should assist the victim in selecting a support person to be present during the victim's testimony. The support person should not otherwise be a witness in the case.

General Duties of Prosecutors

When working with victims of sexual assault, prosecutors should observe the following guidelines:

- Confer with the victim early in the case to explain the criminal justice process and the likely route of prosecution.
- Speak with the victim about the disposition of the case before a formal offer is made and consider the views of the victim when deciding how to proceed with the case.
- Let the victim know they will have to testify if the case goes to court.
- Victims have the right to be present throughout the trial, although their presence is not always necessary. Provide advance notice to the victim regarding when their presence in court is necessary.
- Inform the victim they have the right to accept or decline an interview request from the defense (A.R.S. § 13-4433).
- If the victim agrees to be interviewed, the prosecutor should do the following:
 - Inform victims they may set reasonable conditions for the interview, including refusal to provide personal information.
 - At the victim's request, be present at the interview and actively participate.
 - Stop the defense interview if the victim is not being treated with respect, fairness, and dignity, and/or when the victim feels intimidated, harassed, or abused.
 - Make necessary arrangements for any reasonable conditions requested by the victim, including the presence of an advocate or a non-witness support person.

Trial Considerations

Trial Preparation

The prosecutor should strive to develop a rapport with the victim. The prosecutor, along with the victim/witness advocate, may initially meet with the victim in their home or another place where the victim feels comfortable. It is recommended that the prosecutor meets with the victim with the assistance of the advocate or support person. Prior to trial, meet with the victim to discuss the victim's trial testimony and acquaint the victim with courtroom procedures.

(Note: The prosecutor should take care not to point out where the defendant sits if identity is an issue.)

Case Continuances

When continuances are necessary, efforts should be made to reset the case to a date agreeable to the victim and witnesses. Whenever possible, these dates should be secured in advance. In addition, the

reasons for the continuances should be adequately explained to the victim. Victims' rights law requires the Court to consider the victim's views and right to a speedy trial whenever a continuance is requested (A.R.S. § 13-4435[B]).

Expert Witnesses

Sexual assault cases often require retention of expert witnesses, including experts in the following areas: Victim Behavioral Characteristics; Process of Victimization; Impact of Trauma; DNA evidence; Drug Recognition and the Impact of Substances; Medical Findings in Sexual Assault Cases; Other Acts Evidence (404[B] and 404[C] evidence).

Special Evidentiary Considerations with Sex Crimes Cases

The prosecutor should recognize that sexual assault cases often require the filing of certain motions, including the following:

- Motion to Admit Evidence of Other Acts under Rule 404(b)(other crimes, wrongs, or acts) and 404(c)(character evidence in sexual misconduct cases), Arizona Rules of Evidence.
- Motion to Preclude Evidence of Victim's Sexual History, including subsequent behavior, pursuant to A.R.S. § 13-1421, and State ex rel. Pope v. Superior Court, 113 Ariz. 22, 545 P.2d 946 (1976).

Jury Verdicts

The prosecutor or the advocate should inform the victim of their right to be present at the reading of the verdict. The victim may need instruction or help on appropriate demeanor. If the jury is not able to reach a verdict as to any count, the prosecutor or advocate should consider the victim's wishes on the disposition of those counts.

Sentencing

Preparing the Victim

Whether a conviction was obtained through a plea or at trial, the prosecutor should ensure victims understand the sentencing process and the range of potential sentences available.

The prosecutor should explain to victims how aggravating and mitigating factors affect sentencing. The prosecutor should discuss with victims how their input can affect the sentence and enable the judge to make a more informed decision.

The prosecutor should inform victims they have the right to provide input to the pre-sentence report writer and address the court orally, in writing, or both at the sentencing hearing (A.R.S. § 13-4428 [B]).

Special Sentencing Considerations in Sex Crime Cases

Introduce evidence of aggravating circumstances when appropriate. Consider using a suspect's prior convictions and prior sexual acts, including uncharged incidents and uncertified priors that may show a propensity toward sexual deviancy or sexual violence.

As a condition of probation, include no contact with victim when appropriate.

Ask for restitution, including restitution to third-party payers such as the Crime Victim Compensation Program, friends or family who paid expenses on behalf of the victim, insurance companies, and moving expenses, if applicable. The court may need to retain jurisdiction over restitution to account for future counseling or other medical services.

If given probation, the defendant should have sex offender probation conditions, including participation in sex offender treatment, even if the defendant continues to deny responsibility.

Avoid seeking fines in situations where it may negatively impact the victim. Seek input from law enforcement, victim advocates, Adult Protective Services, and therapists for sentencing recommendations.

Post-Conviction

If the defendant was convicted at trial, the prosecutor and/or the victim advocate should explain to the victim and their representative the possibility of review via petition for Post-Conviction Relief or an appeal. The prosecutor's office must notify the victim of the sentence imposed and supply the victim with a form in order to request post-conviction rights.

The importance of completing the form must be expressed to the victim. If the victim wants to continue to receive notice on the case, they need to understand that the case is not over. Victims have rights depending on the sentence. If sentenced to prison, the victim will receive notice from the Department of Corrections and the Board of Executive Clemency. Likewise, if the sentence is jail time, the victim will receive notice from the county jail. If sentenced to probation, the victim will receive notice from the probation department. If probation is violated or revoked, the convicted person could go to jail or prison as a result and notice will be provided by those agencies. If the victim does not opt in, no notice will be provided.

Suggested Training for Prosecutors

The following trainings are recommended for prosecutors working with sexual assault victims/survivors. The topics provided reflect critical fundamental concepts for prosecution; content will vary in line with current best practice. Contact the Arizona Coalition to End Sexual and Domestic Violence (602-279-2900, info@acesdv.org) for access to training information statewide.

- Dynamics of Sexual Violence
- Neurobiology of Trauma
- Statute of Limitations

Mental Health Services

Mental health treatment is an interpersonal process in which a professional relationship is used to systematically and purposefully resolve psychological trauma and to promote personal growth. The mental health professional's primary goal in working with sexual assault victims is to facilitate their psychological healing.



Responsibilities of Mental Health Professionals

Every victim's healing process following a sexual assault is unique. Whenever possible, all victims of sexual assault should receive treatment without a time limit. This allows the individual needs of each victim to be optimally addressed. Effective treatment should be based on a treatment plan that includes:

- A reassessment of any ongoing treatment in order to focus on the immediate sexual assault- induced crisis or related issues.
- Support and validation for victims as they emotionally respond to the assault and make any necessary life changes.
- Assistance in minimizing secondary trauma during the legal process.
- Support for the victim in finding and following up on community health and legal resources and victim services organizations.
- Providing a safe, attuned, facilitating office environment in which a victim may cognitively, behaviorally, emotionally, and spiritually work through and heal the trauma of sexual assault.

