TO ALL DEPARTMENT PERSONNEL:

INITIAL POLICE CONTACT WITH SEXUAL ASSAULT VICTIMS

HOW THE OFFICER HANDLES THAT INITIAL CONTACT WITH THE VICTIM IS THE MOST IMPORTANT PART OF THE INVESTIGATIVE PROCESS.

ATTEND TO THE VICTIM:
The medical and emotional needs of the victim should be the responding officer’s first priority.

BELIEVE THE VICTIM:
Sexual assault is one of the most severe traumas a person can experience. A critical aspect to an effective investigation is to initially believe whatever the victim says. Even if the story appears to have some holes, allow the victim to give a full report without expressing doubts. Understand that disorganized thinking is a typical response to trauma.

BE COMPASSIONATE, PATIENT AND UNDERSTANDING:
Most rape victims experience some of the following feelings: guilt, self-blame, fear of retribution for reporting, shame and embarrassment. Victims may have trouble talking about the assault. Sexual assault crimes are very unique and they need to be handled differently than other crimes. DON’T RUSH

BE A GOOD LISTENER:
Spend whatever time is necessary to allow the victim to tell what happened. Making eye contact with a victim is a good way to build a rapport and show concern.

LIMIT THE NUMBER OF OFFICERS PRESENT:
Victims many times feel uncomfortable explaining the details of the assault. The presence of many officers may inhibit the victim further. Limit the number of officers
present to those that are absolutely necessary to get the information. That officer can then share the results of the interview with other officers.

BUILD A STRONG CASE

CRIME SCENE:
Determine the location of the assault so that the crime scene may be properly secured.

DESCRIPTION OF ASSAILANT:
Obtain a detailed description of the circumstances of the assault and the assailant. Include information on actions that may have resulted in injury to the assailant or damage to the assailant's clothing. If the victim knows the assailant's vehicle if known. Identify all witness, with name, address and telephone numbers to include home, business, cell phone and pagers.

CRIME SCENE PRESERVATION:
When a crime scene exists, secure it. Notify the Detectives and BCI. The victim of a sexual assault may not know where she was assaulted, or may have been assaulted in a vehicle, and the vehicle is not usually available until the suspect is apprehended. If a crime scene has been located, it must be secured until it can be processed.

Corroborative evidence is important in the prosecution of sexual assault cases. Preserve the victims clothing and other evidence directly related to the victim or the assailant. Document injuries to the victim.

PLACING THE SUSPECT AT THE SCENE:
Latent fingerprints (with the capability of AFIS only a single fingerprint is necessary to identify a suspect). Bodily fluids left at the scene. These can include semen, blood, saliva, urine. Items brought to scene and left behind by the suspect. These can include a weapon, ligatures used to bind the victim, discarded clothing, hair and fibers.

MEDICAL TREATMENT: FOR THE VICTIM'S WELL BEING AND COLLECTION OF EVIDENCE

VICTIM'S WELL BEING:
The victim may have sustained physical injury during the attack that requires medical attention. This treatment should be provided by hospital personnel. There are also emotional concerns that need to be addressed as a result of the trauma the victim may be experiencing. Trained personnel are available at medical facilities to assist the victim. Address victim's safety concerns.

EVIDENCE COLLECTION:
Doctors at the medical facility (usually Women and Infants Hospital) will conduct an examination of the victim using a Sexual Assault Evidence Collection Kit for the purpose of collecting forensic evidence. The victim should be advised not to shower, bathe, comb
hair or douche before the examination. If she has already done so, she should still be
examined. If oral contact took place, advise the victim not to eat, drink liquids, smoke, or
brush teeth. The victim should be advised that the clothing she was wearing at the time
of the assault will be needed as evidence. If necessary, assist the victim in obtaining a
change of clothing to wear after the exam. There is no cost to the victim associated with
the SAEC Kit. The victim should be informed that this is voluntary, but her consent is
vital to the collection and preservation of evidence which will reveal and corroborate the
acts done and contribute to the identification of the suspect. The Hospital will transport
the SAEC Kit to the Department of Health.

Male victims will be treated at Rhode Island Hospital.

The Rhode Island Department of Health will accept sexual assault evidence whether or
not the victim has decided to file a police complaint. Often victims who are unsure about
making a report at the time of the crime decide to come forward in the future. Prompt
hospital examination should be encouraged so that valuable corroborative evidence is not
lost.

A medical examination of children disclosing sexual abuse is essential. It may be done in
the emergency department of Hasbro Children’s Hospital if the disclosure is made within
72 hours. Post 72 hours the exam will be done by appointment at the Child Safe Clinic at
Hasbro.

DOCUMENTING OBSERVATIONS:
Note and record the physical appearance and attire of both the victim and the suspect.
Bruises, marks, scrapes, smeared cosmetics, soil marks and garments which are torn,
pulled, stained, or over-stretched can be indications of a forceful, non-consensual
encounter. Preserve clothing for hair, fiber, and fluid analysis.

In a significant number of incidents, suspects have rummaged through a victim’s purse
and personal papers to intimidate the victim, or to commit a larceny. In such instances,
items should be preserved for processing in an attempt to recover latent fingerprints.

INFORM THE VICTIM OF FOLLOW-UP PROCEDURES:
Early in the process, the victim should be given information about the steps in the
remainder of the investigation. Follow-up investigation should occur as soon as possible,
taking into account both the needs of the victim and the investigators. Assist the victim
in understanding what will be required of her which may include:

1. detailed questioning and recording of a witness statement
2. photo line-up or in person line-up
3. viewing of mug shots
4. formation of a composite sketch
5. voice identification
6. a second viewing of the crime scene
7. releases for medical information
8. testimony at grand jury and other court proceedings
9. advise that the victim will be contacted by the Providence Police Sex Crimes Unit. The victim can call for more information at 2727-3121, ext. 2200.

The victim must understand that the police must be able to reach her and, therefore, must be made aware of any change of her address or phone number. Even temporary changes should be reported.

OBTAIN FORM THE VICTIM:
1. home telephone number
2. business telephone number
3. cellular telephone number
4. pager number

VICTIM ASSISTANCE:
Ongoing support is crucial both to the emotional recovery of sexual assault victims, and to their ability to effectively cooperate during the investigation and prosecution of the case. The Sexual Assault & Trauma Resource Center of Rhode Island Advocates are available 24 hours a day, statewide, to provide essential service. In partnership with the Providence police Department, this agency assists the victim throughout the criminal justice process, increasing the potential for successful prosecution. Advocates will respond to requests for services which come directly from the victim or a Providence Police Officer on behalf of the victim. Advocates will meet with victims at the police department or the hospital.

SEXUAL ASSAULT & TRAUMA RESOURCE CENTER OF RHODE ISLAND
THE 24 HOUR HOTLINE NO. IS 1-800-494-8100

DV/SA 1 (domestic violence/sexual assault)
Rhode Island General Law 11-29-8 Domestic Violence/Sexual Assault Reports mandates that a sexual assault reporting form be completed on determination of probable cause. Officers responding to or investigating sexual assaults must complete the form and turn it over to the detective assigned to the case.

APPROVED:

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