Community Resource Procedures for Mental Health Providers

If a victim is referred to a human service organization, they should be given sufficient information to contact a specific person. In addition, providers should be aware that:

- To be effective, referrals must be appropriate. Inappropriate referrals frustrate the victim, the receiving organization or individual, and the advocate.
- The victim's feelings about the referral should be explored prior to making the referral.
- Consider contacting the local public health department for information about HIV/AIDS, STI testing, and victim counseling for STIs, including HIV/AIDS.

Cultural and Traditional Way of Healing

Within each Tribal community, culturally appropriate healing options are available including traditional practices. It is best practice to provide information/ referrals for Native survivors to seek these services within their tribal communities if needed. Social and/ or behavioral health service entities within tribal communities can provide or refer appropriate services

to Native survivors. For more information contact Southwest Indigenous Women’s Coalition or visit our website www.svwwic.org for other resources.

Confidentiality

Except as otherwise required by law, confidentiality must be preserved when making referrals or discussing a case. No names should be mentioned when a provider explores potential services, and no identifying information can be shared without the client’s written consent, except as otherwise required by law. With regard to confidentiality, mental health professionals must at the very least:

- Keep clear and accurate records.
- Know they may be called as a witness. Mental health professionals are advised to consult with their agency lawyer (therapists in private practice should also seek legal counsel) regarding confidentiality, privilege issues, and other legal matters.
- Be aware that a client’s file (progress entries, treatment plans, and notes) can be subpoenaed. Mental health professionals who are asked to give an interview or deposition or appear in court should contact the County Attorney or the on-call attorney for the County Attorney’s office concerning any questions they may have.
- Advise clients that their right to confidentiality is not absolute because their case files can be subpoenaed.
- Advise clients that in a court of law, the prosecutor or plaintiff may attempt to reveal information about the client that she or he does not want to be revealed.

Recommendations

For optimal delivery of services in cases involving sexual assault victims, it is recommended that mental health professionals:

- With the victim’s consent, refer them to appropriate community resources available to sexual assault victims. Professionals who lack experience with sexual assault cases can contact their local Information and Referral Services organization to ensure the best possible referral.
- Respect victims’ decisions regarding reporting an assault, pressing charges, and participating in the legal process.
- Educate themselves concerning the logic, discourse, and agenda of legal processes, and be knowledgeable about differences that might exist between therapeutic and legal goals.
- Receive specialized training in the treatment of sexual assault victims.
- Participate in ongoing education related to post-traumatic stress disorder issues, assessment of co-morbidity, and impact of pre-morbid conditions.

- Provide support for the sexual assault victim as they progress through the legal process. Mental health professionals who are unfamiliar with the legal process can refer victims to an advocate through local advocacy centers, law enforcement, or the County Attorney’s office.
- Provide information to the victim regarding obtaining a medical examination following a sexual assault. Victims who do not want to undergo a sexual assault medical forensic examination should still be advised about sexually transmitted infections and pregnancy testing.
- If the victim has not reported the assault to law enforcement, provide information about how to make a report if desired. Explore the client’s thoughts and feelings about reporting the incident. Support the victim’s decision.

Therapeutic Assistance and Treatment Because victims often require immediate therapeutic assistance after a sexual assault, the following are recommendations for mental health professionals who are treating the victim:

- Be particularly sensitive to the boundaries ethically mandated for working with all clients.
- Assess and evaluate current psychological trauma and related symptoms. Take a history of trauma and/or previous victimizations.
- Check to see what medical considerations may apply to the case.
- Administer appropriate tests, inventories, and evaluations.
- Keep clear and complete records.
- Co-create an individualized treatment plan that includes specific goals, objectives, and discharge criteria.
- Consider specific strategic interventions such as anxiety management training, cognitive behavioral treatment for depression, and cognitive processing treatment, EMDR, and body inclusive trauma therapies for sexual assault.

Additional Considerations

Mental health service providers should receive adequate support and supervision from a qualified professional or through peer review. Mental health providers should make every effort to be involved in and to support a coordinated community response to sexual assaults. They can do this by participating in task forces and by educating others about the importance of collaboration. Counselors, social workers, psychologists, and psychiatrists who provide sexual assault recovery therapy must have the necessary advanced training and expertise to do such work. Mental health providers should demonstrate competency in the following areas:

- Cultural awareness training as it relates to providing trauma recovery interventions to victims of sexual assault and their families.
- Arizona’s legal processes and what a victim may experience when choosing to become involved with the legal system.
- Familiarity with existing community resources, such as legal advocacy, crime victim compensation, community support groups, advocacy centers, and other resources that may benefit sexual assault victims.
- Knowledge and awareness of secondary victim issues and the importance of not discounting the therapeutic needs of family members or others with whom the client relates.

Suggested Training for Mental Health Care Providers

The following trainings are recommended for mental health professionals working with sexual assault victims/survivors. The topics provided reflect critical fundamental concepts for mental health care; content will vary in line with current best practice. Contact the Arizona Coalition to End Sexual and Domestic Violence (602-279-2900, info@acesdv.org) for access to training information statewide.

- Dynamics of Sexual Violence
- Neurobiology of Trauma
- Eye Movement Desensitization and Reprocessing (EMDR)
- Prolonged Exposure Therapy (PET)
- Cognitive Processing Therapy (CPT)

Court Procedure

Courts seek to treat all persons equally, with dignity and respect. However, the criminal justice system can be intimidating, and testifying in court may be a frightening or emotional experience. It is important for judges to take a proactive approach to help reduce courtroom trauma and ensure that the Rules of Evidence are enforced.

Pre-Trial Procedures

The following pre-trial procedures are recommended for handling sexual assault cases.

Pre-Trial Release

- Order pre-trial supervision services for the defendant.
- Consider A.R.S. § 13-3961 Article 2 section 22 of the Arizona Constitution and application case law (e.g., *Simpson I and II*) regarding whether the defendant is non-bondable.
- Consider the defendant's flight risk and safety of the community.
- Impose appropriate release conditions. For example, consider the use of electronic monitoring, which is required in some counties (A.R.S. § 13-3967).
- Consider extending the order that no contact shall take place between the defendant and the victim and/or the victim's family. Note: if the court intends to preclude contact with a minor, other than the victim, the court shall make findings pursuant to *Samiuddin vs. Superior Court*.
- Although the defendant's "score" may be low based on the screening tool, the recommendation will always be for maximum release condition under the L.I.A.F. Public Safety Assessment tool.



Pretrial Hearings

- Explain court procedures and rules. Establish a realistic calendar for discovery, trial, and DNA cases.
- Establish appropriate lines of communication. Only in limited circumstances are victims and defendants permitted to communicate directly with the court. Attorneys should typically handle all court communication. If the victim is represented by private counsel at the proceedings, all communication must go through that counsel.
- Explain any admonitions to all interested parties. For example, explain any cautionary statements that the court addresses to counsel.
- Consider particularized voir dire questions and/or a written questionnaire.

Trial Procedures

Trials involving charges of sexual assault raise a variety of special issues. The following guidelines are recommended for such proceedings.

- Establish a neutral courtroom environment and pay special attention to the needs of children.
- Be familiar with the authority to implement control procedures (Rules of Criminal Procedure and Rules of Evidence).
- Show sensitivity to all parties by being fair and respectful.

A victim-centered approach should be used when assisting someone who has experienced sexual violence.

- Be alert (and direct your staff to be alert) for any signs that participants in the trial are becoming distressed, emotional, embarrassed, and/or intimidated.
- Consider allowing an emotional support dog to be nearby (A.R.S. § 13-4442).
- Consider accommodations to limit contact between the victim, victim's family, and the defendant and the defendant's families.
- Consider victim input when granting motions to continue trial or hearings.

Sentencing Considerations

- Review all issues raised in pre-sentence reports and sentencing memorandum.
- Order sex offender treatment for perpetrators who are placed on probation.
- Consider the victim's impact statement(s) and any financial losses, emotional trauma, or physical damages suffered by the victim(s).
- Define and impose a specific sentence and specify any appropriate conditions (e.g., counseling, jail, fines, fees, or the duration of probation and prison terms).

Suggested Training

The following trainings are recommended for Judges working with sexual assault victims/survivors. The topics provided reflect critical fundamental concepts for court procedure; content will vary in line with current best practice. Contact the Arizona Coalition to End Sexual and Domestic Violence (602-279-2900, info@acesdv.org) for access to training information statewide.

- Dynamics of Sexual Violence
- Neurobiology of Trauma
- Rules of Evidence, especially 404(b) and 404(c)
- DNA Technologies and Evidence
- Use of Expert Testimony
- Understanding Rape Shield Laws
- Necessity Hearing for Clearing the Courtroom
- Consider the use of jury questionnaires and/or specialized questions, and/or individual voir dire to address sensitive topics with jurors.
- Crime Victims' Rights

Culturally-Responsive Considerations

A victim-centered approach should be used when assisting someone who has experienced sexual violence. A critical aspect of this approach is considering and appropriately accounting for the circumstances of the violence and the identity of the survivor, including unique vulnerabilities based on identity or status, accessibility needs, and cultural influences. The following considerations and recommendations are not exhaustive, but are intended to increase awareness and provide basic information for a more culturally-sensitive sexual assault response.

Immigrant Victims/Survivors

There is limited data regarding immigrant experiences of sexual assault, however the prevalence rate is believed to be high and underreported.³⁹ Sexual harassment and assault are common in workplaces where employees are predominantly immigrants, including farming and janitorial work.⁴⁰ Immigrants may face social isolation, cultural barriers, financial dependency, and fear of deportation, putting them at higher risk for sexual victimization.

There are many important considerations when working with immigrant survivors. Immigrant survivors may have language barriers preventing them from seeking



services or knowing what services are available. Many do not know their rights as victims and, if undocumented, may fear deportation and other legal consequences from reporting. Additionally, cultural factors may influence the decision to report or disclose victimization. Survivors may be reluctant to access mainstream or governmental services, and may face pressures stay silent and “keep it in the family.” Immigrant survivors may also fear that reporting could lead to retaliation from their community or loss of economic support.

When working with immigrant survivors, it is important to provide clear information, in multiple languages, about what services are available to immigrants and to use translation and interpreting resources, such as Language Line. Ask immigrant survivors questions about potential cultural and community barriers they have, as not all immigrant communities are the same. For survivors with legal and/or deportation concerns, connect them with an immigration attorney who can assist with VAWA protections, U-Visas, and T-Visas. It is critical to build relationships and work with community partners from immigrant communities to improve service provision and trust.

Hispanic/Latin Victims/Survivors

The Hispanic/Latin population is at high risk for sexual violence in the U.S. Approximately 15% of Hispanic women have reported experiencing rape or attempted rape in their lifetime, and 26.9% have

39 Mindlin, J., Orloff, L.E., Pochhiraju, S., Baran, A., & Echavarría, E. (2013). Dynamics of sexual assault and the implications for immigrant women. *Empowering survivors: Legal rights of immigrant victims of sexual assault* (pp. 1-24). The National Immigrant Women's Advocacy Project.

40 Taddonio, P. (2017). Meet the immigrant women who spoke out about sexual abuse at work. *PBS*. Retrieved from: <https://www.pbs.org/wgbh/frontline/article/meet-immigrant-women-who-spoke-out-about-sexual-abuse-at-work/>

experienced contact sexual violence.⁴¹ Nineteen percent of Hispanic men have reported contact sexual violence.⁴² In Arizona, 38% of Hispanic women have experienced some form of contact sexual violence.⁴³

It is important to note that some Hispanic/Latin survivors may identify as “Latinx,” which is a gender-neutral term for people with Latin heritage. Hispanic/Latin survivors may be immigrants or they may have been born in the U.S. As with immigrant survivors more broadly, Hispanic/Latin survivors face many barriers to reporting and seeking services for sexual violence.⁴⁴ In Hispanic/Latin communities, there may be stigma related to discussing sex and sexual violence, which can lead to silencing and isolation. Hispanic/Latin survivors may have deportation concerns, legal concerns, and financial concerns. They may only speak Spanish (or Portuguese, if Brazilian) in the home and may have limited English proficiency.

It is critical to account for the victim’s unique vulnerabilities based on identity or status, accessibility needs, and cultural influences.

Providing services to Hispanic/Latin survivors is similar to working with all immigrant populations. To appropriately support Hispanic/Latin survivors, it is important to work with culturally-specific community partners, be cognizant of cultural and language barriers, and provide legal resources specific to Hispanic/Latin survivor needs.

LGBTQ+ Victims/Survivors

The Lesbian, Gay, Bisexual, Transgender, and Queer community (LGBTQ+), also known as gender and sexual minorities, are often vulnerable to sexual violence due to their isolation from dominant society as a result of

their gender or sexual identity. These individuals often do not disclose sexual violence or seek services due to fear of discrimination and disbelief. When LGBTQ+ individuals do seek services, it is important for providers to have a working knowledge of different identities within the community, have these identities available on any demographic intake paperwork, and to know how to navigate discussions around pronouns and orientation respectfully. Victim service providers should have knowledge of culturally-specific and safe resources in the community including behavioral health and medical providers and housing options. Agencies should update their information and resource referrals for culturally-specific LGBTQ+ services on an annual basis. No service provider should let their own internal bias or ideas regarding gender and sexual minorities be an impediment or factor in care provided for these survivors. There should not be referrals to programs that purport to “change” or “correct” sexual orientation or gender. Sexual violence service providers are encouraged to participate

in an LGBTQ-specific sexual violence services training provided by the state sexual and domestic violence coalition. A final recommendation is for all service agencies to adopt a fully inclusive non-discrimination policy, including protections for sexual orientation, gender, and gender expression, and publicly display this policy in agency information.

Victims/Survivors with Disabilities

People with disabilities experience sexual assault at rates three times higher than people without disabilities,⁴⁵ and people with intellectual disabilities are seven times more likely to experience sexual violence than those without disabilities.⁴⁶ Notably, the majority of survivors with disabilities have multiple disabilities,⁴⁷ and people with disabilities are more likely to experience more severe victimization and victimization over a longer period.⁴⁸

Disabilities come in many forms. They could be developmental, which includes disabilities that manifest prior to age 22, as well as intellectual disabilities, attention deficit disorder, and autism spectrum disorders. Physical disabilities include those that affect the physical body and could be the result of an accident, birth and/or genetics, chronic illness, or aging. Sensory disabilities include blindness and deafness or being hard of hearing. Psychiatric disabilities include disabilities impacting mental, emotional, and/or behavioral health to the degree that it impairs a person’s daily life. This includes major depression, anxiety, bipolar disorder, and borderline personality disorder. Disabilities may be invisible or apparent. Always follow the survivor’s lead in identifying if they have a disability or not.

41 Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

42 Ibid

43 Ibid.

44 Cuevas, C.A. and Sabina, C. (2010). Sexual Assault Among Latinas (SALAS) Study. Retrieved from the National Criminal Justice Reference Service: <https://www.ncjrs.gov/pdffiles1/nij/grants/230445.pdf>

45 Smith, N. Harrell, S. & Judy, A. (2017). How safe are Americans with disabilities? *Vera Institute*

46 Harrell, Erika. (2017). Crime against persons with disabilities, 2009-2015 - statistical tables. *U.S. Department of Justice*.

47 Ibid

48 Smith, N. Harrell, S. & Judy, A. (2017). How safe are Americans with disabilities? *Vera Institute*

When working with survivors with disability it is important to keep in mind that each person is unique and to not make assumptions about their abilities. Not all people who meet the criteria of having a disability identify as being disabled and this can be a sensitive subject for many people.

People with disabilities are more likely to experience violence at the hands of someone they know, such as a relative or caregiver.⁴⁹ They may be financially dependent on their perpetrator and fear repercussions, such as institutionalization if they report. They may be socially and/or physically isolated. Many do not receive appropriate sex education and they may have a limited vocabulary or knowledge about sexuality, making it difficult for them to discuss or even recognize sexual assault.

Responders should keep in mind that disabilities may affect how and when survivors come forward to report or seek services. People close to the survivor may be the perpetrator, so it is important not to disregard a report if a person close to the survivor or the survivor's caretaker exhibits skepticism or denial that an assault occurred. Recognize that people with disabilities can and do have healthy sexual relationships and this should be included in their healing. Services can be made more accessible, not only with ramps and accessible bathrooms, but also by training and hiring staff to understand different intellectual disabilities and communicate appropriately with people with disabilities. Remember to treat all survivors with respect and to not infantilize survivors with disabilities.

Victims/Survivors who are Deaf or Hard of Hearing

People who are not deaf or hard of hearing often think of deafness as a disability and only in medical terms. While some people who are deaf also view their deafness similarly, others who are part of the Deaf community (signified by the capital "D") do not, and instead view themselves as part of a separate, cultural-linguistic community.

There is very little prevalence data regarding Deaf experiences of sexual violence, however, it is estimated that people who are Deaf are more likely to experience sexual violence than people in the hearing community. People who are Deaf are more three times more likely than those who are not deaf to experience sexual violence at the hands of an intimate partner.⁵⁰ Additionally, children who are Deaf are 2-5 times more likely to be sexually abused before adulthood than their non-deaf counterparts.⁵¹

Deaf survivors face a number of unique barriers to reporting and seeking services. Language barriers

can be significant for many Deaf survivors seeking services, especially if they rely solely on American Sign Language (ASL) for communication. Certified ALS interpreters can be used when working with Deaf survivors, however, survivors may have additional concerns about confidentiality and whether their experiences are being fully understood. Deaf survivors have also reported they cannot rely on hearing services to accommodate them, as many responders do not know how to use a text telephone (TTY) despite advertising a TTY number. Language barriers, as well as stereotypes about people who are Deaf being asexual or sexually deviant, prevent people who are Deaf from receiving appropriate sexual education, creating an additional barrier to reporting or seeking services. Finally, while the Deaf community can create an important supportive system for Deaf survivors, it can also be a barrier for many seeking services. If both the perpetrator and survivor are Deaf, the survivor may fear retaliation from the Deaf community if they report.⁵²

It is important to be aware of Deaf culture when responding to Deaf survivors and to provide services in their native language (ASL). Do not use hearing children, relatives, or friends of a Deaf survivor to interpret, as is a conflict of interest and these individuals may be the perpetrator. If possible, work with Deaf-specific service providers. It is also important to understand technologies used in the Deaf community. Many use video phones as a way to communicate in ALS, instead of TTY. Video Relay Services (VRS), where a third party ASL interpreter can be called and can speak to the hearing person, is a growing technology that can help serve Deaf survivors. Finally, working with the Deaf community to provide outreach and services can mitigate cultural concerns and help survivors come forward.

Native Victims/Survivors

Tribal Nations are sovereign nations and each is distinct in its language, culture, traditions, and lifeways. They are communities that share a common history of genocide, trauma, and oppression, but also have undeniable strength, resiliency, and courage. Safety, justice, and healing are critical and it is imperative that responses for Native American victims/survivors be by and for Native people to appropriately serve and respond to their needs. See Appendix C for Native American Resources.

Male Victims/Survivors

In our society, it is often believed that men cannot be sexually assaulted. In fact, national estimates suggest 1 in 6 men have experienced some form of contact sexual violence in their lifetime, which includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact.⁵³ Men who do not

49 Harrell, Erika. (2017). Crime against persons with disabilities, 2009-2015 - statistical tables. *U.S. Department of Justice*.

50 Anderson, M.L. (2010). *Prevalence and predictors of intimate partner violence victimization in the Deaf community* (Doctoral Dissertation). Gallaudet University, Washington DC.

51 Obinna, J., Krueger, S., Osterbaan, C., Sadusky, J.M., DeVore, W. (2006). Understanding the needs of the victims of sexual assault in the Deaf community. Retrieved from the National Criminal Justice Reference Service: <https://www.ncjrs.gov/pdffiles1/nij/grants/212867.pdf>

52 Ibid.

53 Dube, S.R., Anda, R.F., Whitfield, C.L., Brown, D.W., Felitti, V.J., Dong, M., and Giles, W.H. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventative Medicine* 28(4), 430-438. DOI: 10.1016/j.amepre.2005.01.015.

conform to strict ideas of masculinity, as well as those who are gay, bisexual, and/or transgender, are also at an increased risk to experience sexual violence.⁵⁴

Male survivors often face stigma and additional barriers to reporting sexual violence. Men may question their masculinity or sexuality as a result of their victimization. Male victims often struggle with identifying as a victim because sexual assault is perceived as a crime against women. Our society portrays men as being able to protect themselves from assault and that women cannot be perpetrators of sexual violence. Survivors often freeze during sexual assault and men may feel additional shame if they did not fight off their attackers. Male survivors may feel very isolated and confused and may also blame themselves for their assault. Additionally, when male survivors do report or seek services, some service providers openly acknowledge they assume men are lying.⁵⁵ Men may react differently to trauma than is typically expected of sexual assault survivors by exhibiting anger and aggression.

It is important to convey to male survivors that similar to sexual assault against women, sexual assault is often motivated by power, and is not their fault. Additionally, responders should assure the survivor that sexual victimization is not linked to gender identity or sexual orientation, and that freezing is a common neurobiological response to trauma. Responders should also keep in mind that any gender can perpetrate sexual violence against men, and not make assumptions about an individual's experiences, sexual orientation, or masculinity. Finally, men who report sexual violence or seek services should not be turned away based on their gender and/or assumed to be perpetrators.

Victims/Survivors in College

While in college, 1 in 5 women will experience completed or attempted rape, and 1 in 16 men will experience some form of sexual assault.⁵⁶ Among victims of campus sexual assault, traumatic effects may include feelings of hopelessness, overwhelming anxiety, and suicidal thoughts or actions, all of which have a significant impact on academic persistence and success.

Students who experience sexual assault may report the incident to the college administration or to campus or local law enforcement. All entities should conduct investigations in a trauma-informed and victim-centered manner, where survivors' needs are considered. If the student chooses to report the incident to university administration, an investigation will be conducted to determine if behavior occurred in violation of the

student code of conduct policy. This is not a criminal investigation, but may result in suspension, expulsion, or other sanctions. Students may also choose to pursue criminal charges with campus or local law enforcement.

There are campus and community resources for students who have experienced sexual assault. Student survivors may consider accessing free or low-cost counseling or healthcare services on campus, if available, or may work with Title IX Investigators or Coordinators to obtain no-contact orders, academic adjustments, and/or room re-assignment. Some colleges have confidential victim advocates or other confidential resources.

For further information, please contact your local college or university. Additional training recommendations include understanding Title IX, the reporting process for students, and campus sexual assault policies and procedures.

Victims/Survivors of Intimate Partner Sexual Violence

Intimate partners are the most common perpetrator of sexual violence. Forty-seven percent of women who have experienced rape or attempted rape and 75% of women who have experienced sexual coercion reported that their current or former intimate partner was their perpetrator.⁵⁷ For men who have experienced sexual violence, 41% reported the perpetrator was a current or former intimate partner.⁵⁸

Intimate partner sexual assault may be a one-time occurrence, but is more often an ongoing form of victimization occurring within a relationship where other forms of violence and coercion are present. Survivors who experience sexual violence in the context of intimate partner violence are at higher risk of severe injury and fatality than those who do not experience sexual violence in their relationship.⁵⁹ Intimate partner sexual assault survivors may experience higher rates of guilt and shame at being assaulted by someone they love and trust. Survivors often love their partner despite the abuse and have complicated feelings about the assault.

There are a number of reasons a victim of intimate partner sexual assault may not want to report. Survivors may fear the repercussions of reporting to law enforcement, including losing custody of their children, loss of financial support, reluctance to involve their partner in the criminal justice system, and fear of retaliation. Often, survivors want the violence to cease, but do not want to leave their partner.

54 Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. NISVS 2010; James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.

55 Cook-Daniels, L. (2011). Female perpetrators and male victims of sexual assault: Why they are so invisible. Forge. Retrieved from: <http://forge-forward.org/2011/06/17/female-perpetrators-and-male-victims-of-sexual-assault-why-they-are-so-invisible/>

56 Krebs, C. P., Lindquist, C., Warner, T., Fisher, B., & Martin, S. (2007). The campus sexual assault (CSA) study: Final report. Retrieved from the National Criminal Justice Reference Service: <http://www.ncjrs.gov/pdffiles1/nij/grants/221153.pdf>

57 Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Paten, N., Walling, M., & Jain, A. (2017). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

58 Ibid.

59 McOrmond-Plummer, L. (2009). Considering the differences: Intimate partner sexual violence in sexual assault and domestic violence discourse. *Intimate Partner Sexual Violence: Sexual Assault in the Context of Domestic Violence*. Retrieve from Washington Coalition of Sexual Assault Programs: http://www.wcsap.org/sites/default/files/uploads/working_with_survivors/intimate_partner_sexual_violence/IPS_V2009.pdf

Survivors of intimate partner sexual violence should be supported in whatever decision they make about whether to leave or stay with their partner, as they know their own situation best. They may be given domestic violence resources and services, in addition to sexual violence resources. Responders should inform survivors that an intimate partner perpetrator is common and they are not alone. Survivors may need additional support and safety planning resources if they chose to leave their partner, as well as access to domestic violence shelters and services.

Older Victims/Survivors (Age 60+)

There is very little data on older people's experiences of sexual violence, however, older people are still vulnerable to sexual violence. The risk of experiencing sexual violence increases as an older person ages and/or if they have a cognitive impairment.⁶⁰ Be aware older people are likely to experience sexual violence in nursing homes, and perpetrators are most likely to be spouses/partners and/or paid or unpaid male caregivers.^{61, 62}

Older survivors of sexual assault have additional barriers to disclosing and healing, which may include reluctance disclosing emotional difficulties, concerns they will not be believed, embarrassment, and shame. Generational beliefs about sex, sexual violence, gender roles, and rape myths, may increase an older person's self-blame and create an additional barrier to disclosure. Cognitive impairment due to stroke, dementia, and other common aspects of aging can make it difficult for survivors to report or even understand they have experienced sexual violence. Cognitive impairments can also make consent challenging and ambiguous. Aging can make it difficult for caregivers and medical professionals to recognize signs of sexual violence, as bruising and other injuries may be similar to injuries sustained through routine medical care.⁶³ Stereotypes of older people as asexual and undesirable, as well as myths about sexual assault being related to attraction rather than power and vulnerability, can prevent caregivers and medical professionals from recognizing that sexual violence happens to older people and from asking older people about sexual

violence. Importantly, perpetrators often use these barriers as a way to dismiss reports of sexual assault.

Before providing services to older survivors, responders need to assess internal stereotypes and myths about older people and sex. Responders must demonstrate respect for the older survivor to be able to help them work through generational beliefs about sexual violence and mitigate feelings of self-blame. Due to sex and sexual violence taboos, older people may use generationally distinct language about sex and anatomy. Service providers should mirror the victim's language or ask what language the victim feels most comfortable using. It is also important to be aware the older survivor may have been victimized before, but due to generational beliefs, may have never dealt with their experience.

Experiencing sexual violence as an older person can trigger reactions to past trauma, as well as the current trauma.

Adults Assaulted as Children

It is estimated that 1 in 4 girls and 1 in 6 boys experience some kind of sexual violence before the age of 18.⁶⁴ Ninety-three percent of child sexual assault victims know their perpetrator, usually a family member (59%) or acquaintance (34%).⁶⁵ It is important to keep childhood sexual violence in mind when working with all sexual violence survivors, as childhood sexual violence is a risk factor for adult sexual violence.⁶⁶ Traumatic response following adult sexual violence victimization may be exacerbated when childhood trauma experiences are also present. Many children, and boys in particular, do not disclose childhood sexual abuse until they are adults, and may be in crisis at the time of disclosure, regardless of the amount of time passed since the victimization. Childhood sexual abuse survivors may feel guilt and/or shame about what happened to them as children. These feelings may be intensified if the victim disclosed as a child and received a negative response or disbelief. Survivors whose first sexual experience was sexual violence may also have trouble with intimacy and forming healthy relationships.

60 Burgess, A.W., (2006). Elderly victims of sexual abuse and their offenders. Retrieved from the National Criminal Justice Reference Service: <https://www.ncjrs.gov/pdffiles1/nij/grants/216550.pdf>; Shamaskin-Garroway, A.M., Giordano, N., and Blakley, L. (2017). Addressing elder sexual abuse: The critical role for integrated care *Translational Issues in Psychological Science*, 3(4), 410-422. <http://dx.doi.org/10.1037/tps0000145>

61 Pennsylvania Department of Ageing and the Pennsylvania Commission on Crime and Delinquency. (2004). Elder sexual assault: Technical assistance manual for Pennsylvania's sexual violence centers.

62 Acierno, R., Hernandez, M.A., Amstadter, A.B., Resnick, H.S., Steve, K., Muzzy, W., & Kilpatrick, D. G. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The National Elder Mistreatment Study. *American Journal of Public Health*, 100(2), 292-297.

63 Shamaskin-Garroway, A.M., Giordano, N., and Blakley, L. (2017). Addressing elder sexual abuse: The critical role for integrated care. *Translational Issues in Psychological Science*, 3(4), 410-422. <http://dx.doi.org/10.1037/tps0000145>

64 Dube, S.R., Anda, R.F., Whitfield, C.L., Brown, D.W., Felitti, V.J., Dong, M., and Giles, W.H. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventative Medicine* 28(4), 430-438. DOI: 10.1016/j.amepre.2005.01.015

65 Snyder, H.N. (2000). Sexual assault of young children as reported to law enforcement: Victim, incident, and offender characteristics. Department of Justice, Bureau of Justice Statistics. Retrieved from: <https://www.bjs.gov/content/pub/pdf/saycrle.pdf>

66 Ibid.

Sexual and Domestic Violence Resources in Arizona

Statewide And National Hotline Resources	
Arizona Coalition to End Sexual and Domestic Violence • Sexual and Domestic Violence Services Helpline: (M-F, 8:30am-5pm) • Chat Line: M-F, (8:30a –5pm)	602-279-2900 / 800-782-6400 TTY 602-279-7270 www.acesdv.org/chat
Centralized Screening: 24 hour	480-890-3039
Arizona Community Information and Referral: (M-F, 9am-5pm)	211, (877) 211-8661
Arizona Teen Lifeline: 24 hour	800-248-8336
Child Abuse Hotline: 24 hour	888-767-2445
The National Domestic Violence Hotline Deaf Services: 24 hour	800-787-3224 (TTY) (Video Phone) 855-812-1001
National Domestic Violence Hotline & Chat Line: 24 hour • Chat Line: 24 hour	800-799-7233 (SAFE)TDD: 800-787-3224 www.thehotline.org
National Human Trafficking Hotline: 24 hour • Chat when advocates are available	SMS: 233733 (Text "HELP" or "INFO") 888-373-7888 TTY 711
National Indigenous Women's Resource Center: (8am-5pm)	406-477-3896 Toll-Free: 855-649-7299
National Suicide Prevention Hotline: 24 hour	800-273-8255(TALK) Espanol:1-888-628-9454 Deaf & Hard of Hearing: 800-799-4889
National Teen Dating Abuse Helpline: 24 hour • Text, Phone, and live chat services	866-331-9474 TTY 866-331-8453 Text Love is to 22522
National Sexual Assault Hotline (RAINN): 24 hour	800-656-4673 (HOPE)
National Sexual Assault Online Chat Service: 24 hour	online.rainn.org
Substance Abuse and Mental Health National Helpline (SAMHSA): 24 hour	Helpline: 800-662-4357 (HELP) Toll Free: 877-726-4727 (SAMHSA) TTY: 800-487-4889
STRONGHEARTS Native Helpline: (M-F, 9am-5:30pm)	844-762-8483
Teen-2-Teen through Bloom365: 24 hour • Individual Crisis Counseling by appointment only • Peer to Peer Advocacy	Text or call:602-799-7017 Helpline: 888-606-4673 (HOPE)
Trevor Lifeline Suicide Hotline (LGBTQ): 24 hour • Life Line Chat 24 hour: https://suicidepreventionlifeline.org/chat/	866-488-7386 800-273-8255 Espanol: 888-628-9454 Deaf & Hard of Hearing: 800-799-4889

Dual Sexual And Domestic Violence Programs/Services

COUNTY	CITY	AGENCY NAME	PHONE NUMBER
Apache	Chinle	ADABI (Ama Doo Alchini Bighan)	928-674-8314 877-698-0899
Cochise	Sierra Vista	Cochise Family Advocacy Center	520-515-4444
Coconino	Flagstaff	Chilhelp Mobile Advocacy Center of Northern Arizona (Children Only)	602-271-4500
Coconino	Flagstaff	Northland Family Help Center	928-527-1900 877-634-2723
Coconino	Flagstaff	North Country HealthCare (Northern Arizona Care and Services After Assault)	24 Hour Crisis Line 928-527-1900 877-634-2723
Coconino	Flagstaff	Victim/Witness Services for Coconino County	928-679-7770
Gila	Payson	Childhelp-Gila Children's Advocacy Center	928-978-2490
Graham	Safford	Mt. Graham Safe House (Crisis Line)	Text: 626-733-8431 888-296-9104 Other Languages: 928-348-9548
La Paz	Parker	Colorado River Regional Crisis Shelter	928-669-8620
Maricopa	Chandler	Chandler Family Advocacy Center	480-782-4210
Maricopa	Fort McDowell	Fort McDowell Yavapai Nation Domestic Violence Program	480-789-7678
Maricopa	Glendale	A New Leaf Faith House	623-939-6798
Maricopa	Glendale	Glendale Family Advocacy Center	623-930-3720
Maricopa	Glendale	La Frontera EMPACT	480-784-1514
Maricopa	Mesa	Mesa Family Advocacy Center	480-644-4075
Maricopa	Phoenix	Childhelp Children's Center of Arizona (Children Only)	602-271-4500
Maricopa	Peoria/Sun City	Eve's Place	623-537-5380 844-301-7908
Maricopa	Phoenix	BLOOM365	888-606-4673 (HOPE)
Maricopa	Phoenix	Phoenix Family Advocacy Center	602-534-2120 888-246-0303
Maricopa	Scottsdale	Scottsdale Family Advocacy Center	480-312-6300
Maricopa	Tempe	La Frontera EMPACT	480-784-1514
Maricopa	Tempe	CARE 7	480-350-8004

Sexual and Domestic Violence Resources in Arizona, *continued*

Dual Sexual And Domestic Violence Programs/Services			
COUNTY	CITY	AGENCY NAME	PHONE NUMBER
Mohave	Bullhead City	North Country HealthCare Clinic	928-704-1221
Mohave	Kingman	Kingman Aid to Abused People KAAP Child & Family Advocacy Center	928-753-6222
Mohave	Lake Havasu	Creason Counseling	928-733-5009
Mohave	Lake Havasu	H.A.V.E.N. Family Resource Center	928-505-3153
Navajo	Holbrook	North Country HealthCare Clinic	928-524-2851
Navajo	Keams Canyon	Hopi Domestic Violence Program	928-738-1115/1116
Navajo	Show Low	Navajo County Show Low Family Advocacy Center (FAC Mobile)	928-524-4283 928-242-6565
Pima	Tucson	Southern Arizona Center Against Sexual Assault (SACASA)	Office: 520-327-1171 Crisis Line: 520-327-7273
Pima	Tucson	Southern Arizona Children's Advocacy Center (Children Only)	520-724-6600
Pinal	Apache Junction	Community Alliance Against Family Abuse	Office: 480-982-0196 Crisis Line: 480-982-0196
Pinal	Casa Grande	Against Abuse, Inc.	520-836-0858
Pinal	Eloy	Pinal County Family Advocacy Center	520-866-7500
Pinal	Maricopa	City of Maricopa Family Advocacy Center	520-316-6800
Pinal	Maricopa	La Frontera EMPACT	480-736-4949
Pinal	San Tan Valley	San Tan Valley Family Advocacy Center	520-866-7020
Pinal	San Tan Valley	La Frontera EMPACT	520-866-7020
Yavapai	Cottonwood	Verde Valley Sanctuary (Crisis Intervention Hotline)	928-634-6255 or 928-634-2511
Yavapai	Prescott Valley	Yavapai Family Advocacy Center	928-775-0669
Yuma	Yuma	Amberly's Place	928-373-0849
Yuma	Yuma	Safe House Shelter	928-782-0044 Hotline: 877-440-0550

Domestic Violence Programs/Services			
COUNTY	CITY	AGENCY NAME	PHONE NUMBER
Apache	St. Johns	New Hope Ranch	928-337-5060
Cochise	Douglas	House of Hope	520-364-2465
Cochise	Douglas	Chiricahua Community Health Center	520-364-6987
Cochise	Sierra Vista	Forgach House	520-515-4444
Gila	Payson	Time Out, Inc.	928-472-8007
Gila	San Carlos	San Carlos Apache Healthcare Corporation Social Services	928-475-2313
Maricopa	Chandler	Catholic Charities My Sisters' Place	480-821-1024
Maricopa	Chandler	Catholic Charities Pathways	DV Counseling: 480-287-6503 Victim Advocacy: 602-819-0082
Maricopa	Goodyear	New Life Center	623-932-4404
Maricopa	Mesa	A New Leaf Autumn House	480-835-5555
Maricopa	Phoenix	Area Agency on Aging, Region One DOVES	602-264-2255
Maricopa	Phoenix	Chicanos por La Causa, DeColores	602-269-1515
Maricopa	Phoenix	Chrysalis	602-955-9059
Maricopa	Phoenix	Jewish Family and Children's Services Shelter Without Walls	602-452-4840 Spanish Speaking: 602- 534-3087 Office:602-279-7655
Maricopa	Phoenix	Sojourner Center	602-244-0089 888-886-8793 TTD: 602-889-1610 888-886-8794
Maricopa	Phoenix	UMOM	602-957-1903
Maricopa	Scottsdale	Arizona South Asians for Safe Families	877-723-3711
Maricopa	Tempe	Agnes' Centers for Domestic Solutions	480-664-6554
Mohave	Bullhead City	Safe House	928-763-7233
Navajo	Winslow	Alice's Place	928-289-3003 Toll Free: 888-531-7233
Pima	Green Valley	Hands of a Friend/Genesis House	520-648-3589
Pima	Tucson	Emerge! Center Against Domestic Abuse	520-881-7201
Pinal	Sacaton	On Eagle's Wings/Gila River	520-562-2740
Santa Cruz	Nogales	Nuestra Casa/Our House	520-508-0917
Santa Cruz	Nogales	Domestic Violence Advocacy Program	520-375-6050 Ext. 1329

Arizona Forensic Medical Exam Facilities

Victim/Survivor Rights

Under the Violence Against Women Act (VAWA), adult victims/survivors of sexual assault have the right to a medical forensic exam, at no cost to them, regardless of whether they report to law enforcement.

For more information on victim/survivor rights, medical and advocacy options, what to expect during a medical forensic exam, and the decision to report to police, see our Arizona Sexual Assault Forensic Exam Factsheet, or you can speak with an advocate on the phone or chat online at our Sexual and Domestic Violence Services Helpline: 602-279-2900 / 800-782-6400 / TTY 602-279-7270 / acesdv.org.

City	Facility	Phone Number	Serves Adolescent/ Adult Patients	Serves Pediatric Patients	Provides services to victims/survivors of sexual violence	Provides services to victims/survivors of domestic violence and/or strangulation
Chandler	Chandler Family Advocacy Center	480-782-4210 480-312-6339*	● (16 +)		●	●
Chinle	Chinle Comprehensive Health Care Facility— Emergency Department	928-674-7001	●		●	●
Eloy	Pinal County Attorney's Office Family Advocacy Center	520-866-7500	●	●	●	●
Flagstaff	North Country Healthcare Clinic (Northern Arizona Care and Services After Assault)	24 Hour Crisis Line: 928-527-1900 or 1-877-634-2723	● (16 +)		●	●
Flagstaff	Safe Child Center	928-773-2053		● (-16)	●	
Fort Defiance	Fort Defiance Indian Hospital/ Tsehootsooi Medical Center	928-729-8600	●	●	●	●
Glendale	Glendale Family Advocacy Center	623-930-3720 480-312-6339*	●		●	●
Goodyear	Southwest Family Advocacy Center	623-333-7900 480-312-6339*	●	●	●	●
Holbrook	North Country Healthcare Clinic (Northern Arizona Care and Services After Assault)	928-773-7670	● (13 +)		●	●
Kingman	Kingman Aid to Abused People	24 Hour Crisis Line: 928-753-4242	●	●	●	●
Lake Havasu City	H.A.V.E.N Family Resource Center	928-505-3153	●	●	●	●
Maricopa	City of Maricopa Family Advocacy Center	520-316-6800 (Police Department)	●	●	●	●
Mesa	Mesa Family Advocacy Center	480-644-4075 480-312-6339*	●	●	●	●
Page	Canyonlands Urgent Care (Northern Arizona Care and Services After Assault)	928-527-1900 or 1-877-634-2723	● (13 +)		●	●
Phoenix	ChildHelp Children's Advocacy Center of Arizona	602-271-4500		● (-14)	●	
Phoenix	Phoenix Family Advocacy Center	602-534-2120 480-312-6339*	● (13 +)		●	●

City	Facility	Phone Number	Serves Adolescent/ Adult Patients	Serves Pediatric Patients	Provides services to victims/survivors of sexual violence	Provides services to victims/survivors of domestic violence and/or strangulation
Polacca	Hopi Health Care Center	928-737-6240	●		●	●
Prescott Valley	Yavapai Family Advocacy Center	928-775-0669	●	●	●	●
San Tan Valley	Pinal County Attorney's Office Family Advocacy Center	520-866-7020	●	●	●	●
Scottsdale	Scottsdale Family Advocacy Center	480-312-6340 480-312-6339*	●	●	●	●
Show Low	Navajo County Show Low Family Advocacy Center (Northern Arizona Care and Services After Assault)	928-527-1900 or 1-877-634-2723	● (13 +)		●	●
Sierra Vista	Cochise Family Advocacy Center	520-515-4444 (24 Hour Line)	●	●	●	●
Springerville	North Country Healthcare Clinic (Northern Arizona Care and Services After Assault)	928-527-1900 or 1-877-634-2723	● (13 +)		●	●
Tuba City	Tuba City Regional Health Care Corporation	928-607-9089	●		●	●
Tucson	Southern Arizona Children's Advocacy Center	520-243-6420		●	●	
Tucson	Tucson Medical Center (Southern Arizona Center Against Sexual Assault)	24 Hour Crisis Line: 1-800-400-1001 or 520-327-7273	●	●	●	●
Yuma	Amberly's Place	928-373-0849	●	●	●	●

*This phone number is for individuals who want a medical forensic exam, but do not want to report the incident to law enforcement in **Maricopa County**. Victims/survivors who participate in a VAWA (non-report) exam have the option to report to police at a later date.

Native American Resources

Southwest Indigenous Women’s Coalition
www.swiwc.org
480-828-2542

Hopi-Tewa Women’s Coalition To End Abuse
www.htwcea.org
928-737-9000

**Bureau of Indian Affairs, Office of Justice Services,
Victim Assistance Program**
www.bia.gov
602-379-6958

Southwest Center for Law and Policy – Safestar
www.swclap.org
520-623-8192

National Indigenous Women’s Resource Center
www.niwrc.org
406-477-3896

StrongHearts Native Helpline
www.strongheartshelpline.org
844-762-8483

National Indian Country Clearinghouse on Sexual Assault
www.niccsa.org
855-464-2272

Signs And Symptoms Of Strangulation

SIGNS AND SYMPTOMS OF STRANGULATION

- NEUROLOGICAL**
- Loss of memory
 - Loss of consciousness
 - Behavioral changes
 - Loss of sensation
 - Extremity weakness
 - Difficulty speaking
 - Fainting
 - Urination
 - Defecation
 - Vomiting
 - Dizziness
 - Headaches

- SCALP**
- Petechiae
 - Bald spots (from hair being pulled)
 - Bump to the head (from blunt force trauma or falling to the ground)

- EYES & EYELIDS**
- Petechiae to eyeball
 - Petechiae to eyelid
 - Bloody red eyeball(s)
 - Vision changes
 - Droopy eyelid

- EARS**
- Ringing in ears
 - Petechiae on earlobe(s)
 - Bruising behind the ear
 - Bleeding in the ear

- FACE**
- Petechiae (tiny red spots-slightly red or florid)
 - Scratch marks
 - Facial drooping
 - Swelling

- MOUTH**
- Bruising
 - Swollen tongue
 - Swollen lips
 - Cuts/abrasions
 - Internal Petechiae

- CHEST**
- Chest pain
 - Redness
 - Scratch marks
 - Bruising
 - Abrasions

- NECK**
- Redness
 - Scratch marks
 - Finger nail impressions
 - Bruising (thumb or fingers)
 - Swelling
 - Ligature Marks

- VOICE & THROAT CHANGES**
- Raspy or hoarse voice
 - Unable to speak
 - Trouble swallowing
 - Painful to swallow
 - Clearing the throat
 - Coughing
 - Nausea
 - Drooling
 - Sore throat
 - Stridor

- BREATHING CHANGES**
- Difficulty breathing
 - Respiratory distress
 - Unable to breathe

Source: Strangulation in Intimate Partner Violence, Chapter 16, Intimate Partner Violence. Oxford University Press, Inc. 2009.



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The Governor's Office
of Youth, Faith
and Family

